

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



· Form 990

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Check if app Address Name of	s change	Doing Business As	Benevolent Prot	ective Ord	der of	Elks #18		oyer Ide	ntification Nu	ımber	
Name o	· ·						92-	-001	0700		
 1	change	Number and street (or									
lnitial r	-		PO box if mail is not delivered			Room/suite	E Telep	hone nu	mber		
H4	eturn		rry's Resort D	Drive	_	<u> </u>	(90	07)	745-39	50	
! Termina		City, town or country		S		code + 4					
~ ~i	1	Wasilla			AK 99	654			s\$ 609	,018	
Applica		F Name and address of	•				_			Yes	X
 -						1007				Yes	Ш
) 4947(a)(1) or	527					
					1.						
			t Association Oth	er P	L Year o	f Formation 1	.959 M	State o	f legal domici	le AK	
			mission or most signific	ant activities	Char	itable :	and Frat	0700	, 1		
										donat	
pr	ograms	, social and	recreational c	pportunit	ies t	o membe	rs.				
2 Che	eck this box	x 🕨 🔲 if the organi	zation discontinued its	operations or d				net as:	sets.		
								3			
		_			-						
				1 (Part V, line	2a)						1
				C) line 12						9	
				•						<u> </u>	414
							Prior Year	1	+	rent Ye	
8 Con	ntributions	and grants (Part VIII,	line 1h)			-					
9 Pro	gram servi	ce revenue (Part VIII	, line 2g)						1		
10 Inve	estment ind	come (Part VIII, colur	nn (A), lines 3, 4, and 7	⁷ d)							254
				•	_						
					line 12)	11/200					
				•		4ECE	K /			39,	
14 Ben	nefits paid t	to or for members (P	art IX, column (A), line	4)	2						59
15 Sala	aries, othei	r compensation, emp	loyee benefits (Part IX,	column (A), lin	(E) (10)	JUM of	1300	8 89.		132,	<u>482</u>
16a Prof	fessional fi	undraising fees (Part	IX, column (A), line 11	e) /		4 5	(VIZ Jā	<u> </u>	ļ		
b Tota	al fundraisi	ing expenses (Part IX	, column (D), line 25) •	·//							
17 Othe	er expense	es (Part IX, column (A	N), lines 11a-11d, 11f-24	1e)	-	OUDW.	U7206,	269.		212,	390
18 Tota	al expense:	s Add lines 13-17 (m	iust equal Part IX, colur	nn (A), line 25)	ı		367	386.		384,	052
19 Rev	enue less	expenses Subtract li	ne 18 from line 12				6,	361.		-8,	649
						Beg					
									1,		
		,				<u> </u>	369,	463.	ļ. —	350,	499
			act line 21 from line 20				<u>768,</u>	<u>572.</u>	<u> </u>	759 ,	<u>928</u>
			····								
penalties of ete Declara	f perjury, I dec ition of prepar	clare that I have examined t er (other than officer) is bas	nis return, including accompant ed on all information of which	ying schedules and : preparer has any kn	statements, owledge	, and to the bes	t of my knowledg	e and b	elief, it is true	, correct,	and
1		1-11-	<u> </u>				6/19/	12	·		
,	Signature	e of officer					Date				
	•	Exmites Rul	CT WILLIAM 1	M. SOUTH	cott						
	Type or p	orint name and title	` /								
	Print/Type pre	eparer's name	Proparer's signature	- 1	Date		Check] ıf	PTIN		
4	Teri L	. Namtvedt '	Seri of Man	atived I Ct	94 6	1/5/12	.	yed	P00558	8894	
	Firm's name		P(1000)	Inc.	· · •/	797	`		•		
Only	Firm's addres						Firm's EIN	► 20	-38071	28	
		Wasilla		AK 99	687-1	625	Phone no				
the IRS d	iscuss this		arer shown above? (see		·····				X Ye	s	No
						TEEA0101	07/05/11			rm 990	(201
	Tax-exerr Websit Form of c rt I	Tax-exempt status Website: ww Form of organization I Summar I Briefly descrit Scholars to schoo programs Check this bo Number of vot Number of inc Total number Total number Total unrelate Net unrelated Recontributions Program servi Investment inc Investmen	Perry Streeter PO	Perry Streeter PO Box 875715 Wa Tax-exempt status 501(c)(3) X 501(c) (8) * (Insert not the companies of the compan	Perry Streeter PO Box 875715 Wasilla	Perry Streeter PO Box 875715 Wasilla AK 99 Tax-exempt status S01(c)(3) S01(c) (8) * (Insert no) 4947(a)(1) or Website: * www.bpoe.mtaonline.net	Perry Streeter PO Box 875715 Wasilla	Perry Streeter PO Box 875715 Wasilla	Receive Po Box 875715 Wasilla AK 99687 Receive Republication Receive R	Perry Straeter PO Box 875715 Wasilla	Party Streets PO Box 875715 Wasilla

