



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



## 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

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning Apr 1, 2011, and ending Mar 31, 2012

|                                                                                                                                                                                                                                                                                       |                                                                                            |                                       |                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization <b>BENEVOLENT &amp; PROTECTIVE ORDER OF ELKS OF TEMPLE TX</b>       |                                       | D Employer Identification Number<br><b>74-0508065</b>                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                       | Doing Business As                                                                          |                                       | E Telephone number<br><b>(254) 773-1311</b>                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                       | Number and street (or P O box if mail is not delivered to street addr)<br><b>PO BOX 33</b> | Room/suite                            |                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                       | City, town or country<br><b>TEMPLE</b>                                                     | State ZIP code + 4<br><b>TX 76502</b> |                                                                                                                                                                                                                                                            |
| F Name and address of principal officer<br><b>RON SNIDER PO BOX 33 TEMPLE TX 76502</b>                                                                                                                                                                                                |                                                                                            |                                       | G Gross receipts \$ <b>294,875.</b>                                                                                                                                                                                                                        |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                            |                                       | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list (see instructions) |
| J Website. ▶ <b>N/A</b>                                                                                                                                                                                                                                                               |                                                                                            |                                       | H(c) Group exemption number ▶ <b>1156</b>                                                                                                                                                                                                                  |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                            |                                       | L Year of Formation <b>1963</b> M State of legal domicile <b>TX</b>                                                                                                                                                                                        |

## Part I Summary

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Activities & Governance                                          | 1 Briefly describe the organization's mission or most significant activities <u>TO INCULCATE THE PRINCIPLES OF CHARITY JUSTICE, BROTHERLY LOVE AND FIDELITY, TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION.</u> |                 |                 |
|                                                                  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                                                                                                                                      |                 |                 |
|                                                                  | 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                           | <b>3</b>        | <b>15</b>       |
|                                                                  | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                               | <b>4</b>        | <b>13</b>       |
|                                                                  | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                | <b>5</b>        | <b>7</b>        |
|                                                                  | 6 Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                          | <b>6</b>        | <b>50</b>       |
|                                                                  | 7a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                       | <b>7a</b>       | <b>33,414.</b>  |
| b Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>12,707.</b>  |                 |
| Revenue                                                          | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                               | <b>9,644.</b>   | <b>11,565.</b>  |
|                                                                  | 9 Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                | <b>21,224.</b>  | <b>17,580.</b>  |
|                                                                  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                              | <b>415.</b>     | <b>91.</b>      |
|                                                                  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                   | <b>62,617.</b>  | <b>64,343.</b>  |
|                                                                  | 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                         | <b>93,900.</b>  | <b>93,579.</b>  |
| Expenses                                                         | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                                                           |                 |                 |
|                                                                  | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                              |                 |                 |
|                                                                  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                                                          | <b>19,131.</b>  | <b>16,803.</b>  |
|                                                                  | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                             |                 |                 |
|                                                                  | b Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                   |                 |                 |
|                                                                  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                               | <b>121,736.</b> | <b>81,319.</b>  |
|                                                                  | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                   | <b>140,867.</b> | <b>98,122.</b>  |
|                                                                  | 19 Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                        | <b>-46,967.</b> | <b>-4,543.</b>  |
|                                                                  | 20 Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                             | <b>364,993.</b> | <b>360,450.</b> |
|                                                                  | 21 Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                        | <b>3,000.</b>   | <b>3,000.</b>   |
| 22 Net assets or fund balances Subtract line 21 from line 20     | <b>361,993.</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>357,450.</b> |                 |

## Part II Signature Block

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              | Signature of officer<br><b>Zane E. Stanley</b>                              | Date<br><b>6-2-2012</b>                             |                                   |                                                            |                          |
|                        | Type or print name and title<br><b>ZANE E. STANLEY TREASURER</b>            |                                                     |                                   |                                                            |                          |
| Paid Preparer Use Only | Preparer's name<br><b>Peter L. Allman, CPA</b>                              | Preparer's signature<br><b>Peter L. Allman, CPA</b> | Date<br><b>06/01/12</b>           | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><b>P00648533</b> |
|                        | Firm's name<br><b>Allman and Associates</b>                                 |                                                     |                                   |                                                            |                          |
|                        | Firm's address<br><b>9600 Great Hills Trail, Suite 150W Austin TX 78759</b> |                                                     |                                   |                                                            |                          |
|                        |                                                                             | Firm's EIN<br><b>20-5780907</b>                     | Phone no<br><b>(512) 502-3077</b> |                                                            |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

SCANNED JUL 10 2012

P 10

**Part 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:

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY,  
 TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS  
 See Form 990, Page 2, Part III, Line 1 (continued)

**2** Did the organization undertake any significant program services during the year which were not listed on the priorForm 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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.**4 a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE LODGE IS A LOCAL CHAPTER OF THE NATIONAL GRAND LODGE AND PROVIDES  
 MEMBERSHIP AND CLUB SERVICES TO ITS MEMBERSHIP TO FOSTER THE PRINCIPLES  
 OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY.

**4 b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4 c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4 d** Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4 e** Total program service expenses ▶

**Part IV 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 . . . . .                                                                                                                                                                         |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .                                                                                                                      |     | X  |
| 4 <b>Section 501(c)(3) organizations</b> 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 . . . . .                                                                                                        |     |    |
| 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 . . . . .                                                                               |     | X  |
| 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 . . . . .                                                    |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .                                                                                             |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .                                                                                                                                                         |     | X  |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .                                                       |     | 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 . . . . .                                                                                                     |     | 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 as applicable                                                                                                                                                                     |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI . . . . .                                                                                                                                                                        | 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 . . . . .                                                                                                    |     | X  |
| 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 . . . . .                                                                                                    |     | X  |
| 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX . . . . .                                                                                                                      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .                                                                                                                                                                                     |     | X  |
| 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 . . . . .                                                            |     | X  |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII . . . . .                                                                                                                                                |     | X  |
| b 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 . . . . .                                                                    |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .                                                                                                                                                                                                        |     | X  |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                            |     | X  |
| 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 . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV . . . . .                                                                                    |     | 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 . . . . .                                                                                        |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .                                                                                            |     | 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 . . . . .                                                                                                                           | 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 . . . . .                                                                                                                                                     | X   |    |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .                                                                                                                                                                                                            |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              |     |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1 a</b> 2                                                                                                                                                                                   |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0                                                                                                                                                                                  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1 c</b> X                                                                                                          | X   |    |
| <b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 7                                                                                  |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b> X                                                                                                                                                    | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                                                                                                                        |     |    |
| <b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b> X                                                                                                                                                                   | X   |    |
| <b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <b>3 b</b> X                                                                                                                                                                 | X   |    |
| <b>4 a</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)? <b>4 a</b>                        |     | X  |
| <b>b</b> If 'Yes,' enter the name of the foreign country <b>4 b</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                    |     |    |
| <b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>                                                                                                                                                             |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>                                                                                                                                                    |     | X  |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>                                                                                                                                                                                                  |     |    |
| <b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <b>6 a</b>                                                                                       |     | X  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>                                                                                                                       |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                  |     |    |
| <b>a</b> 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? <b>7 a</b>                                                                                                                     |     |    |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b>                                                                                                                                                                     |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>                                                                                                                                |     |    |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year <b>7 d</b>                                                                                                                                                                                                   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>                                                                                                                                                     |     |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>                                                                                                                                                        |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>                                                                                                                                    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</b>                                                                                                                                  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b> |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds</b>                                                                                                                                                                                                                       |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966? <b>9 a</b>                                                                                                                                                                                             |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>                                                                                                                                                                              |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                        |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>                                                                                                                                                                                          |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>                                                                                                                                                                        |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                       |     |    |
| <b>a</b> Gross income from members or shareholders. <b>11 a</b>                                                                                                                                                                                                                         |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11 b</b>                                                                                                                                       |     |    |
| <b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>                                                                                                                                                      |     |    |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12 b</b>                                                                                                                                                                              |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b>                                                                                                                                                                               |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                                                                                                                                                 |     |    |
| <b>b</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 <b>13 b</b>                                                                                                          |     |    |
| <b>c</b> Enter the amount of reserves on hand <b>13 c</b>                                                                                                                                                                                                                               |     |    |
| <b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>                                                                                                                                                                      |     | X  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</b>                                                                                                                                                         |     |    |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>                                                                                          |     | X  |
| <b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>                                                                                                           |     | X  |
| <b>23</b> 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? <i>If 'Yes,' complete Schedule J . . . . .</i>                                                      |     | X  |
| <b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 . . . . .</i>                        |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                               |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                      |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                         |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>                                                                                                     |     |    |
| <b>25b</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? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>                                      |     |    |
| <b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II . . . . .</i>                                                                    |     | X  |
| <b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i> |     | X  |
| <b>28</b> 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)                                                                                                                               |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                               |     | X  |
| <b>28c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>                                                                                   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                         |     | X  |
| <b>35b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                              |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                           |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>                                                                             |     | X  |
| <b>38</b> 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 . . . . .                                                                                                                               | X   |    |

BAA

Form 990 (2011)

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1 a</b> 15<br>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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 13                                                                                                                                                                                                                        |     |    |
| <b>2</b> 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? . . . . . <b>2</b>                                                                                                                                           |     | X  |
| <b>3</b> 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? . . . . . <b>3</b>                                                                                            |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>                                                                                                                                                                                               |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>                                                                                                                                                                                                     |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>                                                                                                                                                                                                                                                             | X   |    |
| <b>7 a</b> 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? . . . . . <b>7 a</b>                                                                                                                                                         | X   |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . . <b>7 b</b>                                                                                                                                              | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                                 |     |    |
| <b>a</b> The governing body? . . . . . <b>8 a</b>                                                                                                                                                                                                                                                                                          | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>                                                                                                                                                                                                                                        | X   |    |
| <b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . . <b>9</b>                                                                                                 |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

|                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>                                                                                                                                                                                                                         |     | X  |
| <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10 b</b>                                                                    |     |    |
| <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>                                                                                                                                                                | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                                        |     |    |
| <b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . <b>12 a</b>                                                                                                                                                                                                    | X   |    |
| <b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>                                                                                                                                                            | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . . <b>12 c</b>                                                                                                                                             | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>                                                                                                                                                                                                                                      | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>                                                                                                                                                                                                                 | X   |    |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                               |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15 a</b>                                                                                                                                                                                                                        |     | X  |
| <b>b</b> Other officers of key employees of the organization . . . . . <b>15 b</b>                                                                                                                                                                                                                                           |     | X  |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)                                                                                                                                                                                                                                           |     |    |
| <b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>                                                                                                                                      |     | X  |
| <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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16 b</b> |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ ZANE STANLEY 2513 AIRPORT ROAD TEMPLE TX 76502 (254) 773-1931

