



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



Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 04-01-2011, and ending 03-31-2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BENEVOLENT&PROTECTIVE ORDER OF ELKS LOUISIANA ELKS ASSOCIATION INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 5018 ROSEDOWN LN	<b>D</b> Employer identification number 72-1099471
	City or town, state or country, and ZIP + 4 BOSSIER CITY, LA 711124590	<b>E</b> Telephone number (318) 746-0983
	<b>F</b> Group Exemption Number <input checked="" type="checkbox"/> 1156	

**G** Accounting method  Cash  Accrual  Other (specify) \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** WWW.LAELKS.ORG

**J Tax-Exempt status** (check only one)  501(c)(3)  501(c)(8) (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  \$ 87,879

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>11</b>	Benefits paid to or for members	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>3</b>	Membership dues and assessments	<b>12</b>	Salaries, other compensation, and employee benefits	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>13</b>	Professional fees and other payments to independent contractors	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>14</b>	Occupancy, rent, utilities, and maintenance		
<b>5b</b>	Less cost or other basis and sales expenses	<b>15</b>	Printing, publications, postage, and shipping		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>16</b>	Other expenses (describe in Schedule O)		
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)				
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
<b>6c</b>	Less direct expenses from gaming and fundraising events				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
<b>7a</b>	Gross sales of inventory, less returns and allowances				
<b>7b</b>	Less cost of goods sold				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b>	Other revenue (describe in Schedule O)				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	242,945	<b>22</b> 252,714
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	242,945	<b>25</b> 252,714
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	10,260	<b>26</b> 13,259
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	232,685	<b>27</b> 239,455

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
FRATERNAL ORDER FOR CHARITY & PATRIOTISM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32** 81,109

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
<b>35b</b>	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
<b>40b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
<b>40c</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____		
<b>40d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
<b>40e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
<b>42a</b>	The organization's books are in care of <input type="checkbox"/> <u>RICHARD M JONES</u> Telephone no <input type="checkbox"/> <u>(318) 746-0983</u> 5018 ROSEDOWN LN Located at <input type="checkbox"/> <u>BOSSIER CITY, LA</u> ZIP + 4 <input type="checkbox"/> <u>711124590</u>		
<b>42b</b>	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
<b>43</b>	<b>Section 4947(a)(1) nonexempt charitable trusts</b> filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section containing signature of officer (\*\*\*\*\*), name (RICHARD M JONES TREASURER), and date (2012-10-11).

Paid Preparer's Use Only section containing preparer's signature (G KENNETH PAVY), date (2012-10-11), firm's name (JOHN S DOWLING & COMPANY), and EIN.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**SCHEDULE O**  
(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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
BENEVOLENT&PROTECTIVE ORDER OF ELKS  
LOUISIANA ELKS ASSOCIATION INC

**Employer identification number**

72-1099471

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ELKS NATIONAL VETERANS SERVIC 10,200 REGISTRATIONS 8,497 G/L HOSPITALITY 2,025 PROGRAM ADS 1,225 PINS, LODGES 700 PLAQUES, INDIVIDUALS 545 PLAQUES, LODGES 300 MISCELLANEOUS 55 PINS, INDIVIDUALS 25 TOTAL 23,572
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	GUMBO 7,000 0 0 SCHOLARSHIP PROGRAM 17,779 0 0 LA VETERAN HOMES AND OTHERS 12,000 0 0 ELKS VAVS 10,200 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ACCOUNTING 925 AUDIT 300 RITUAL PLAQUES 185 CONTINGENCIES 462 ANNUAL MEETING 7,947 G/L HOSPITALITY 1,950 INSURANCE D & O 675 INSURNACE GENERAL LIABILI 150 INSURANCE PROP PLUS/FIDEL 199 TRADING PINS 1,128 TRAVEL SECRETARY GRAND LO 1,800 LODGES ACTIVITIES COMM 30 MEMBERSHIP COMM 44 POSTAGE 185 PUBLICATIONS & PRINTING 39 OFFICE EXPENSE 88 LODGE DIRECTORY 1,000 MEETING MINUTES 200 TRAVEL-PRESIDENT 4,460 TOTAL 21,767
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 10,260 13,259
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	ALL PROGRAMS LESS THAN 5,000 AMERICANISM 567 DRUG AWARE PROGRAM 750 DISATER RELIEF 500 ENF DONATIN 500 HOOP SHOOT 2,616