Forn	m 990 (2011) Benevolent Protective Order of Elks #1842	92-001870	0	Page 2
Pai	rt III Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
	Charitable and Fraternal			
	Scholarships, assistance to youth, elderly and poor of community	through a	donati	ons
	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	e prior		
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O			J
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X	No
_	If 'Yes,' describe these changes on Schedule O	C3.	103 2	<u></u>
4	Describe the organization's program service accomplishments for each of its three largest program services	s as measured	hu avnar	neac
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	int of grants and	d allocat	ons to
	- (O.)			
48	a (Code) (Expenses \$ including grants of \$) (Re	venue \$)
	Scholarship program established and maintained to provide			
	scholarships for higher education to deserving high school senior	<u>rs</u>		
	Five scholarships were awarded during the fiscal year.			
	~			
4 b	(Code) (Expenses \$ including grants of \$) (Rev	venue \$)
	Assistance to youth, elderly and poor of community through donat	ions to		
	community schools, youth programs, elderly programs, local food			
	bank and other community based assistance programs. As program			
	provided support to variety of causes, exact number of persons			
	benefited cannot be established.			
40	(Code) (Expenses \$ including grants of \$) (Rev	venue \$		١
	Provided social and recreational opportunities to members of	Terrue 4		···········
	lodge. 832 members benefited from opportunities.			
			- -	
د ۾	Other program converse (Describe in Set-dide O.)			
	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		`	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ►)	
75	rown program service expenses 📂			

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	! Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		, a
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		х
	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	11 c	_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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		х
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	12a		х
	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	12Ь		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	х	
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Yes No

21	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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	<u></u>	
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	_	
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ا لا میسا
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2011)

Form 990 (2011) Benevolent Protective Order of Elks #1842 Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V				,
	1 1		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		<u>B</u>		
b Enter the number of Forms W-2G included in line 1a Enter ·0- if not applicable	<u> </u>	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1c	X	-
2a 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	2a 1	5		
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b		·
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	tructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	7	3 a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fire)	or other authority over, a nancial account)?	4a		х
b If 'Yes,' enter the name of the foreign country:				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fil	nancial Accounts			_
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	ntributions or gifts were	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	irtly for goods and	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ich it was required to file	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organizatio as required?	n file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				_
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10 Section 501(c)(7) organizations. Enter	1 1	1.		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	٠ ،	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	- .	١.,	
11 Section 501(c)(12) organizations. Enter	المما	;		
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 ь	_		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	<u> </u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?	0	13a	\vdash	
Note. See the instructions for additional information the organization must report on Schedule	U .		,	
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	13b	ļ ·	·	
c Enter the amount of reserves on hand	13c	14a		Х
14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	rhedule ()	14a		
BAA TEEA0105 07/05/11	intodulo O	_	1 990 (2011
			(

Form 990 (2011) Benevolent Protective Order of Elks #1842 92-0018700 Page 6 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 Х Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? Х 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? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8Ь X 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 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a 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 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Х 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a Х х b Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Alaska 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 X Upon request Another's website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 2600 N. Barry's Resort Road; Wasilla, AK 99654 (907) 745-3950

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

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

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

Check this box if neither the organization	n nor any r	elated	org	anız	zatic	n con	npen	sated any current office	cer, director, or truste	e
					C)					
(A) Name and title	(B) Average hours per week	·	t cher s per and a	Pos ck me son i direc	ition ore the s both tor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el frances or director	anshlukonal kustee	Officer	Key amployer	Highest coin्ट्रकाडकेल employee	Forner	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) Rick Harrington										
Trustee	0.00	X						0.	0.	0.
(2) Kathi Johns										
Trustee	0.00	Х						0.	0.	0.
(3) Greg Moscibrocki										
Trustee	0.00	Х	Lj					0.	0.	0.
(4) Jerry Schooner										
Trustee	0.00	X						0.	0.	0.
(5) David Wiles										
Trustee	0.00	_X						0.	0.	0.
(6) Mike Southcott										
Exalted Ruler	0.00			X				0.	0.	0.
(7) Mary Hastings										
Secretary	40.00			Х		X		15,000.	0.	0.
(8) Don Erbey	l i									
Leading Knight	0.00			X				0.	0.	0.
(9) Traci Yates										
Loyal Knight	0.00			Χ				0.	0.	0.
(10) Patricia Check										
Treasurer	0.00			X				0.	0.	0.
(11) Patrick Davis										
Lecturing Knight	0.00			X				0.	0.	0.
(12) James Hastings										
Chaplin	0.00			Х				0.	0.	0.
(13) Brandon Stinnett										
Esquire	0.00			X				0.	0.	0.
(14) LeAnne McMillen										
Inner Guard	0.00			Х				0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, l	Кеу	En	ıplo	ye	es,	and	Highest Com	pensated Empl	oyees	s (coi	nt)
		İ			C)							
(A) Name and title	(B) Average hours per	offic	, unle cer ar	Pos heck ss pe nd a d	rson	is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) Stimated ount of ot opensati	her
	week (describ e hours for related organi- zations	or dir	Instit	Officer	Xey o	empl	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	or	from the ganization	on
	hours for	ector	nstitutional trustee	e e	Key employee	Highest compensated employee	ĕ				nd relate janizatio	
	related organi- zations	rustee	1 trust		yee	npens						
	Sch O)		8			ated						
(15) Denis Vamvoras					_							
Tiler	0.00		_	Х				0.	0.			0.
(16)												
(17)												-
(18)											<u>,</u>	
(19)												
(20)												
(21)												
(22)												
(23)												
(24)							-					
(25)												
1 b Sub-total							►	15,000.	0.			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	\						>	15,000.	0.1			0.
2 Total number of individuals (including but not limited	to thos	se lis	ted	abov	/e) v	who	rece			e comp	ensatı	
from the organization	·										Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	ee, k	еу е	mpl	oyee	e, or	hıgl	nest compensated	employee	3	163	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com							om			
such individual 5 Did any person listed on line 1a receive or accrue co	mpens	ation	fro	m ar	างเม	nrela	ated	organization or in	dıvıdual	4		X
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors	mplete	Sch	edu	le J	for s	such	pers	son		5	<u> </u>	<u> </u>
Complete this table for your five highest compensated compensation from the organization. Report compensation.	d indep	ende	ent o	contr	acto	ors t	hat r	received more than	n \$100,000 of	ax vear		
(A) Name and business address				21011	<u> </u>	, <u>o</u> u.		(B) Description of			C)	n
						<u>. </u>	\dashv					
						_						
							7					
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not l	ımıte	ed to	tho	se l	stec	abo	ove) who received	more than	,		