**Part VII 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. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and title                            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                        | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) RON SNIDER<br>EXALTED RULER                  | 10.00                                                                                  | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) EDDIE WATTS<br>ESTEEMED LEADING KNIGHT       | 4.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) KENNY BARFIELD<br>ESTEEMED LOYAL KNIGHT      | 4.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) DON SOUTHERLAND<br>ESTEEMED LECTURING KNIGHT | 4.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) LARRY KITLEN<br>SECRETARY                    | 20.00                                                                                  | X                                                                                                         |                       | X       |              |                              |        | 9,000.                                                               | 0.                                                                        | 0.                                                                                            |
| (6) ZANE STANLEY<br>TREASURER                    | 25.00                                                                                  | X                                                                                                         |                       | X       |              |                              |        | 9,000.                                                               | 0.                                                                        | 0.                                                                                            |
| (7) CLIFF O'NEIL<br>ESQUIRE                      | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) SANTOS SOTO<br>TILER                         | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) DAVID HARVELL<br>CHAPLAIN                    | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) MELISSA LAWRENCE<br>INNER GUARD             | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) KEVIN OJEZDKSY<br>TRUSTEE                   | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) LOU WATKINS<br>TRUSTEE                      | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) ROGER DEWEESE<br>TRUSTEE                    | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) STEVE THERIAULT<br>TRUSTEE                  | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

| (A)<br>Name and title                                          | (B)<br>Average hours per week (describe hours for related organizations in Sch O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                   | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15) JERRY QUINN<br>TRUSTEE                                    | 1.00                                                                              | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1 b Sub-total</b>                                           |                                                                                   |                                                                                                              |                       |         |              |                              |        | 18,000.                                                              | 0.                                                                        | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                   |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                   |                                                                                                              |                       |         |              |                              |        | 18,000.                                                              | 0.                                                                        | 0.                                                                                            |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>                      |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address                                                                                                                                          | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization |                                |                     |

**Part VIII Statement of Revenue**

|                                                                   |                                                                                                                                          |                              | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b> | 1 a Federated campaigns . . . . .                                                                                                        | 1 a                          |                      |                                                    |                                         |                                                                           |
|                                                                   | b Membership dues . . . . .                                                                                                              | 1 b                          |                      |                                                    |                                         |                                                                           |
|                                                                   | c Fundraising events . . . . .                                                                                                           | 1 c                          |                      |                                                    |                                         |                                                                           |
|                                                                   | d Related organizations . . . . .                                                                                                        | 1 d                          |                      |                                                    |                                         |                                                                           |
|                                                                   | e Government grants (contributions) . . . . .                                                                                            | 1 e                          |                      |                                                    |                                         |                                                                           |
|                                                                   | f All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .                                            | 1 f                          | 11,565.              |                                                    |                                         |                                                                           |
|                                                                   | g Noncash contributions included in lns 1a-1f \$                                                                                         |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | h Total. Add lines 1a-1f . . . . .                                                                                                       |                              | 11,565.              |                                                    |                                         |                                                                           |
| <b>PROGRAM SERVICE REVENUE</b>                                    | 2 a MEMBERSHIP DUES . . . . .                                                                                                            | Business Code<br>900099      | 17,580.              | 17,580.                                            | 0.                                      | 0.                                                                        |
|                                                                   | b . . . . .                                                                                                                              |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | c . . . . .                                                                                                                              |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | d . . . . .                                                                                                                              |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | e . . . . .                                                                                                                              |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | f All other program service revenue . . . . .                                                                                            |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | g Total. Add lines 2a-2f . . . . .                                                                                                       |                              | 17,580.              |                                                    |                                         |                                                                           |
| <b>OTHER REVENUE</b>                                              | 3 Investment income (including dividends, interest and<br>other similar amounts) . . . . .                                               |                              | 91.                  | 0.                                                 | 0.                                      | 91.                                                                       |
|                                                                   | 4 Income from investment of tax-exempt bond proceeds . . . . .                                                                           |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | 5 Royalties . . . . .                                                                                                                    |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | 6 a Gross rents . . . . .                                                                                                                | (i) Real<br>13,851.          |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less rental expenses . . . . .                                                                                                         | (ii) Personal<br>2,975.      |                      |                                                    |                                         |                                                                           |
|                                                                   | c Rental income or (loss) . . . . .                                                                                                      | 10,876.                      |                      |                                                    |                                         |                                                                           |
|                                                                   | d Net rental income or (loss) . . . . .                                                                                                  |                              | 10,876.              | 0.                                                 | 10,876.                                 | 0.                                                                        |
|                                                                   | 7 a Gross amount from sales of<br>assets other than inventory . . . . .                                                                  | (i) Securities<br>(ii) Other |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less cost or other basis<br>and sales expenses . . . . .                                                                               |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | c Gain or (loss) . . . . .                                                                                                               |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | d Net gain or (loss) . . . . .                                                                                                           |                              |                      |                                                    |                                         |                                                                           |
|                                                                   | 8 a Gross income from fundraising events<br>(not including: \$<br>of contributions reported on line 1c)<br>See Part IV, line 18. . . . . | a                            | 34,736.              |                                                    |                                         |                                                                           |
|                                                                   | b Less direct expenses . . . . .                                                                                                         | b                            | 21,237.              |                                                    |                                         |                                                                           |
|                                                                   | c Net income or (loss) from fundraising events . . . . .                                                                                 |                              | 13,499.              |                                                    | 0.                                      | 13,499.                                                                   |
|                                                                   | 9 a Gross income from gaming activities<br>See Part IV, line 19. . . . .                                                                 | a                            | 65,961.              |                                                    |                                         |                                                                           |
|                                                                   | b Less direct expenses . . . . .                                                                                                         | b                            | 43,423.              |                                                    |                                         |                                                                           |
|                                                                   | c Net income or (loss) from gaming activities . . . . .                                                                                  |                              | 22,538.              | 0.                                                 | 22,538.                                 | 0.                                                                        |
|                                                                   | 10 a Gross sales of inventory, less returns<br>and allowances . . . . .                                                                  | a                            | 145,016.             |                                                    |                                         |                                                                           |
|                                                                   | b Less cost of goods sold . . . . .                                                                                                      | b                            | 133,661.             |                                                    |                                         |                                                                           |
|                                                                   | c Net income or (loss) from sales of inventory . . . . .                                                                                 |                              | 11,355.              | 0.                                                 | 0.                                      | 11,355.                                                                   |
| Miscellaneous Revenue . . . . .                                   | Business Code                                                                                                                            |                              |                      |                                                    |                                         |                                                                           |
| 11 a MISCELLANEOUS . . . . .                                      | 900099                                                                                                                                   | 6,075.                       | 6,075.               | 0.                                                 | 0.                                      |                                                                           |
| b . . . . .                                                       |                                                                                                                                          |                              |                      |                                                    |                                         |                                                                           |
| c . . . . .                                                       |                                                                                                                                          |                              |                      |                                                    |                                         |                                                                           |
| d All other revenue . . . . .                                     |                                                                                                                                          |                              |                      |                                                    |                                         |                                                                           |
| e Total. Add lines 11a-11d . . . . .                              |                                                                                                                                          | 6,075.                       |                      |                                                    |                                         |                                                                           |
| 12 Total revenue. See instructions . . . . .                      |                                                                                                                                          | 93,579.                      | 23,655.              | 33,414.                                            | 24,945.                                 |                                                                           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                           | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .                                                                                                                                      |                       |                                 |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .                                                                                                                                                        |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .                                                                                                           |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members . . . . .                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                     | 15,325.               |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                |                       |                                 |                                        |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                                   |                       |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                               | 1,478.                |                                 |                                        |                             |
| 11 Fees for services (non-employees)                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| c Accounting . . . . .                                                                                                                                                                                                                                   | 2,250.                |                                 |                                        |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                      |                       |                                 |                                        |                             |
| f Investment management fees . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| g Other . . . . .                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                                             | 11,411.               |                                 |                                        |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                                   | 34,317.               |                                 |                                        |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                                      | 153.                  |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                              |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                      | 2,055.                |                                 |                                        |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                                      | 5,805.                |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                   | 5,720.                |                                 |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                                   | 2,355.                |                                 |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .                                            |                       |                                 |                                        |                             |
| a BULLETIN . . . . .                                                                                                                                                                                                                                     | 5,307.                |                                 |                                        |                             |
| b OTHER LODGE EXPENSES . . . . .                                                                                                                                                                                                                         | 11,946.               |                                 |                                        |                             |
| c . . . . .                                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| d . . . . .                                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| e All other expenses . . . . .                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .                                                                                                                                                                                           | 98,122.               |                                 |                                        |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following<br>SOP 98-2 (ASC 958-720). . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                               |                                                                                                                                                                                                                                                                                                   | (A)<br>Beginning of year |          | (B)<br>End of year |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|
| <b>ASSETS</b>                                                                 | 1 Cash — non-interest-bearing . . . . .                                                                                                                                                                                                                                                           | 71,409.                  | 1        | 26,005.            |
|                                                                               | 2 Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                | 7,487.                   | 2        | 54,068.            |
|                                                                               | 3 Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                    |                          | 3        |                    |
|                                                                               | 4 Accounts receivable, net . . . . .                                                                                                                                                                                                                                                              |                          | 4        |                    |
|                                                                               | 5 Receivables from current and former officers, directors, trustees, key employees,<br>and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                 |                          | 5        |                    |
|                                                                               | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)),<br>persons described in section 4958(c)(3)(B), and contributing employers and<br>sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary<br>organizations (see instructions). . . . . |                          | 6        |                    |
|                                                                               | 7 Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                       |                          | 7        |                    |
|                                                                               | 8 Inventories for sale or use . . . . .                                                                                                                                                                                                                                                           | 5,541.                   | 8        | 5,541.             |
|                                                                               | 9 Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                 |                          | 9        |                    |
|                                                                               | 10 a Land, buildings, and equipment cost or other basis<br>Complete Part VI of Schedule D . . . . .                                                                                                                                                                                               | 10 a 343,436.            |          |                    |
|                                                                               | b Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                         | 10 b 68,600.             |          |                    |
|                                                                               |                                                                                                                                                                                                                                                                                                   | 280,556.                 | 10 c     | 274,836.           |
|                                                                               | 11 Investments — publicly traded securities . . . . .                                                                                                                                                                                                                                             |                          | 11       |                    |
|                                                                               | 12 Investments — other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                  |                          | 12       |                    |
|                                                                               | 13 Investments — program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                   |                          | 13       |                    |
|                                                                               | 14 Intangible assets . . . . .                                                                                                                                                                                                                                                                    |                          | 14       |                    |
| 15 Other assets See Part IV, line 11 . . . . .                                |                                                                                                                                                                                                                                                                                                   | 15                       |          |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 364,993.                                                                                                                                                                                                                                                                                          | 16                       | 360,450. |                    |
| <b>LIABILITIES</b>                                                            | 17 Accounts payable and accrued expenses. . . . .                                                                                                                                                                                                                                                 |                          | 17       |                    |
|                                                                               | 18 Grants payable. . . . .                                                                                                                                                                                                                                                                        |                          | 18       |                    |
|                                                                               | 19 Deferred revenue . . . . .                                                                                                                                                                                                                                                                     |                          | 19       |                    |
|                                                                               | 20 Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                          | 3,000.                   | 20       | 3,000.             |
|                                                                               | 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                 |                          | 21       |                    |
|                                                                               | 22 Payables to current and former officers, directors, trustees, key employees,<br>highest compensated employees, and disqualified persons Complete Part II<br>of Schedule L . . . . .                                                                                                            |                          | 22       |                    |
|                                                                               | 23 Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                       |                          | 23       |                    |
|                                                                               | 24 Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                         |                          | 24       |                    |
|                                                                               | 25 Other liabilities (including federal income tax, payables to related third parties,<br>and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .                                                                                                              |                          | 25       |                    |
|                                                                               | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                    | 3,000.                   | 26       | 3,000.             |
| <b>NET ASSETS OR FUND BALANCES</b>                                            | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>                                                                                                                                            |                          |          |                    |
|                                                                               | 27 Unrestricted net assets . . . . .                                                                                                                                                                                                                                                              | 361,993.                 | 27       | 357,450.           |
|                                                                               | 28 Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                    |                          | 28       |                    |
|                                                                               | 29 Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                    |                          | 29       |                    |
|                                                                               | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                    |                          |          |                    |
|                                                                               | 30 Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                   |                          | 30       |                    |
|                                                                               | 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                                     |                          | 31       |                    |
|                                                                               | 32 Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                     |                          | 32       |                    |
|                                                                               | 33 <b>Total net assets or fund balances.</b> . . . . .                                                                                                                                                                                                                                            | 361,993.                 | 33       | 357,450.           |
| 34 <b>Total liabilities and net assets/fund balances</b> . . . . .            | 364,993.                                                                                                                                                                                                                                                                                          | 34                       | 360,450. |                    |