## TY 2011 Compensation Explanation

**Name:** BENEVOLENT&PROTECTIVE ORDER OF ELKS  
 LOUISIANA ELKS ASSOCIATION INC

**EIN:** 72-1099471

Person Name	Explanation
RUSSELL GERACE	
CHARLES SCHMUCK	
JAMES L BARRON	
TERRY BURNO	
JESSIE M HARTLE	
RICHARD M JONES	
EUGENE H JUERGENS	
SAM G ECHOLS	
WILLIAM BOUDREAUX	
BERNIE MATHIAS	
JOHN WILLIAMS	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 72-1099471  
**Name:** BENEVOLENT&PROTECTIVE ORDER OF ELKS  
 LOUISIANA ELKS ASSOCIATION INC

## Form 990-EZ, Special Condition Description:

Special Condition Description

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> GAMES UNITING MIND AND BODY (GUMBO) STATE MAJOR PROJECT HOSTING THREE REGIONAL TOURNAMENTS AND ONE STATE TOURNAMENT FOR APPROXIMATELY 425 CHILDREN IN BRACES OR WHEELCHAIRS NUMEROUS TROPHIES AND RIBBONS AWARDED (Grants \$ 7,000) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>28a</b>	7,000
<b>29</b> MOST VALUABLE STUDENT SCHOLARSHIP PROGRAM FOR HIGH SCHOOL SENIORS,NUMEROUS APPLICATIONS RECEIVED,12 AWARDS GIVEN TO 6 BOYS AND 6 GIRLS RANGING IN AMOUNTS FROM 1,100 TO 2,000 EACH (Grants \$ 17,779) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>29a</b>	17,779
<b>30</b> VETERANS HOSPITAL & HOMES (Grants \$ 12,000) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>30a</b>	12,000
ALL PROGRAMS LESS THAN 5,000 AMERICANISM 567 DRUG AWARE PROGRAM 750 DISATER RELIEF 500 ENF DONATIN 500 HOOP SHOOT 2,616 (Grants \$ 15,813) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>		44,330

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RUSSELL GERACE 58156 FORT STREET PLAQUEMINE, LA 707643224	PRESIDENT 12 00	0		4,500
CHARLES SCHMUCK 1520 HIGH AVENUE METAIRIE, LA 700013201	PRESIDENT EL 2 00	0		
JAMES L BARRON 113 WILLIS DRIVE OPELOUSAS, LA 705708916	VICE PRESIDE 2 00	0		
TERRY BURNO 4308 FERRAN DRIVE METAIRIE, LA 700023130	VICE PRESIDE 2 00	0		
JESSIE M HARTLE P O BOX 409 HAHNVILLE, LA 700570409	SECRETARY 15 00	3,600		1,800
RICHARD M JONES 5018 ROSEDOWN LANE BOSSIER CITY, LA 711124590	TREASURER 6 00	3,000		
EUGENE H JUERGENS 2200 MERCEDES BLVD NEW ORLEANS, LA 701144054	TRUSTEE 1 00	0		
SAM G ECHOLS 4220 REILY LANE - APT C-101 SHEVERPORT, LA 71105	TRUSTEE 1 00	0		
WILLIAM BOUDREAUX P O BOX 113284 METAIRIE, LA 700113284	TUSTEE 1 00	0		
BERNIE MATHIAS 3986 STUART AVENUE BOSSIER CITY, LA 71112	TRUSTEE 1 00	0		
JOHN WILLIAMS 5 CARIBOU COURT METARIRE, LA 700035605	TRUSTEE 1 00	0		