Г	II V	in Statement of Revenue						
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1 1 8	a Federated campaigns	1a					
A	1	Membership dues .	1 b	8,672.				
ξõ	١,	Fundraising events	1 c				1	
FTS.	١,	d Related organizations	1 d	-				
₫		Government grants (contributions)	1e					
SES	'	e dovernment grants (contributions)	ı e					ŀ
Ĕ	1	All other contributions, gifts, grants, and						
E E		similar amounts not included above	1f	39,793.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	9	Noncash contributions included in Ins 1a-	1f [.] \$					1
	<u> </u>	n Total. Add lines 1a-1f		>	48,465.			
10E				Business Code				
Š	2 2	Pool Table		722410	72.	72.	0.	0.
띮	Ł	Kitchen		722100	0.	0.	0.	0.
7CE	(Regular Dues		900099	62,790.	62,790.	0.	0.
Ę		Lodge Activites		713990	52,808.	52,808.	0.	0.
Σ	1	Dining Room		532000	28,377.	28,377.		0.
SR.		All other program service revenue		332000	20,511.	20,377.		· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	5	<u> </u>	144 047			
<u> </u>	Π_				144,047.			
	3	Investment income (including div other similar amounts)	idends	s, interest and	3,254.	2,897.	0.	257
	١,		4		3,234.	2,031.	<u> </u>	357.
	4	Income from investment of tax-ex	empt	bona proceeds				
	5	Royalties						
		(i) R	eal	(II) Personal			1	
	ľ	Gross rents						
		Less rental expenses				_		
	1	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7a	Gross amount from sales of (i) Secu	ırıtıes	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis			,			
	~	and sales expenses				,		
	c	: Gain or (loss)			-			
)	Net gain or (loss)		▶				
		. ,						
Ä	8 a	Gross income from fundraising eventures of the control of the cont	ents/		1	•		
ĒŅ		of contributions reported on line 1	<u>~`</u>		*	•		'
OTHER REVENUE		See Part IV, line 18	•					
ÉR				a				ı
OŢ		Less direct expenses		b				
		Net income or (loss) from fundrai	-	vents				
	9 a	Gross income from gaming activit		100 000				
		See Part IV, line 19		a 123,908.				!
		Less direct expenses		b 112,203.				
	С	Net income or (loss) from gaming	activi	ties	<u>11,</u> 705.	0.	8,238.	3,467.
	10 a	Gross sales of inventory, less retu	ırns					
		and allowances		a 288,168.				
	b	Less: cost of goods sold	ı	b 121,412.				
	С	Net income or (loss) from sales o	f inver	ntory >	166,756.	166,756.	0.	0.
[Miscellaneous Revenue		Business Code				
	11 a							
	b		[
ĺ	С		[
ŀ	d	All other revenue			1,176.	0.	1,176.	0.
	е	Total. Add lines 11a-11d	_	>	1,176.			
		Total revenue. See instructions		▶	375,403.	313,700.	9,414.	3,824.
								