BAA

Form 990 (2011)

**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)                                                     | 1 | 93,579.  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 98,122.  |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -4,543.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 361,993. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 |          |
| 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 | 357,450. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

|     |                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O                                                                    |     |    |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                      | X   |    |
| 2 b | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                   |     | X  |
| 2 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X   |    |
| 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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3 a | 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?                                                                                                                                                                                             |     | X  |
| 3 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                                                                                                                                 |     |    |

BAA

Form 990 (2011)

**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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS OF TEMPLE TX

74-0508065

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

|                                                      | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .              |                         |                              |
| 2 Aggregate contributions to (during year) . . . . . |                         |                              |
| 3 Aggregate grants from (during year) . . . . .      |                         |                              |
| 4 Aggregate value at end of year . . . . .           |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation easement in the form of a conservation easement on the last day of the tax year

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2 a                             |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2 d                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a 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

b 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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 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)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 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 ☐ No

**Part IV 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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

|                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1 c    |
| d Additions during the year . . . . .     | 1 d    |
| e Distributions during the year . . . . . | 1 e    |
| f Ending balance . . . . .                | 1 f    |

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance . . . . .                    |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 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 basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land . . . . .                                                                                               |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                            |                                      | 281,112.                        | 68,600.                      | 212,512.       |
| c Leasehold improvements . . . . .                                                                               |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                            |                                      | 62,324.                         |                              | 62,324.        |
| e Other . . . . .                                                                                                |                                      |                                 |                              |                |
| <b>Total</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . |                                      |                                 |                              | 274,836.       |

BAA

Schedule D (Form 990) 2011

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                                  |                |                                                             |
| (2) Closely-held equity interests                                          |                |                                                             |
| (3) Other                                                                  |                |                                                             |
| (A) -----                                                                  |                |                                                             |
| (B) -----                                                                  |                |                                                             |
| (C) -----                                                                  |                |                                                             |
| (D) -----                                                                  |                |                                                             |
| (E) -----                                                                  |                |                                                             |
| (F) -----                                                                  |                |                                                             |
| (G) -----                                                                  |                |                                                             |
| (H) -----                                                                  |                |                                                             |
| (I) -----                                                                  |                |                                                             |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12) . . . ▶ |                |                                                             |

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type                                          | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                         |                |                                                             |
| (2)                                                                         |                |                                                             |
| (3)                                                                         |                |                                                             |
| (4)                                                                         |                |                                                             |
| (5)                                                                         |                |                                                             |
| (6)                                                                         |                |                                                             |
| (7)                                                                         |                |                                                             |
| (8)                                                                         |                |                                                             |
| (9)                                                                         |                |                                                             |
| (10)                                                                        |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . . . ▶ |                |                                                             |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description                                                                  | (b) Book value |
|----------------------------------------------------------------------------------|----------------|
| (1)                                                                              |                |
| (2)                                                                              |                |
| (3)                                                                              |                |
| (4)                                                                              |                |
| (5)                                                                              |                |
| (6)                                                                              |                |
| (7)                                                                              |                |
| (8)                                                                              |                |
| (9)                                                                              |                |
| (10)                                                                             |                |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15) . . . . . ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability                                                    | (b) Book value |
|---------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                        |                |
| (2)                                                                             |                |
| (3)                                                                             |                |
| (4)                                                                             |                |
| (5)                                                                             |                |
| (6)                                                                             |                |
| (7)                                                                             |                |
| (8)                                                                             |                |
| (9)                                                                             |                |
| (10)                                                                            |                |
| (11)                                                                            |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . . ▶ |                |

**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)

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part XI</b> | <b>Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |
|----------------|---------------------------------------------------------------------------------------------|

|           |                                                                                                   |  |
|-----------|---------------------------------------------------------------------------------------------------|--|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .                                |  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25) . . . . .                                 |  |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .                            |  |
| <b>4</b>  | Net unrealized gains (losses) on investments . . . . .                                            |  |
| <b>5</b>  | Donated services and use of facilities . . . . .                                                  |  |
| <b>6</b>  | Investment expenses . . . . .                                                                     |  |
| <b>7</b>  | Prior period adjustments . . . . .                                                                |  |
| <b>8</b>  | Other (Describe in Part XIV ) . . . . .                                                           |  |
| <b>9</b>  | Total adjustments (net) Add lines 4 through 8 . . . . .                                           |  |
| <b>10</b> | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . . |  |

|                 |                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------|
| <b>Part XII</b> | <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |
|-----------------|-------------------------------------------------------------------------------------------|

|          |                                                                                                         |            |            |  |
|----------|---------------------------------------------------------------------------------------------------------|------------|------------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |            | <b>1</b>   |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |            |            |  |
| <b>a</b> | Net unrealized gains on investments . . . . .                                                           | <b>2 a</b> |            |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2 b</b> |            |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2 c</b> |            |  |
| <b>d</b> | Other (Describe in Part XIV ) . . . . .                                                                 | <b>2 d</b> |            |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         |            | <b>2 e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    |            | <b>3</b>   |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |            |            |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4 a</b> |            |  |
| <b>b</b> | Other (Describe in Part XIV ) . . . . .                                                                 | <b>4 b</b> |            |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             |            | <b>4 c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . . |            | <b>5</b>   |  |

|                  |                                                                                             |
|------------------|---------------------------------------------------------------------------------------------|
| <b>Part XIII</b> | <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |
|------------------|---------------------------------------------------------------------------------------------|

|          |                                                                                                          |            |            |  |
|----------|----------------------------------------------------------------------------------------------------------|------------|------------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |            | <b>1</b>   |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |            |            |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2 a</b> |            |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2 b</b> |            |  |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2 c</b> |            |  |
| <b>d</b> | Other (Describe in Part XIV ) . . . . .                                                                  | <b>2 d</b> |            |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |            | <b>2 e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |            | <b>3</b>   |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |            |            |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4 a</b> |            |  |
| <b>b</b> | Other (Describe in Part XIV ) . . . . .                                                                  | <b>4 b</b> |            |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |            | <b>4 c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . |            | <b>5</b>   |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part XIV</b> | <b>Supplemental Information</b> |
|-----------------|---------------------------------|

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

|                 |                                                    |
|-----------------|----------------------------------------------------|
| <b>Part XIV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------|

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

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.**

OMB No 1545-0047

# 2011

**Open to Public Inspection**

Name of the organization

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS OF TEMPLE TX

74-0508065

**Part I 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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                         |
- 2 a** 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
- 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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                     |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                     |                                                   |
| 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

-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.  
List events with gross receipts greater than \$5,000.