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			and (b).	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		23,438.	23,438.	gerrorar expenses	САРСПОСО
2		15,683.	15,683.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	13,003.	13,003.		
4	Benefits paid to or for members	59.	59.		
5	Compensation of current officers, directors, trustees, and key employees	15,000.		15,000.	
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	104,164.	98,573.	5,591.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,318.	11,250.	2,068.	
	Fees for services (non-employees).				
	a Management				
	Legal	2 500			·
	Accounting	9,639.	7,009.	2,630.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	10.020	0.747		
	Other	10,038.	9,747.	291.	v 18
	Advertising and promotion	482.	428.	54.	
13	Office expenses Information technology	2,356.		2,356.	
14 15					
16	Royalties	70 500	40.706	00 730	
17	Occupancy Travel	70,526.	49,796.	20,730.	
18					
19	Conferences, conventions, and meetings	5,181.		5,181.	
20	Interest	6,311.		6,311.	
21	Payments to affiliates	17,330.	17,330.		
22	Depreciation, depletion, and amortization	25,679.	5,159.	20,520.	0.
23	Insurance	16,481.	11,772.	4,709.	
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	Credit Card Expense	6,079.	4,242.	1,837.	
	Licenses	3,029.	2,929.	100.	
	Supplies-Bar	12,885.	10,561.	2,324.	
	NSF Fee Collected	178.		178.	
	All other expenses	26,196.	26,191.	5.	
	Total functional expenses Add lines 1 through 24e	384,052.	294,167.	89,885.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)				

<u> </u>	in X	Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .			102,979.	1	67,369.
	2	Savings and temporary cash investments .			98,557.	2	108,766.
	3	Pledges and grants receivable, net			· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trust II of Sc	ees, key employees, hedule L	·	5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntain organizations (see instructions)	ıbutına	employers and		6	
ASSETS	7	Notes and loans receivable, net				7	
Ĕ	8	Inventories for sale or use			11,127.	8	10,704.
ŝ	9	Prepaid expenses and deferred charges			6,632.	9	5,672.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,164,023.			
- 1	b	Less: accumulated depreciation	10Ь	377,804.	775,741.	10 c	786,219.
		Investments – publicly traded securities				11	7,507,==21
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11			117,782.	13	110,554.
	14	Intangible assets		Ì	25,215.	14	21,142.
	15	Other assets See Part IV. line 11			2.	15	1.
	16	Total assets. Add lines 1 through 15 (must equal line	341		1,138,035.	16	1,110,427.
\neg	17	Accounts payable and accrued expenses	51)		21,992.	17	21,001.
	18	Grants payable	•	ì		18	21/001.
ı	19	Deferred revenue			35,274.	19	37,584.
L	20	Tax-exempt bond liabilities			·	20	,
Å	21	Escrow or custodial account liability. Complete Part I'	V of Sc	hedule D		21	
A B I L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, k	key employees,	.	22	5,000.
- 1	23	Secured mortgages and notes payable to unrelated th	ird parf	hes	179,373.	23	172,385.
E S		Unsecured notes and loans payable to unrelated third	•	h h	120,000.	24	95,145.
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	-	, , , , , , , , , , , , , , , , , , ,	12,824.	25	19,384.
		Total liabilities. Add lines 17 through 25			369,463.	26	350,499.
Ŋ		Organizations that follow SFAS 117, check here ►	X ar	nd complete lines			,
Ę		27 through 29 and lines 33 and 34.	_				
A S	27	Unrestricted net assets			382,202.	27	386,501.
SSETS		Temporarily restricted net assets			286,370.	28	273,427.
		Permanently restricted net assets			100,000.	29	100,000.
R		Organizations that do not follow SFAS 117, check her	re 🕨	and complete	e es		•
- 1		lines 30 through 34.			, , , , , , , , , , , , , , , , , , ,		
DZC	30	Capital stock or trust principal, or current funds				30	
- 1		Paid-in or capital surplus, or land, building, or equipm	ent fun	d T		31	***
BALAZCES		Retained earnings, endowment, accumulated income,		F		32	
8		Total net assets or fund balances	J. 00110		768,572.	33	759,928.
2							

BAA

Form 990 (2011)

Form 990 (2011) Benevolent Protective Order of Elks #1842 9	<u>2-001870</u>	<u>ე</u>	Pa	ge 12
Part XI Reconciliation of Net Assets	_			
Check if Schedule O contains a response to any question in this Part XI				x
	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	3	75,4	03.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3	8 4, C	52.
3 Revenue less expenses Subtract line 2 from line 1	3		-8, 6	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	68, <u>5</u>	72.
5 Other changes in net assets or fund balances (explain in Schedule O) .	5			<u>5.</u>
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	7	59,9	28.
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.				ı
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				(
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
b Were the organization's financial statements audited by an independent accountant?		2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,	,
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both	ued on a			
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recor audits, explain why in Schedule O and describe any steps taken to undergo such audits	juired audit	3ь		
BAA		Form	990 (2011)

chedule C (Form 990 or 990-EZ) 201 Part II-A Complete if t				2 92-0018 nd filed Form 5768 (e l	
section 501(l		i is exempt under se		iu ilieu romi 5766 (ei	ection under
A Check ► I if the filin	g organization belor	ngs to an affiliated group (and list in Part IV eac	h affiliated group member's	s name,
address,	EIN, expenses, and	share of excess lobbying	expenditures).		
B Check ► I if the filin	g organization checl	ked box A and 'limited cor	trol' provisions apply.	·	
(The term	Limits on Lobbyi 'expenditures' mear	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditui	•	., ., .,	- 7 37		
b Total lobbying expenditure		• • • •	/ing)		
c Total lobbying expenditur		d 1b)			
d Other exempt purpose ex	•	1 13.5			
e Total exempt purpose ex	penditures (add line	es ic and id) .		-	
f Lobbying nontaxable ame both columns.	ount Enter the amo	unt from the following tabl	e ın		
If the amount on line 1e, colu	ımn (a) or (b) ıs: T	he lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1 Over \$1,500,000 but not over \$1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess			
Over \$17,000,000		\$2,000 plus 5 % of the excess (\$1,000,000	JVel \$1,500,000		
g Grassroots nontaxable a					
h Subtract line 1g from line	·	·			
i Subtract line 1f from line					
j If there is an amount othe section 4911 tax for this	er than zero on eith	er line 1h or line 1i, did the	e organization file For	m 4720 reporting	☐ Yes ☐
(Som	e organizations that	4-Year Averaging Period L t made a section 501(h) el s below. See the instruction	ection do not have to	complete all of the five gh 2f.)	
	Lobby	ying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line	· · · · · · · · · · · · · · · · · · ·				
2a, column (e))					
					· · · · · · · · · · · · · · · · · · ·
2a, column (e)) c Total lobbying					
2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable					

Schedule C (Form 990 or 990-EZ) 2011 Benevolent Protective Order of Elks #1842	92	-001	.8700 Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ filed	For	m 5768
	(a	a)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount

Franch Wednesday to the 12 th work 1 to be a sound of De 100 11 1 1 1 1		<u>'</u>	(D)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		,		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Х
<u> </u>	HII D Complete (4th a green institution in the state of the control of the contro			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
á	a Current year	2a	
ł	Carryover from last year	2b	
•	: Total	2c	· · · · · · · · · · · · · · · · · · ·
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
aı	t IV Supplemental Information		

Part IV	Supplement	tal Inf	formation
---------	------------	---------	-----------

1 Dues, assessments and similar amounts from members

iso, complete this part for any additional information	
	_
	-
	-
	_

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A, and Part II-B, line 1

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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						
$\overline{}$	nevolent Protective Order of I			92-0018700					
Pai	the organizations Maintaining Donoi the organization answered 'Yes' to	r Advised Funds or Other Similar Fun o Form 990, Part IV, line 6.	ds or Acco	ounts. Complete if					
		(a) Donor advised funds	(b) F	unds 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 done funds are the organization's property, subject to	or advisors in writing that the assets held in don the organization's exclusive legal control?	or advised	Yes No					
6	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								
Par	t II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 99	90, Part IV, line 7.					
	Purpose(s) of conservation easements held by								
	Preservation of land for public use (e g , re	creation or education) Preservation o	f an historica	lly important land area					
	Protection of natural habitat	Preservation o	f a certified h	istoric structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution in th	e form of a c	onservation easement on the					
	last day of the tax year		н	leld at the End of the Tax Year					
а	Total number of conservation easements		2a	iona de vito Erra or vito 15x 10d1					
	Total acreage restricted by conservation easem	ients .	2b	•					
	Number of conservation easements on a certific		2c						
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not on a historic							
	structure listed in the National Register		2d						
3	Number of conservation easements modified, to tax year ▶	ransferred, released, extinguished, or terminated	d by the orga	nization during the					
4	Number of states where property subject to con-	servation easement is located >	.						
	Does the organization have a written policy reg and enforcement of the conservation easement	s it holds?		∐ Yes					
	Staff and volunteer hours devoted to monitoring			·					
7	Amount of expenses incurred in monitoring, ins ▶ \$	pecting, and enforcing conservation easements	during the ye	ear					
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of secti	on	Yes No					
9	In Part XIV, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements	rts conservation easements in its revenue and e the organization's financial statements that des	expense state cribes the org	ement, and balance sheet, and ganization's accounting for					
Par	t III Organizations Maintaining Collection	ctions of Art, Historical Treasures, or vered 'Yes' to Form 990, Part IV, line	Other Sim 8.	ilar Assets.					
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or research	e statement a	and balance sheet works of ce of public service, provide,					
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue state of the public exhibition, education, or research in	atement and furtherance o	balance sheet works of art, f public service, provide the					
	(i) Revenues included in Form 990, Part VIII, I	ine 1		▶ \$					
	(ii) Assets included in Form 990, Part X			► \$					
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar assets for 16 (ASC 958) relating to these items:	fınancıal gaıı						
	Revenues included in Form 990, Part VIII, line	I		► \$					
b	Assets included in Form 990, Part X			► \$					