| REVENUE         |                                                                          | (a) Event #1<br>FUNDRAISER<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add column (a) through column (c)) |
|-----------------|--------------------------------------------------------------------------|--------------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------|
|                 |                                                                          |                                            |                              |                                    |                                                         |
|                 | 1 Gross receipts . . . . .                                               | 34,736.                                    |                              |                                    | 34,736.                                                 |
|                 | 2 Less: Charitable contributions . . . . .                               |                                            |                              |                                    |                                                         |
|                 | 3 Gross income (line 1 minus line 2). . . . .                            | 34,736.                                    |                              |                                    | 34,736.                                                 |
| DIRECT EXPENSES | 4 Cash prizes . . . . .                                                  |                                            |                              |                                    |                                                         |
|                 | 5 Noncash prizes . . . . .                                               | 11,711.                                    |                              |                                    | 11,711.                                                 |
|                 | 6 Rent/facility costs . . . . .                                          |                                            |                              |                                    |                                                         |
|                 | 7 Food and beverages . . . . .                                           | 4,099.                                     |                              |                                    | 4,099.                                                  |
|                 | 8 Entertainment . . . . .                                                |                                            |                              |                                    |                                                         |
|                 | 9 Other direct expenses . . . . .                                        | 5,427.                                     |                              |                                    | 5,427.                                                  |
|                 | 10 Direct expense summary: Add lines 4 through 9 in column (d). . . . .  |                                            |                              |                                    | 21,237.                                                 |
|                 | 11 Net income summary: Combine line 3, column (d), and line 10 . . . . . |                                            |                              |                                    | 13,499.                                                 |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| REVENUE         |                                                                               | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                 | (c) Other gaming                                                                | (d) Total gaming<br>(add column (a) through column (c)) |
|-----------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------|
|                 |                                                                               |                                                                     |                                                                     |                                                                                 |                                                         |
| DIRECT EXPENSES | 1 Gross revenue . . . . .                                                     |                                                                     |                                                                     | 65,961.                                                                         | 65,961.                                                 |
|                 | 2 Cash prizes . . . . .                                                       |                                                                     |                                                                     | 43,423.                                                                         | 43,423.                                                 |
|                 | 3 Non-cash prizes . . . . .                                                   |                                                                     |                                                                     |                                                                                 |                                                         |
|                 | 4 Rent/facility costs . . . . .                                               |                                                                     |                                                                     |                                                                                 |                                                         |
|                 | 5 Other direct expenses . . . . .                                             |                                                                     |                                                                     |                                                                                 |                                                         |
|                 | 6 Volunteer labor . . . . .                                                   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00 %<br><input type="checkbox"/> No |                                                         |
|                 | 7 Direct expense summary: Add lines 2 through 5 in column (d). . . . .        |                                                                     |                                                                     |                                                                                 | 43,423.                                                 |
|                 | 8 Net gaming income summary: Combine lines 1, column (d) and line 7 . . . . . |                                                                     |                                                                     |                                                                                 | 22,538.                                                 |

9 Enter the state(s) in which the organization operates gaming activities: Texas

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If 'Yes,' explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in

|                                         |     |          |
|-----------------------------------------|-----|----------|
| a The organization's facility . . . . . | 13a | 100.00 % |
| b An outside facility . . . . .         | 13b | %        |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ZANE STANLEY

Address ▶ 2513 AIRPORT ROAD TEMPLE, TX 76502

15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ 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 ▶ \$

c If 'Yes,' enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ ZANE STANLEY

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ RECORDKEEPING AND MAKING DEPOSITS

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ 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 ▶ \$ 8,604.

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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 990-EZ 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

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS OF TEMPLE TX

74-0508065

Pt VI, Line 6 THE LODGE HAS APPROXIMATELY 260 MEMBERS.

Pt VI, Line 7a THE MEMBERS ELECT THE GOVERNING BODY.

Pt VI, Line 7b THE MEMBERS VOTE ON ALL DECISIONS OF THE GOVERNING BODY.

Pt VI, Line 11a THE MEMBERS RECEIVE A COPY OF THE FORM 990 AT THE JUNE

MEETING AND VOTE TO APPROVE IT.

Pt VI, Line 12c MEMBERS OF THE GOVERNING BODY AND GENERAL MEMBERSHIP ARE

REQUIRED TO NOTIFY THE OFFICERS OF ANY POTENTIAL CONFLICTS

OF INTEREST AS THEY ARISE.

Pt VI, Line 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS

UPON REQUEST.

---

Schedule O (Form 990), Supplemental Information to Form 990**Form 990, Page 2, Part III, Line 1 (continued)**

---

Briefly describe the organization's mission:

OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE  
GOOD FELLOWSHIP, AND TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION.

---

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information

**Part III, Line 17a (continued)**

---

| <u>State Name</u> | <u>Amount</u> |
|-------------------|---------------|
| <u>Texas</u>      | <u>8,604.</u> |

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

INDEPENDENT ACCOUNTANTS' REVIEW REPORT,  
FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION

March 31, 2012 and 2011

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

INDEPENDENT ACCOUNTANTS' REVIEW REPORT,  
FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION

March 31, 2012 and 2011

TABLE OF CONTENTS

| <u>Description</u>                                                                 | <u>Page</u> |
|------------------------------------------------------------------------------------|-------------|
| Independent Accountants' Review Report                                             | 1           |
| Financial Statements                                                               |             |
| Statements of Assets, Liabilities and Net Assets - Modified Cash Basis             | 2           |
| Statements of Revenues, Expenses and Change in Net Assets –<br>Modified Cash Basis | 3           |
| Statements of Cash Flows – Modified Cash Basis                                     | 4           |
| Notes to Financial Statements                                                      | 5           |
| Supplemental Information:                                                          |             |
| Grand Lodge Prescribed Forms                                                       | 1-10        |

# Allman & Associates

CERTIFIED PUBLIC ACCOUNTANTS

9600 GREAT HILLS TRAIL  
SUITE 150W  
AUSTIN TX 78759  
(512) 502-3077  
FAX 888-512-7990  
WWW.ALLMANCPAS.COM

## INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Audit Committee

Temple, Texas Elks Lodge #138 Benevolent and Protective Order of Elks

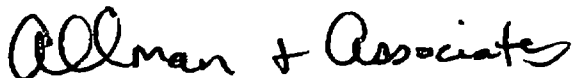
We have reviewed the accompanying statements of assets, liabilities and net assets - modified cash basis of the Temple, Texas Elks Lodge #138 Benevolent and Protective Order of Elks (a nonprofit corporation) as of March 31, 2012 and 2011, and the related statements of revenues, expenses and change in net assets - modified cash basis, and statement of cash flows - modified cash basis for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the modified cash basis of accounting.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with the modified cash basis of accounting. The supplementary information included in the accompanying schedules - Grand Lodge Prescribed Forms, is presented for purposes of additional analysis and is not a required part of the basic financials statements. The supplementary information has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, and we did not become aware of any material modifications that should be made to such information.



Austin, Texas  
May 3, 2012

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

STATEMENTS OF ASSETS, LIABILITIES AND  
NET ASSETS - MODIFIED CASH BASIS

As of March 31, 2012 and 2011

|                                  | 2012              | 2011              |
|----------------------------------|-------------------|-------------------|
| <b>ASSETS</b>                    |                   |                   |
| Cash and cash equivalents        | \$ 80,073         | \$ 78,896         |
| Inventory                        | <u>5,541</u>      | <u>5,541</u>      |
| Total Current Assets             | <u>85,614</u>     | <u>84,437</u>     |
| Fixed Assets                     |                   |                   |
| Building and improvements        | 281,112           | 281,112           |
| Furniture and equipment          | <u>62,324</u>     | <u>62,324</u>     |
| Total Fixed Assets               | 343,436           | 343,436           |
| Less: Accumulated Depreciation   | <u>(68,600)</u>   | <u>(62,880)</u>   |
| Net Fixed Assets                 | <u>274,836</u>    | <u>280,556</u>    |
| Total Assets                     | <u>\$ 360,450</u> | <u>\$ 364,993</u> |
| <b>LIABILITIES</b>               |                   |                   |
| Deferred revenue                 | \$ -              | \$ -              |
| Total Current Liabilities        | <u>-</u>          | <u>-</u>          |
| Long-term Liabilities            |                   |                   |
| Bonds payable                    | <u>3,000</u>      | <u>3,000</u>      |
| Total Liabilities                | <u>3,000</u>      | <u>3,000</u>      |
| <b>NET ASSETS</b>                |                   |                   |
| Unrestricted Net Assets          |                   |                   |
| Undesignated                     | \$ 310,871        | \$ 315,505        |
| Designated                       | <u>46,579</u>     | <u>46,488</u>     |
| Total Unrestricted Net Assets    | <u>357,450</u>    | <u>361,993</u>    |
| Total Net Assets                 | <u>357,450</u>    | <u>361,993</u>    |
| Total Liabilities and Net Assets | <u>\$ 360,450</u> | <u>\$ 364,993</u> |

See accompanying accountants' report and notes to the financial statements

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

STATEMENTS OF REVENUES, EXPENSES AND  
CHANGE IN NET ASSETS - MODIFIED CASH BASIS  
For the Years Ended March 31, 2012 and 2011

|                                   |                   |                   |
|-----------------------------------|-------------------|-------------------|
| Unrestricted Net Assets:          | 2012              | 2011              |
| Revenue and Support               |                   |                   |
| Bingo sales                       | \$ -              | \$ 95,297         |
| Dues and fees                     | 17,580            | 21,224            |
| Rental fees                       | 13,851            | 16,570            |
| Interest income                   | 91                | 415               |
| Contributions                     | 11,565            | 9,644             |
| Fundraising activities            | 34,736            | -                 |
| Miscellaneous                     | 6,075             | 57,402            |
| Kitchen sales                     | 19,174            | 22,777            |
| Liquor, beer and wine sales       | 125,124           | 131,190           |
| Club miscellaneous                | <u>66,679</u>     | <u>133,416</u>    |
| Total revenue and support         | <u>294,875</u>    | <u>487,935</u>    |
| Expenses                          |                   |                   |
| Program Services:                 |                   |                   |
| Bingo                             | -                 | 118,596           |
| Kitchen and bar cost of sales     | 58,469            | 72,900            |
| Club direct expenses              | 29,759            | 31,776            |
| Club fund                         | <u>88,856</u>     | <u>168,763</u>    |
| Total program services            | 177,084           | 392,035           |
| Membership                        | <u>122,334</u>    | <u>142,867</u>    |
| Total expenses                    | <u>299,418</u>    | <u>534,902</u>    |
| Change in unrestricted net assets | <u>(4,543)</u>    | <u>(46,967)</u>   |
| Total change in net assets        | (4,543)           | (46,967)          |
| Net assets, beginning of the year | <u>361,993</u>    | <u>408,960</u>    |
| Net assets, end of the year       | <u>\$ 357,450</u> | <u>\$ 361,993</u> |

See accompanying accountants' report and notes to the financial statements.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

STATEMENTS OF CASH FLOWS – MODIFIED CASH BASIS

For the Years Ended March 31, 2012 and 2011

|                                                                                                 | 2012             | 2011             |
|-------------------------------------------------------------------------------------------------|------------------|------------------|
| Cash flows from operating activities:                                                           |                  |                  |
| Change in net assets                                                                            | \$ (4,543)       | \$ (46,967)      |
| Adjustments to reconcile changes in net assets to<br>net cash provided by operating activities: |                  |                  |
| Depreciation                                                                                    | 5,720            | 5,720            |
| (Decrease) increase in deferred revenue                                                         | <u>-</u>         | <u>(11,637)</u>  |
| Total adjustments                                                                               | <u>5,720</u>     | <u>(5,917)</u>   |
| Net cash provided (used) by operating activities                                                | <u>1,177</u>     | <u>(52,884)</u>  |
| Net increase (decrease) in cash and cash equivalents                                            | 1,177            | (52,884)         |
| Cash and cash equivalents, beginning of year                                                    | <u>78,896</u>    | <u>131,780</u>   |
| Cash and cash equivalents, end of year                                                          | <u>\$ 80,073</u> | <u>\$ 78,896</u> |
| Undesignated cash                                                                               | \$ 33,494        | \$ 32,626        |
| Designated cash                                                                                 | <u>46,579</u>    | <u>46,270</u>    |
| Total Cash                                                                                      | <u>\$ 80,073</u> | <u>\$ 78,896</u> |

See accompanying accountants' report and notes to the financial statements.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 and 2011

NOTE A - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Temple, Texas Elks Lodge #138 Benevolent and Protective Order of Elks (hereafter referred to as the Lodge) is presented to assist in understanding the Lodge's financial statements. The financial statements are representations of the Lodge's management who is responsible for their integrity and objectivity.

**Nature of Activities**

The Temple, Texas Elks Lodge #138 Benevolent and Protective Order of Elks, as a subordinate Lodge of the Grand Lodge, has total autonomy and freedom of action in managing its financial affairs. However, as the Lodge enjoys the privilege of its existence solely because it is chartered as an integral part of the Grand Lodge (the parent organization), all actions of the Lodge must be consistent with the statutes, laws and regulations of the Order.

The mission of the organization is to inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and enhance the 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 Benevolent and Protective Order of Elks of the United States of America will serve the people and communities through benevolent programs, demonstrating that Elks Care and Elks Share.

The Order is a non-political, non-sectarian and strictly American fraternity. Proposal for membership in the Order is only by invitation of a member in good standing. To be accepted as a member, one must be an American citizen, believe in God, be of good moral character and be at least 21 years old.

The Order's benevolent, educational and patriotic community-minded programs in fields benefiting physically handicapped children, sponsoring scholarships, scouting, athletic teams, veterans' works, a national "Hoop Shoot" free-throw contest involving nationwide more than 3 million children, physical and occupational therapy programs and patriotic programs.

*Management and General*

Management and general costs are associated with the operations of the Lodge.

*Fundraising*

The fundraising activities are to raise funds for the charitable operations of the Lodge and include fundraisers and individual donations.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 and 2011

NOTE A - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

**Financial Statement Presentation**

The Lodge reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

*Unrestricted Net Assets*

Unrestricted net assets consist of net assets that are not subject to donor-imposed restrictions. Unrestricted net assets result from operating revenues, unrestricted contributions, unrestricted dividend and interest income, less expenses incurred in operations, to raise contributions and for administrative functions. Unrestricted net assets may be designated for specific purposes by action of the Board of Directors.

*Temporarily Restricted Net Assets*

Temporarily restricted net assets consist of net assets that are subject to donor-imposed stipulations that require the passage of time or the occurrence of a specific event. When the donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

*Permanently Restricted Net Assets*

Permanently restricted net assets are subject to donor-imposed stipulations that are maintained permanently. Generally, the donors of these assets permit the use of all or part of the income earned on any related investments for general or specific purposes. The Lodge had no permanently restricted net assets at March 31, 2012 or 2011.

**Basis of Accounting**

The Lodge's financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. Certain revenues are recognized when received rather than when earned and certain expenses and purchases of assets are recognized when cash is disbursed rather than when the obligation occurred. However, there are exceptions as follows:

1. Dues received prior to the beginning of the next fiscal year are recorded as deferred income.
2. Beer, wine, liquor and food inventory is recorded as an asset.
3. Expenditures for long-term fixed assets are recorded as assets.
4. Depreciation is recorded as an expense.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 and 2011

NOTE A - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

**Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and Cash Equivalents**

For purposes of the Statement of Cash Flows, the Lodge considers bank accounts and liquid investments with maturities of twelve months or less to be cash and cash equivalents. The Lodge has a certificate of deposit that is classified as cash since it meets the above criteria.

**Inventory**

Inventory is recorded at cost on a first-in, first-out basis and consists of beer, wine, liquor and food.

**Fixed Assets**

Fixed assets are recorded at cost if purchased or market value if donated. Depreciation is recognized over the estimated useful life of the related assets. When assets are retired or otherwise disposed of, the carrying amount and accumulated depreciation is cleared and the net difference, less any amount realized from disposition, is reflected in operations. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets ranging from three to forty years.

**Deferred Revenue**

Deferred income consists of dues and fees paid in advance. Income from such dues and fees is recognized as earned.

**Contributions**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor imposed restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 and 2011

NOTE A - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

**Federal Income Taxes**

Under Section 501(c)(8) of the Internal Revenue Code, the Lodge is exempt from Federal income taxes with the exception of unrelated business income. The Lodge paid no income taxes related to unrelated business income for the years ended March 31, 2012 and 2011.

**Functional Allocation of Expenses**

The costs of providing program services and the supporting services have been summarized on a functional basis on the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Concentration of Credit Risk**

Financial instruments which potentially subject the organization to credit risk consist of cash and cash equivalents. The Lodge's bank account balances are insured by the Federal Depository Insurance Corporation (FDIC). The Lodge's deposits did not exceed the federal insurance limits as of March 31, 2012 or 2011.

NOTE B – DESIGNATED CASH

The Lodge had designated cash at March 31, 2012 and 2011 as follows:

|                           | <b>2012</b>      | <b>2011</b>      |
|---------------------------|------------------|------------------|
| Building improvement fund | \$ <u>46,579</u> | \$ <u>46,488</u> |
| Total designated cash     | \$ <u>46,579</u> | \$ <u>46,488</u> |

NOTE C – BONDS PAYABLE

The Lodge had bonds payable in the amount of \$3,000 and \$3,000, respectively, at March 31, 2012 and 2011. These outstanding bonds were sold many years ago and have not been redeemed by the purchasers. The Lodge is obligated to pay these bonds upon presentation.

TEMPLE, TEXAS ELKS LODGE #138  
BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
(A Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 and 2011

NOTE D – FAIR VALUE MEASUREMENTS

The requirements of *Fair Value Measurements and Disclosures* of the Accounting Standards Codification apply to all financial instruments and all nonfinancial assets and nonfinancial liabilities that are being measured and reported on a fair value basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. *Fair Value Measurements and Disclosures* also established a fair value hierarchy that prioritizes the inputs used in valuation methodologies into the following three levels:

- Level 1 Inputs – Unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 Inputs – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Inputs – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or other valuation techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The fair value of the Lodge's certificate of deposit in the amount of \$6,781 and \$6,781, respectively, at March 31, 2012 and 2011 was determined based on Level 2.

The fair value of the Lodge's remaining cash and cash equivalents, inventory, sales and tax payables and deferred revenue approximate the carrying amounts of such instruments due to their short maturity for the years ended March 31, 2012 and 2011.

NOTE E – SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date but before the financial statements are issued. We have evaluated subsequent events through the issuance date of the independent accountants' report, May 3, 2012, and there were no subsequent events to be disclosed.