*									
Schedule D (Form 990) 2011 Benev					92-00			Page 2	
Part III Organizations Maintai	ning Collection	s of Art, Hist	orical Trea	asures, o	r Other Similar As	sets (c	:ontinu	ıed)	
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, ch	eck any of th	e following	that are a significant us	se of its	collection	on	
a Public exhibition		d 🗌 Loan	or exchange	programs					
b Scholarly research e Other									
c Preservation for future genera	tions						-		
4 Provide a description of the organ Part XIV		and explain hov	v they further	the organi	zation's exempt purpos	e in			
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or receive ther than to be mai	e donations of art	t, historical tr	easures, or	r other similar ection?	Yes	. [□ No	
Part IV Escrow and Custodial	Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV,								
line 9, or reported an a	amount on Forn	n 990, Part X,	, line 21.						
1 a Is the organization an agent, trusto included on Form 990, Part X?	ee, custodian, or of	her intermediary	for contribut	ions or othe	er assets not			_	
						∐ Yes	; <u>[</u>	No	
b If 'Yes,' explain the arrangement in	n Part XIV and con	ipiete the followi	ng table.		[<u> </u>				
e Paginning balance						Amour	it		
 c Beginning balance d Additions during the year 					1 c				
e Distributions during the year					1 e				
f Ending balance					16				
2a Did the organization include an an	nount on Form 990	Part X line 212			1 11	Yes		No	
b If 'Yes,' explain the arrangement in		, , a., , , , , , , , , , , , , , , , ,							
Part V Endowment Funds. Con		ganization an	swered 'Y	es' to Fo	rm 990. Part IV. lin	e 10.			
	(a) Current year	(b) Prior yea		Two years bac			Four year	s back	
1 a Beginning of year balance	142,625			147,13					
b Contributions				<u> </u>	1,000		,		
c Net investment earnings, gains,									
and losses	2,897		335.	3,15	2. 6,292	•			
d Grants or scholarships	8,500	. 4,0	000.	7,00	0. 8,000		,		
e Other expenditures for facilities and programs								! !	
f Administrative expenses	-								
g End of year balance	137,022	. 142,	525.	143,29	0. 147,138				
2 Provide the estimated percentage	-	end balance (line	e 1g, column	(a)) held a	s.				
a Board designated or quasi-endown		ક							
b Permanent endowment ►	72.98 %								
c Temporarily restricted endowment									
The percentages in lines 2a, 2b, ai	nd 2c should equal	100%							
3a Are there endowment funds not in organization by	the possession of	he organization	that are held	and admin	stered for the		Yes	No	
(i) unrelated organizations						3a(i)		X	
(ii) related organizations	(ii) related organizations X								
b if 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?									
4 Describe in Part XIV the intended i					 				
Part VI Land, Buildings, and E	<u> </u>		i -						
Description of property		st or other basis investment)	(b) Cost of basis (c		(c) Accumulated depreciation	(d)	Book va	ilue	
1a Land		in councily	,	2,126.	: 'Concolation		312	,126.	
b Buildings				2,504.	241,509.			,995.	
		•		,	241,303.				

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		312,126.	,	312,126.
b Buildings		692,504.	241,509.	450,995.
c Leasehold improvements				
d Equipment		159 , 393.	136,295.	23,098.
e Other				
Total. Add lines 1a through 1e (Column (d) r	nust equal Form 990, Part X, co	olumn (B), line 10(c).)	•	786,219.

BAA

Schedule **D** (Form 990) 2011

Sche	dule D (Form 990) 2011 Benevolent Protective Order of Elks	s #1842	92-00187	700 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities .			
6	Investment expenses		·	<u> </u>
7	Prior period adjustments .		<u> </u>	
8	Other (Describe in Part XIV)		 	100
9	Total adjustments (net) Add lines 4 through 8		<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and O	-	
	t XII Reconciliation of Revenue per Audited Financial Statemen		nor Poturn	
		is with Revenue	per Keturii	
	Total revenue, gains, and other support per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments	2a	l i	
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2 e	
	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expense	es per Return	
	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d	<u> </u>	2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1,1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	я- I	
	Add lines 4a and 4b		4c	
-	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	XIV Supplemental Information			
Comp Part any a	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line dditional information	es 2d and 4b Also con	nplete this part to	provide
<u>Pt</u> _	V Line 4 Endowment funds are securely invest	<u>ed and earnin</u>	gs_are_use	i to pay
	scholarships to deserving high scho	ol seniors in		
	conformity with the donor's restric	tions.		
- - -				
BAA	TEEA3304 05/25/11		Schedule	D (Form 990) 2011
	111111111111111111111111111111111111111			_ (, _ , _ , _ , _ , _ , _ , _ , _

BAA

Schedule D (Form 990) 2011	Benevolent	Protective Or	der of Elks	#1842	92-0018700	Page !
Part XIV Supplementa	l Information (continued)				
				-		
						