**SUPPLEMENTAL INFORMATION –  
GRAND LODGE PRESCRIBED FORMS**

**TEMPLE, TEXAS, Lodge No. 138**  
**Combined Balance Sheet**  
**(All Entities)**

|                                        | Prior Year<br>March 31, 2011 | Current Year<br>March 31, 2012 |
|----------------------------------------|------------------------------|--------------------------------|
| <b>ASSETS:</b>                         |                              |                                |
| <b>Current Assets:</b>                 |                              |                                |
| 1 Cash on Hand & in Bank               | \$78,896 00                  | \$80,073 00                    |
| 2 Prepaid Expenses                     |                              |                                |
| 3 Inventories                          | \$5,541 00                   | \$5,541 00                     |
| 4 Investments                          |                              |                                |
| 5 Total Current Assets                 | \$84,437 00                  | \$85,614 00                    |
| <b>Fixed Assets:</b>                   |                              |                                |
| 6 Buildings                            | \$281,112 00                 | \$281,112 00                   |
| 7 Personal Property                    | \$62,324 00                  | \$62,324 00                    |
| 8 Total                                | \$343,436 00                 | \$343,436 00                   |
| 9 Less Accumulated Depreciation        | \$62,880 00                  | \$68,600 00                    |
| 10 Net Book Value                      | \$280,556 00                 | \$274,836 00                   |
| 11 Land                                |                              |                                |
| 12. Total Fixed Assets                 | \$280,556 00                 | \$274,836 00                   |
| <b>Other Assets:</b>                   |                              |                                |
| 13 Investments - Long Term             |                              |                                |
| 14 Other                               |                              |                                |
| 15. Total Other Assets                 | \$0 00                       | \$0 00                         |
| 16. TOTAL ASSETS                       | \$364,993 00                 | \$360,450 00                   |
| <b>LIABILITIES AND EQUITY</b>          |                              |                                |
| <b>Current Liabilities:</b>            |                              |                                |
| 17 Accounts Payable                    |                              |                                |
| 18 Note Payments - Due within One Year |                              |                                |
| 19 Deferred Dues & Fees                |                              |                                |
| 20 Other Payables                      |                              |                                |
| 21. Total Current Liabilities          | \$0 00                       | \$0 00                         |
| <b>Term Liabilities:</b>               |                              |                                |
| 22 Note Payments - Due After One Year  |                              |                                |
| 23 Other Term Liabilities              | \$3,000 00                   | \$3,000 00                     |
| 24. Total Term Liabilities             | \$3,000 00                   | \$3,000 00                     |
| <b>Deferred Income:</b>                |                              |                                |
| 25 Other                               |                              |                                |
| 26. Total Deferred Income              | \$0 00                       | \$0 00                         |
| <b>Restricted Funds:</b>               |                              |                                |
| 27 Charity                             |                              |                                |
| 28 Other                               | \$46,488 00                  | \$46,579 00                    |
| 29. Total Restricted Funds             | \$46,488 00                  | \$46,579 00                    |
| <b>Equity</b>                          |                              |                                |
| 30 From Page 8, Schedule 2             | \$315,505 00                 | \$310,871 00                   |
| 31. TOTAL LIABILITIES AND EQUITY       | \$364,993 00                 | \$360,450 00                   |

NOTE: The Notes to Financial Statements Are An Integral Part of This Page.

**FOR INTERNAL USE ONLY (revised 3/2011)**

**TEMPLE, TEXAS, Lodge No. 138**  
**Statement of Lodge Fund Revenue, Expenses**  
**and Comparison to Approved Budget**

|                                                       | Prior Year Ended<br>March 31, 2011 |                      | Current Year Ended March 31, 2012 |                      |
|-------------------------------------------------------|------------------------------------|----------------------|-----------------------------------|----------------------|
|                                                       | Actual                             | Actual               | Budget                            | Over (Under)         |
| <b>REVENUE:</b>                                       |                                    |                      |                                   |                      |
| 1 Dues                                                | \$20,559 00                        | \$17,210 00          | \$14,400 00                       | \$2,810 00           |
| 2 Fees                                                | \$665 00                           | \$370 00             | \$600 00                          | (\$230 00)           |
| 3 Rent                                                | \$16,570 00                        | \$13,851 00          | \$13,200 00                       | \$651 00             |
| 4 Interest & Dividends                                | \$197 00                           | \$0 00               | \$0 00                            | \$0 00               |
| 5 Contributions                                       | \$9,644 00                         | \$11,565 00          | \$24,204 00                       | (\$12,639 00)        |
| 6 Fund Raising                                        | \$0 00                             | \$34,736 00          | \$26,004 00                       | \$8,732 00           |
| 7 Other (Totals from Page 3A)                         | \$57,402 00                        | \$6,075 00           | \$24,120 00                       | (\$18,045 00)        |
| 8. Total Revenue                                      | \$105,037 00                       | \$83,807 00          | \$102,528 00                      | (\$18,721 00)        |
| <b>EXPENSES: (List)</b>                               |                                    |                      |                                   |                      |
| 9 Auditing & Legal                                    | \$2,310 00                         | \$2,250 00           | \$2,400 00                        | (\$150 00)           |
| 10 Audit                                              |                                    |                      |                                   | \$0 00               |
| 11 Bulletin                                           | \$4,785 00                         | \$5,307 00           | \$4,200 00                        | \$1,107 00           |
| 12 Convention                                         | \$2,993 00                         | \$2,055 00           | \$3,000 00                        | (\$945 00)           |
| 13 Data Processing                                    |                                    |                      |                                   | \$0 00               |
| 14 Dignitary Entertainment                            | \$22 00                            | \$0 00               | \$120 00                          | (\$120 00)           |
| 15 Employee Benefits                                  |                                    |                      |                                   | \$0 00               |
| 16 Insurance/Fid Bonds                                | \$7,955 00                         | \$2,355 00           | \$8,400 00                        | (\$6,045 00)         |
| 17 Interest                                           |                                    |                      |                                   | \$0 00               |
| 18 Janitorial Expense                                 | \$20,934 00                        | \$12,306 00          | \$1,944 00                        | \$10,362 00          |
| 19 Supplies                                           | \$277 00                           | \$573 00             | \$240 00                          | \$333 00             |
| 20 Office Expense                                     | \$3,975 00                         | \$5,206 00           | \$3,840 00                        | \$1,366 00           |
| 21 Officer's Expense                                  | \$453 00                           | \$153 00             | \$600 00                          | (\$447 00)           |
| 22 Per Capita - Grand Lodge                           | \$4,046 00                         | \$3,822 00           | \$4,200 00                        | (\$378 00)           |
| 23 Per Capita - State                                 | \$1,012 00                         | \$1,983 00           | \$1,200 00                        | \$783 00             |
| 24 Rent Expense                                       |                                    |                      |                                   | \$0 00               |
| 25 Repairs & Maintenance                              | \$8,733 00                         | \$4,815 00           | \$9,600 00                        | (\$4,785 00)         |
| 26 Salaries & Wages                                   | \$16,695 00                        | \$15,325 00          | \$19,296 00                       | (\$3,971 00)         |
| 27 Taxes, Payroll                                     | \$2,436 00                         | \$1,478 00           |                                   | \$1,478 00           |
| 28 Taxes, Other                                       | \$2,840 00                         | \$3,918 00           | \$3,180 00                        | \$738 00             |
| 29 Telephone                                          | \$1,944 00                         | \$2,301 00           | \$384 00                          | \$1,917 00           |
| 30 Utilities                                          | \$9,980 00                         | \$10,840 00          | \$3,756 00                        | \$7,084 00           |
| 31 Fund Raising Expenses                              |                                    | \$21,237 00          | \$7,452 00                        | \$13,785 00          |
| 32 Other (Totals from Page 3A)                        | \$45,757 00                        | \$20,690 00          | \$25,404 00                       | (\$4,714 00)         |
| 33. Total Expenses                                    | \$137,147 00                       | \$116,614 00         | \$99,216 00                       | \$17,398 00          |
| 34 Increase/(Decrease) Before<br>Depreciation Expense | (\$32,110 00)                      | (\$32,807 00)        | \$3,312 00                        | (\$36,119 00)        |
| 35 Depreciation Expense                               | \$5,720 00                         | \$5,720 00           |                                   | \$5,720 00           |
| <b>Increase/(Decrease) Equity (Page 8)</b>            | <b>(\$37,830 00)</b>               | <b>(\$38,527 00)</b> | <b>\$3,312 00</b>                 | <b>(\$41,839 00)</b> |

NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.

**TEMPLE, TEXAS, Lodge No. 138**  
**Statement of Lodge Fund Revenue, Expenses**  
**and Comparison to Approved Budget**

|                                      | Prior Year Ended<br>March 31, 2011 | Current Year Ended March 31, 2012 |                    |                      |
|--------------------------------------|------------------------------------|-----------------------------------|--------------------|----------------------|
|                                      | Actual                             | Actual                            | Budget             | Over (Under)         |
| <b>REVENUE:</b>                      |                                    |                                   |                    |                      |
| <b>Other: (Identify)</b>             |                                    |                                   |                    |                      |
| MISCELLANEOUS                        | \$8,392 00                         | \$2,681 00                        | \$22,920 00        | (\$20,239 00)        |
| ENTERTAINMENT                        | \$561 00                           | \$1,394 00                        | \$1,200 00         | \$194 00             |
| TRANSFERS IN                         | \$45,407 00                        | \$2,000 00                        | \$0 00             | \$2,000 00           |
| MISCELLANEOUS                        | \$3,042 00                         |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
| <b>7. Transfer Totals to Page 3</b>  | <b>\$57,402 00</b>                 | <b>\$6,075 00</b>                 | <b>\$24,120 00</b> | <b>(\$18,045 00)</b> |
| <b>EXPENSES: (List)</b>              |                                    |                                   |                    |                      |
| ADVERTISING                          |                                    |                                   | \$120 00           | (\$120 00)           |
| ALARM SERVICE                        |                                    |                                   |                    | \$0 00               |
| AUTO EXPENSE                         |                                    |                                   |                    | \$0 00               |
| BADGES & PINS                        |                                    |                                   | \$300 00           | (\$300 00)           |
| BALANCE ADJUST                       |                                    |                                   |                    | \$0 00               |
| BANK CHARGES & BAD DEBT              | \$342 00                           | \$167 00                          | \$240 00           | (\$73 00)            |
| DOES EXPENSE                         | \$1,650 00                         | \$0 00                            |                    | \$0 00               |
| DONATIONS & OTHERS                   | \$2,934 00                         | \$8,603 00                        | \$8,580 00         | \$23 00              |
| ENTERTAINMENT                        | \$1,205 00                         | \$952 00                          | \$1,800 00         | (\$848 00)           |
| KEY CARDS                            | \$215 00                           | \$188 00                          | \$600 00           | (\$412 00)           |
| LICENSES & PERMITS                   | \$1,032 00                         | \$1,094 00                        |                    | \$1,094 00           |
| LINEN SUPPLIES                       | \$1,466 00                         | \$0 00                            | \$900 00           | (\$900 00)           |
| LODGE EQUIPMENT                      | \$666 00                           | \$303 00                          | \$600 00           | (\$297 00)           |
| MEMBER EXPENSE                       |                                    |                                   |                    | \$0 00               |
| MISCELLANEOUS                        | \$4,202 00                         | \$2,391 00                        | \$4,200 00         | (\$1 809 00)         |
| PUBLICITY PHOTO                      | \$26 00                            | \$36 00                           | \$120 00           | (\$84 00)            |
| SECURITY                             | \$681 00                           | \$1,947 00                        |                    | \$1,947 00           |
| SPECIAL PROJECTS                     |                                    |                                   |                    | \$0 00               |
| TRANSFER FUNDS                       | \$28,181 00                        | \$2,000 00                        |                    | \$2,000 00           |
| TROPHIES                             | \$1,157 00                         | \$34 00                           | \$1,200 00         | (\$1,166 00)         |
| HALL RENTAL REFUND                   | \$2,000 00                         | \$2,975 00                        | \$4,800 00         | (\$1,825 00)         |
| RENTAL SERVICE CHARGE                |                                    |                                   | \$1,944 00         | (\$1,944 00)         |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
|                                      |                                    |                                   |                    | \$0 00               |
| <b>40. Transfer Totals to Page 3</b> | <b>\$45,757 00</b>                 | <b>\$20,690 00</b>                | <b>\$25,404 00</b> | <b>(\$4 714 00)</b>  |