				_		
	-					
		- -				
	-			-		
	-					
		 				
					<u> </u>	
_ _						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Name of the organization Employer identification number								
Benevolent B	Protective Or	der of Ell	ks #184	42			92-001870	0	
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 wheth	ner the organization r	aised funds thro	ough any o	of the follo	wing activities Check a	II that a	oply		
a 🗌 Mail solici	tations			е	Solicitation of non-	governm	ent grants		
b Internet a	nd email solicitations	•		f	Solicitation of gove	rnment	orants		
c Phone sol	icitations			g			9		
d In-person	solicitations			,					
2 a Did the organi	zation have a written	or oral agreem t VII) or entity ir	ent with a	ny individi on with pro	ual (including officers, o ofessional fundraising s	lirectors, ervices?	trustees or key	Yes No	
b If 'Yes,' list the compensated	e ten highest paid inc at least \$5,000 by th	dividuals or enti e organization	ties (fundr	aisers) pui	rsuant to agreements u	nder wh	ch the fundraise	er is to be	
(i) Name and add	dress of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to	
or entity ((fundraiser)	İ		dy or control l butions?	from activity	or (or)	retained by) aiser listed in	(or retained by) organization	
			0, 00,112				olumn (i)	organization	
			Yes	No		İ			
1									
2									
3									
4									
5									
6	,								
7									
8									
9									
10									
Total		<u>'</u>		.					
	n which the organiza	tion is registere	ed or licens	sed to solu	cit contributions or has	been no	tified it is exemp	pt from registration	
			. 						
			. _						
		 -							
					 _				
				- 					

		G (Form 990 or 990-EZ) 2011 Benevol				
Par	t II	Fundraising Events. Complete if	the organization a	nswered 'Yes' to Fo	rm 990, Part IV, Jir	ne 18, or reported
		more than \$15,000 of fundraising List events with gross receipts gro	event contribution eater than \$5,000	is and gross income	on Form 990-EZ,	lines I and 6b.
		List overito with gross roscipto grv	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R E			(event type)	(event type)	(total number)	through column (c)
₩ ₩₩₩₩₩	1	Gross receipts				
Ē	2	Less Charitable contributions				- 1949
	3	Gross income (line 1 minus line 2)			_	
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPEZSES	8	Entertainment				
N S E	9	Other direct expenses				
5	10	Direct expense summary Add lines 4 thro	• ,,		•	
Do	11	Net income summary Combine line 3, co		=		
Par	T III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	orted more than
RE>E2DE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue		10,200.	113,708.	123,908.
	2	Cash prizes			33,406.	33,406.
E X P	3	Non-cash prizes				
EXPENSES		·			12,841.	12 941
s	4	Rent/facility costs				12,841.
-	5	Other direct expenses	Yes %	1,961.	63,995.	65,956.
	6	Volunteer labor	No	X No	No No	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	112,203.
	8	Net gaming income summary Combine III	nes 1, column (d) and I	line 7	>	11,705.
_		Allowed Advices and the comment of t		. Aleelee		
а	Is th	er the state(s) in which the organization ope ie organization licensed to operate gaming				X Yes No
b	If 'N	o,' explain'				
10 -		e any of the organization's gaming licenses	revoked suspended o	r terminated during the t	 ax year?	Yes X No
		es,' explain				

Schedule G	(Form 990 or 990-EZ) 201	Benevolent Prote	ctive Order of Elks #	1842 92-001	8700	Page 3
		aming activities with nonmemb			X Yes	No
12 Is the admini	organization a grantor, be ster charitable gaming?	neficiary or trustee of a trust o	r a member of a partnership or other	er entity formed to	Yes	X No
13 Indicat	e the percentage of gamin	ng activity operated in:		1 1		
	ganization's facility			. 13a	100	0.00%
	side facility			13Ь	-	8
14 Enter t	the name and address of t	the person who prepares the o	rganization's gaming/special events	s books and records:		
Name	► Carol Axemake:	r				
Addres	ss • 2600 N Barry	y's Resort Drive Wa	silla, AK 99654			
b If 'Yes, of gam	,' enter the amount of gam	ning revenue received by the of third party $\qquad \qquad	nom the organization receives gam rganization • \$		☐ Yes nt	X No
Name	-					
Addres						i
16 Gamını	g manager information					
Name	-					.
Gamını	g manager compensation	▶ \$	-			
Descrip	otion of services provided	•				
Dır	ector/officer	Employee	Independent contractor			
17 Mandat	tory distributions					
a Is the costate ga	organization required unde aming license?	er state law to make charitable	distributions from the gaming proc	eeds to retain the	X Yes	No
		required under state law to be titles during the tax year	distributed to other exempt organi 8,194.	zations or spent in th	ne	
Part IV	Supplemental Inform columns (III) and (V), this part to provide a	nation. Complete this pa and Part III, lines 9, 9b, ny additional information	rt to provide the explanation, 10b, 15b, 15c, 16, and 17b (see instructions).	ns required by Pa , as applicable.	art I, line 2 Also comp	b, lete
						
				 		
						
	_			,		.