**FOR INTERNAL USE ONLY (revised 3/2011)**

**TEMPLE, TEXAS, Lodge No. 138**  
**Statement of Club Fund Revenue, Expenses**  
**and Comparison to Approved Budget**

|                                                       | Prior Year Ended<br>March 31, 2011 | Current Year Ended March 31, 2012 |                      |                      |
|-------------------------------------------------------|------------------------------------|-----------------------------------|----------------------|----------------------|
|                                                       | Actual                             | Actual                            | Budget               | Over (Under)         |
| <b>REVENUE:</b>                                       |                                    |                                   |                      |                      |
| 1 Gross Profit (Page 8)                               | \$49,291 00                        | \$56,070 00                       | \$98,280 00          | (\$42,210 00)        |
| 2 Facility Rental                                     |                                    |                                   |                      | \$0 00               |
| 3 Other (Totals from Page 4A)                         | \$133,416 00                       | \$66,679 00                       | \$1,977 60           | \$64,701 40          |
| <b>8. Total Revenue</b>                               | <b>\$182,707 00</b>                | <b>\$122,749 00</b>               | <b>\$100,257 60</b>  | <b>\$22,491 40</b>   |
| <b>EXPENSES: (List)</b>                               |                                    |                                   |                      |                      |
| 5 Advertising                                         | \$50 00                            | \$53 00                           | \$240 00             | (\$187 00)           |
| 6 Alarm Service                                       |                                    |                                   | \$300 00             | (\$300 00)           |
| 7 Accounting                                          |                                    |                                   |                      | \$0 00               |
| 8 Audit                                               |                                    |                                   |                      | \$0 00               |
| 9 Auto Expense                                        |                                    |                                   |                      | \$0 00               |
| 10 Cash Over/Short                                    | \$306 00                           | \$606 00                          | \$0 00               | \$606 00             |
| 11 Equipment Rental                                   |                                    |                                   |                      | \$0 00               |
| 12 Insurance                                          |                                    |                                   |                      | \$0 00               |
| 13 Janitorial Expense                                 | \$5,489 00                         | \$8,286 00                        | \$18,600 00          | (\$10,314 00)        |
| 14 Laundry                                            | \$928 00                           | \$815 00                          | \$2,100 00           | (\$1,285 00)         |
| 15 Payroll Taxes                                      |                                    |                                   |                      | \$0 00               |
| 16 Licenses                                           | \$17 00                            | \$150 00                          | \$120 00             | \$30 00              |
| 17 Repairs & Maintenance                              | \$523 00                           | \$259 00                          | \$1,800 00           | (\$1,541 00)         |
| 18 Salaries                                           |                                    |                                   |                      | \$0 00               |
| 19 Supplies, Bar                                      | \$2,149 00                         | \$1,174 00                        | \$1,200 00           | (\$26 00)            |
| 20 Supplies, Kitchen                                  | \$3,772 00                         | \$1,870 00                        | \$600 00             | \$1,270 00           |
| 21 Telephone                                          |                                    |                                   | \$1,152 00           | (\$1,152 00)         |
| 22 Utilities                                          | \$7,812 00                         | \$11,618 00                       | \$15,624 00          | (\$4,006 00)         |
| 23 Pro-rated Overhead                                 |                                    |                                   |                      | \$0 00               |
| 24 Other (Totals from Page 4A)                        | \$147,717 00                       | \$64,025 00                       | \$125,844 00         | (\$61,819 00)        |
| <b>25. Total Expenses</b>                             | <b>\$168,763 00</b>                | <b>\$88,856 00</b>                | <b>\$167,580 00</b>  | <b>(\$78,724 00)</b> |
| 26 Increase/(Decrease) Before<br>Depreciation Expense | \$13,944 00                        | \$33,893 00                       | (\$67,322 40)        | \$101,215 40         |
| 27 Depreciation Expense                               |                                    |                                   |                      | \$0 00               |
| <b>Increase/(Decrease) Equity (Page 8)</b>            | <b>\$13,944 00</b>                 | <b>\$33,893 00</b>                | <b>(\$67,322 40)</b> | <b>\$101,215 40</b>  |

**NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.**

**FOR INTERNAL USE ONLY (revised 3/2011)**



**TEMPLE, TEXAS, Lodge No. 138**  
**RESTRICTED FUNDS**  
**Statement of Restricted Funds Revenue, Expenses**  
**and Comparison to Approved Budget**  
 (Use additional pages as necessary - Label Pages 5A, 5B, etc.)  
 (Use separate statement for each entity - Bingo, Las Vegas, Lucky 7's, etc.)

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Combined Page 5's Must Equal Difference Between Prior and Current Year<br/>         Restricted Fund on Balance Sheet, Page 2.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|

|                                                |  |                                    |               |                                   |               |
|------------------------------------------------|--|------------------------------------|---------------|-----------------------------------|---------------|
| Restricted Account Title:                      |  | CHARITY                            |               |                                   |               |
|                                                |  | Prior Year Ended<br>March 31, 2011 |               | Current Year Ended March 31, 2012 |               |
|                                                |  | Actual                             | Actual        | Budget                            | Over (Under)  |
| <b>REVENUE:</b>                                |  |                                    |               |                                   |               |
| <b>Other: (Identify)</b>                       |  |                                    |               |                                   |               |
| BINGO SALES                                    |  | \$70,950 00                        | \$0 00        |                                   | \$0 00        |
| BINGO FUND INTEREST                            |  |                                    |               |                                   | \$0 00        |
| PRIZE & INSTANT FEES                           |  | \$15,499 00                        | \$0 00        |                                   | \$0 00        |
| BINGO RENTALS                                  |  | \$5,100 00                         | \$0 00        |                                   | \$0 00        |
| MISC SALES                                     |  | \$3,748 00                         | \$0 00        |                                   | \$0 00        |
|                                                |  |                                    |               |                                   | \$0 00        |
|                                                |  |                                    |               |                                   | \$0 00        |
|                                                |  |                                    |               |                                   | \$0 00        |
| <b>8. Total Other Revenue:</b>                 |  | <b>\$95,297 00</b>                 | <b>\$0 00</b> | <b>\$0 00</b>                     | <b>\$0 00</b> |
| <b>EXPENSES: (List)</b>                        |  |                                    |               |                                   |               |
| ADMINISTRATIVE EXPENSES                        |  | \$150 00                           | \$0 00        |                                   | \$0 00        |
| ADVERTISING                                    |  | \$1,005 00                         | \$0 00        |                                   | \$0 00        |
| BAD CHECKS                                     |  | \$50 00                            | \$0 00        |                                   | \$0 00        |
| BANK CHARGES                                   |  | \$6 00                             | \$0 00        |                                   | \$0 00        |
| BINGO ACCT CHANGE                              |  |                                    | \$0 00        |                                   | \$0 00        |
| TRANSFER OF FUNDS                              |  | \$11,643 00                        | \$0 00        |                                   | \$0 00        |
| CASH SHORT/(OVER)                              |  | \$211 00                           | \$0 00        |                                   | \$0 00        |
| CHARITY                                        |  | \$12,950 00                        | \$0 00        |                                   | \$0 00        |
| EQUIPMENT REPLACEMENT/REPAIR                   |  | \$329 00                           | \$0 00        |                                   | \$0 00        |
| HALL REIMBURSEMENT                             |  | \$5,700 00                         | \$0 00        |                                   | \$0 00        |
| JANITORIAL                                     |  | \$1,742 00                         | \$0 00        |                                   | \$0 00        |
| LICENSES                                       |  | \$200 00                           | \$0 00        |                                   | \$0 00        |
| PRIZES                                         |  | \$76,604 00                        | \$0 00        |                                   | \$0 00        |
| SUPPLIES                                       |  | \$600 00                           | \$0 00        |                                   | \$0 00        |
| TAXES                                          |  | \$2,350 00                         | \$0 00        |                                   | \$0 00        |
| UTILITIES                                      |  | \$5,056 00                         | \$0 00        |                                   | \$0 00        |
| <b>25. Total Other Expenses:</b>               |  | <b>\$118,596 00</b>                | <b>\$0 00</b> | <b>\$0 00</b>                     | <b>\$0 00</b> |
| <b>26. Restricted Fund Increase (Decrease)</b> |  | <b>(\$23,299 00)</b>               | <b>\$0 00</b> | <b>\$0 00</b>                     | <b>\$0 00</b> |

**Restricted Funds are NOT a Part of Equity!!!**

**Do NOT transfer to Page 8, Equity Reconciliation, Schedule 2**

**NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.**

**FOR INTERNAL USE ONLY (revised 3/2011)**

**TEMPLE, TEXAS, Lodge No. 138**  
**RESTRICTED FUNDS**  
**Statement of Restricted Funds Revenue, Expenses**  
**and Comparison to Approved Budget**  
 (Use additional pages as necessary - Label Pages 5A, 5B, etc.)  
 (Use separate statement for each entity - Bingo, Las Vegas, Lucky 7's, etc.)