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

Open to Public Inspection 2011

%

(h) Purpose of grant or assistance Veterans Employer identification number X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 92-0018700 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,576 (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed Part I: General Information on Grants and Assistance Benevolent Protective Order of Elks #1842 27-4036000 (b) EIN (1) Alaska Healing Hearts --860 Plymouth Circle Wasilla AK 99654 1 (a) Name and address of organization or government 1 ١ ı Name of the organization 1 ١ ١ I 1 I 1 1 1 8 € ତ୍ର ତ୍ର E ପ୍

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

€

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 92-0018700 Benevolent Protective Order of Elks #1842 Schedule I (Form 990) (2011) Part III

Page 2

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Payments for scholarship recipients and wounded vets are made directly to the educational None None (e) Method of valuation (book, FMV, appraisal, other) Book 0. Book (d) Amount of non-cash assistance 8,500, 1,607 (c) Amount of cash grant Institution or charter company. 2 58 (b) Number of recipients 2 Fishing & Hunting Trips for Wounded Vets (a) Type of grant or assistance 1 Scholarship Pt_I_Line_2_ Pt_I_Line_2 Part IV m 4 ហ 9

1 1 1 1 1 1 1 1 1		

BAA

Schedule I (Form 990) (2011)

١

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

								<u> </u>			
Name of the	organization					Employe	r ıdentıfic	ation ni	ımber		
	lent Protective Order o	f El	ks #1	.842		92-00	1870	0			
Part I	Excess Benefit Transactions	(sec	tion 50	1(c)(3) and section	501(c)(4) organ	nizatıor	is only	 y).			
	Complete if the organization answer								λ.		
•	(a) Name of disqualified person			···· -	(b) Description of transac					(c) Cor	rrected
1	(a) Name of disqualities person				(b) Description of transac					Yes	No
(1)											
(2)											
(3)		_				•					Ī
(4)											
(5)		-									
(6)											
secti 3 Ente	er the amount of tax imposed on the orginal 4958 er the amount of tax, if any, on line 2, a	ibove, i	reimburs	sed by the organization	sons during the yea	r under	► \$ ► \$				
Part II	Loans to and/or From Interes										
	Complete if the organization answere					/, line 38	la.				
(a)	Name of interested person and purpose	(b) Loan the orga	to or fron anization?	(c) Original principal amount	(d) Balance due	(e) Ir	default?	by bo	proved lard or nittee?	(g) W agree	Vritten ement?
		ТО	From			Yes	No	Yes	No	Yes	No
(1) Mar.	ilyn Grasser Bonds	Х		5,000.	5,00	0.	Х	Х		Х	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total				▶ \$	5,00	0.	•],			,
Part III	Grants or Assistance Benefit										
	Complete if the organization answere	d 'Yes'	on Forn	n 990, Part IV, line 27.							
	(a) Name of interested person	((b) Relation	nship between interested person the organization	and	(c) Amou	unt and ty	pe of as	ssistanc	е	
(1)											
(2)											
(3)											
(4)			•								
(5)											
(6)											
(7)					j						
(8)											
(9)											

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Schedule I	L (Form 990 or 990-EZ) 2011 Benevo	lent Protective (Order of Elks #184	2 92-0018700	F	Page 2
Part IV	Business Transactions Involv	ing Interested Per	sons.		,	
	Complete if the organization answered		t IV, line 28a, 28b, or 28c			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
(1)			-		Yes	No
(2)						
(3)		······································	-			
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)		· · · · · · · · · · · · · · · · · · ·				
Part V	Supplemental Information		·		•	
	Complete this part to provide additional	information for response	es to questions on Sched	ule L (see instructions).		
						
					_ _	
			- 			
- 						
-			· 			
	-					
						· – –
- -						
-		. – – – – – – – – –				<u>-</u>
- 						
						· – –
- -						
					-	·
						
	 			-		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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.

Open to Public Inspection

Name of the organization	Employer identification number
Benevolent Protective Order of Elks #1842	92-0018700
Pt VI, Line 11a Form 990 & 990-T are reviewed by the audit committee upon	n receipt from the preparer,
includes checking for completion and comparing to Revi	ewed Financial Statements.
Pt_VI, Line_19 A copy is provided on request.	-
Pt VI, Line 6 The organization has fraternal members.	
Pt VI, Line 7a Governing body (Board of Trustees) is elected by	the general membership.
Pt VI, Line 7b Major decisions of the Trustees are ratified by	vote
of the general membership at monthly member mee	tings.
Pt XI Rounding	

Benevolent Protective Order of Elks #1842	92-0018700		
Schedule O (Form 990), Supplemental Informa Form 990, Page 2, Part III, Line 1 (continued)	ood bank and other community assistance based		
Briefly describe the organization's mission to schools, youth programs, local for programs, social and recreations			
Schedule G (Form 990 or 990EZ), Part IV Sup	oplemental Information		

8,194.

Alaska