**Combined Page 5's Must Equal Difference Between Prior and Current Year  
Restricted Fund on Balance Sheet, Page 2.**

| Restricted Account Title:               |          | BUILDING FUND                      |          |                                   |              |
|-----------------------------------------|----------|------------------------------------|----------|-----------------------------------|--------------|
|                                         |          | Prior Year Ended<br>March 31, 2011 |          | Current Year Ended March 31, 2012 |              |
|                                         |          | Actual                             | Actual   | Budget                            | Over (Under) |
| <b>REVENUE:</b>                         |          |                                    |          |                                   |              |
| <b>Other: (Identify)</b>                |          |                                    |          |                                   |              |
| BUILDING FUND INTEREST                  | \$218 00 | \$91 00                            | \$120 00 | (\$29 00)                         |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
| 8. Total Other Revenue:                 | \$218 00 | \$91 00                            | \$120 00 | (\$29 00)                         |              |
| <b>EXPENSES: (List)</b>                 |          |                                    |          |                                   |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
|                                         |          |                                    |          | \$0 00                            |              |
| 25. Total Other Expenses:               | \$0 00   | \$0 00                             | \$0 00   | \$0 00                            |              |
| 26. Restricted Fund Increase (Decrease) | \$218 00 | \$91 00                            | \$120 00 | (\$29 00)                         |              |

**Restricted Funds are NOT a Part of Equity!!!**

**Do NOT transfer to Page 8, Equity Reconciliation, Schedule 2**

NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.

**FOR INTERNAL USE ONLY (Revised 3/2011)**

**TEMPLE, TEXAS, Lodge No. 138**  
**Combined Statement of Cash Flow**  
**(all funds)**

Year Ended March 31, 2012

**CASH FLOW FROM OPERATIONS ACTIVITIES:**

|                               |               |              |
|-------------------------------|---------------|--------------|
| 1 Lodge - Net Income (Page 3) | (\$38,527 00) |              |
| 2 Club - Net Income (Page 4)  | \$33,893 00   |              |
| <b>3. Total Net Income</b>    |               | (\$4,634 00) |

**ADJUSTMENTS TO RECONCILE NET INCOME TO NET**

**CASH PROVIDED BY OPERATING ACTIVITIES:**

|                                                   |            |            |
|---------------------------------------------------|------------|------------|
| 4 Depreciation                                    | \$5,720 00 |            |
| 5 Increase/Decrease in Prepaid Expenses           |            |            |
| 6 Increase/Decrease in Inventories                |            |            |
| 7 Increase/Decrease in Short Term Investments     |            |            |
| 8 Increase/Decrease in Other Assets               |            |            |
| 9 Increase/Decrease in Accounts Payable           |            |            |
| 10 Increase/Decrease in Notes Due Within One Year |            |            |
| 11 Increase/Decrease in Prepaid Dues              |            |            |
| 12 Increase/Decrease in Other Payables            |            |            |
| 13 Increase/Decrease in Deferred Income           |            |            |
| 14 Increase/Decrease in Restricted Funds          | \$91 00    |            |
| 15 Adjustments (Page 8)--Attach Explanation       |            |            |
| <b>16. Total Adjustments</b>                      |            | \$5,811 00 |
| <b>17. NET CASH PROVIDED BY OPERATIONS</b>        |            | \$1,177 00 |

**CASH FLOW INVESTING ACTIVITIES:**

|                                       |  |        |
|---------------------------------------|--|--------|
| 18 Purchase of Fixed Assets           |  |        |
| 19 Reduction of Long Term Debt        |  |        |
| 20 Purchase of Long Term Investment   |  |        |
| 21 Capital Improvement to Building    |  |        |
| 22 Adjustments - Attach Explanation   |  |        |
| <b>23. Total Investing Activities</b> |  | \$0 00 |

**NET CHANGE IN CASH** \$1,177 00

**CASH AVAILABLE- MARCH 31, 2011** \$78,896 00

**CASH AVAILABLE- MARCH 31, 2012** \$80,073 00

**Explanation for Lines 15 & 22:**

**FOR INTERNAL USE ONLY (revised 3/2011)**



Lodge Name: **TEMPLE, TEXAS**, Lodge Number: **138**

**NOTES TO FINANCIAL STATEMENTS**  
Year Ended March 31, 2012

**SEE ACCOUNTANT'S REVIEW REPORT AND ACCOMPANYING NOTES**

**TEMPLE, TEXAS, Lodge No. 138**  
**Supplemental Schedules**  
**Year Ended March 31, 2012**

**SCHEDULE OF GROSS PROFIT: Schedule 1**

|                                             | Bar                 | Dining Room        | Total               |
|---------------------------------------------|---------------------|--------------------|---------------------|
| <b>Sales:</b>                               |                     |                    |                     |
| 1 Food                                      | \$2,876 00          | \$16,298 00        | \$19,174 00         |
| 2 Liquor, Beer & Wine                       | \$115,438 00        | \$9,686 00         | \$125,124 00        |
| 3 Other Bar Sales                           |                     |                    | \$0 00              |
| <b>4. Total Sales:</b>                      | <b>\$118,314 00</b> | <b>\$25,984 00</b> | <b>\$144,298 00</b> |
| <b>Cost of Sales:</b>                       |                     |                    |                     |
| 5 Inventory, April 1, 2011                  | \$5,541 00          |                    | \$5,541 00          |
| 6 Purchases                                 | \$40,858 00         | \$17,611 00        | \$58,469 00         |
| 7 Total                                     | \$46,399 00         | \$17,611 00        | \$64,010 00         |
| 8 Less Inventory, March 31, 2012            | \$5,541 00          |                    | \$5,541 00          |
| 9 Cost of Sales                             | \$40,858 00         | \$17,611 00        | \$58,469 00         |
| <b>Gross Profit on Sales</b>                | <b>\$77,456 00</b>  | <b>\$8,373 00</b>  | <b>\$85,829 00</b>  |
| <b>Direct Expenses:</b>                     |                     |                    |                     |
| 10 Salaries & Wages                         | \$23,411 00         |                    | \$23,411 00         |
| 11 Employee Meals, at Cost                  |                     |                    | \$0 00              |
| 12 Payroll Taxes & Benefits                 | \$6,348 00          |                    | \$6,348 00          |
| 13 Music & Entertainment                    |                     |                    | \$0 00              |
| <b>14. Total Direct Expenses</b>            | <b>\$29,759 00</b>  | <b>\$0 00</b>      | <b>\$29,759 00</b>  |
| <b>GROSS PROFIT (Total to Page 4)</b>       | <b>\$47,697 00</b>  | <b>\$8,373 00</b>  | <b>\$56,070 00</b>  |
| <b>Ratios:</b>                              |                     |                    |                     |
| 15 Cost of Sales (% of Total Sales)         | 34 53%              | 67 78%             | 40 52%              |
| 16 Employee Expense (% of Total Sales)      | 25 15%              | 0 00%              | 20 62%              |
| 17 Music & Entertainment (% of Total Sales) | 0 00%               | 0 00%              | 0 00%               |
| 18 Gross Profit                             | 40 31%              | 32 22%             | 38 86%              |

**RECONCILIATION - EQUITY ACCOUNT: Schedule 2**

|                                                       |               |
|-------------------------------------------------------|---------------|
| 19 Balance, March 31, 2011                            | \$315,505 00  |
| 20 Net Increase/(Decrease), Page 3                    | (\$38,527 00) |
| 21 Net Increase/(Decrease), Page 4                    | \$33,893 00   |
| 22 Adjustments-Increase(Decrease), Attach Explanation |               |
| 23 Balance, March 31, 2012                            | \$310,871 00  |

**NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.**

Lodge Name: **TEMPLE, TEXAS**, Lodge Number: **138****SCHEDULE OF INSURANCE COVERAGE AND FIDELITY BONDS****(see additional information, next page)****MANDATORY PROGRAMS**

- |                                                                                                                                                                                                                                                           | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. GRAND LODGE MASTER LIABILITY INSURANCE. (Providing general liability/liquor coverage) (Mandatory program – premium paid as part of annual per capita – no additional premium due – nor is any audit required )                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. GRAND LODGE PROPERTY PLUS? (Mandatory program – premium billed directly to Lodge.)                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Has Property Plus free appraisal been obtained?                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. ELKS DIRECTORS & OFFICERS/EMPLOYMENT PRACTICES? (This discounted program is offered on a voluntary basis)                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. DIRECTORS & OFFICERS COVERAGE WITH OUTSIDE CARRIER?                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Insurance Carrier: N/A                                                                                                                                                                                                                                    |                                     |                                     |
| 5. WORKER'S COMPENSATION INSURANCE? (It is recommended that every Lodge have such coverage – even if it has no regular employees ) (Worker's Compensation is the exclusive remedy for occupational injury claims – accident policies are not sufficient.) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 Name of Worker's Compensation Carrier: TEXAS MUTUAL                                                                                                                                                                                                     |                                     |                                     |
| 7 Worker's Compensation Policy Number & Expiration Date: 0001228923-091712                                                                                                                                                                                |                                     |                                     |

FOR INFORMATIONAL PURPOSES ONLY – PLEASE PROVIDE THIS INFORMATION:

Number of Employees.

8. Lodge? 0 9. Bar? 4 10 Dining Room? 0 11 Other Area? 0

LODGE OFFICERS RECEIVING PAY:

- |                                                                                                                                           |                                     |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 12 Secretary                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Treasurer                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Other Paid Officers? (list below)                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. AUTOMOBILE INSURANCE? (If Lodge owns vehicle The Master Liability Program does not provide coverage for owned vehicles )              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 OTHER INSURANCE? (Please explain in detail on separate sheet if necessary – Page 9a, 9b, etc – indicate carrier and type of coverage.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



Lodge Name: **TEMPLE, TEXAS**, Lodge Number: **138**

**ACCOUNTANT'S RECOMMENDATIONS AND SUGGESTIONS**  
**For Improvement of Financial Records and Controls**  
**Year Ended March 31, 2012**

1. The bank accounts are reconciled manually. We recommend that the bank accounts be reconciled in the accounting system software to fully utilize the computerized accounting system and reduce the risk of errors.
2. The lodge performs a monthly physical inventory. We recommend that the physical inventory be used to update the financial statements each month.