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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

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

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

		For the	2011 calendar year, or tax year beginning April , 2011, and end	ng wa	CIT 3 I	, 20 12
	В	Check if	applicable C Name of organization Benev. and Protective Order of Elks		D Employ	er identification number
		Address	change Doing Business As			93-0122383
		Name cl		uite	E Telepho	ne number
	\Box	Initial ref	The state of the s		l	541-884-8181
Ì	司	Termina				··· <u>·</u>
Ì		Amende			G Gross re	ecerpts \$ 134,111
i	Ξ		on pending F Name and address of principal officer Greg Reddell, 6331 Sage Way, Klamat	h H(a) is this		for affiliates? Yes No
	_	Арріісац	Falls, Oregon 97603	1		ncluded? Yes No
		T				a list (see instructions)
	<u>'</u>	Website				n number ▶ 1156
	<u>у</u> К		organization			of legal domicile OR
		art I	Summary	1311	IVI State	or legal domicile OK
i			Briefly describe the organization's mission or most significant activities: Frate	rnal Lodgo		
		1	briefly describe the organization's mission of most significant activities.	illai Louge		
	9	Ì				
	ğ					
2	Ē				050/ - 5	.4 4 4.
7	Governance	2	Check this box ▶☐ if the organization discontinued its operations or disposed			
•	æ	3	Number of voting members of the governing body (Part VI, line 1a)			9
}	ies	4	Number of independent voting members of the governing body (Part VI, line 1b	•		9
	Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		<u> </u>	5
!	Act	6	Total number of volunteers (estimate if necessary)			` 20
	_	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
		b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
3				Prior Ye	ear	Current Year
•	ē	8	Contributions and grants (Part VIII, line 1h)		17080	18435
	Pa	9	Program service revenue (Part VIII, line 2g)		21972	20562
í	Revenue	10	Investment income (Part VIII, column, (2), ilines 3, 1, and 7d)		62593	69014
	ш	11	Other revenue (Part VIII column 7/A) Vines 5, 6d, 8c, 9c, 10c, and 11e)		24000	26100
		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		125645	134111
		13	Grants and similar mounts paid (Ran) (A), lines 1-3)		3262	25171
		14	Benefits paid to of the members (Part IX, column A), line 4)			
	Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		13703	12274
	Expenses	16a	Professional fundraising fees (Patrix, column (A), line 11e)			
	ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	を大型など、著種	接近海	TO SPAN CALL
	ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97419	124263
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		114384	161708
		19	Revenue less expenses. Subtract line 18 from line 12		11261	-22597
	es o			Beginning of Cu	ırrent Year	End of Year
	sets or	20	Total assets (Part X, line 16)		1856443	1834905
	Net Ass Fund Ba	21	Total liabilities (Part X, line 26)		13552	8350
	₹ <u>5</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1842891	1826555
	Pa	art II	Signature Block			
	Un	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to t	he best of	my knowledge and belief, it is
	tru	e, correc	t, and completed Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	
			1 // Vill Stan		8/3	0/1
	Sig	gn	Signature of officer	Da		
	He	-	MICHAEL L. SPENKER TREATUREN			
			Type or print name and title			
	D-		Print/Type preparer's name Preparer's signature C	Date	Check	PTIN
	Pa				self-em	
		epare		Fire	n's EIN ▶	
	US	e On	Firm's address		one no	
	Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			Yes No

P 73

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		V
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? <i>If "Yes," complete Schedule C, Part II</i>	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		ر ا
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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,"			
10	complete Schedule D, Part IV	9		✓
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	*	8	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
•	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		✓
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		✓
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		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		· /
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
. •	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)		, —	
		· -	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		· ·
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>·</u> ✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38 For	√ 990	(2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
ган	Check if Schedule O contains a response to any question in this Part V			г
	One of the deficiency of the first of the deficiency of the defici		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	o 🌅	· VEAR	1000
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendo	ors and		***
	reportable gaming (gambling) winnings to prize winners?	· · 1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	352	14.50	***
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		1
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? . 2b	1	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	486		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			
	over, a financial account in a foreign country (such as a bank account, securities account, or other f			,
	account)?	• • <u>4a</u>	1 22 450	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," enter the name of the foreign country: ►	nts.		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		4:11.1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		 	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a long for any fine	tion? 5b 5c	┼	1
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
ou	organization solicit any contributions that were not tax deductible?	6a	i	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and expression includes that the every solicitation and expression includes that the every solicitation and expression includes that the every solicitation are expressionally as the every solicitation and expression includes that the every solicitation are expressionally as the every solicitation and expression includes that the every solicitation are expressionally as the every solicitation and expression includes that the every solicitation are expressionally as the every solicitation are every expressionally as the every solicitation are expressionally as the every solicitation are every		 	V
_	gifts were not tax deductible?	6b	1	İ
7	Organizations that may receive deductible contributions under section 170(c).	540,600		25 mil 8
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods	及極	
	and services provided to the payor?	· · 7a	100.70-7-7	, inches
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	24	Z. Š.	44
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re-		L	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) sup	.20 6.20		Z
	organizations. Did the supporting organization, or a donor advised fund maintained by a spo			S.E
_	organization, have excess business holdings at any time during the year?	8	7.5	22.
9	Sponsoring organizations maintaining donor advised funds.	244	œii.	
a	Did the organization make any taxable distributions under section 4966?	9a	-	\vdash
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	<u>90</u>	'stables	4.2%
	Initiation fees and capital contributions included on Part VIII, line 12		3	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		T S	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	SAS		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041? 12 a	est alleads	<u>کششنگ</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	2823	200	47.18
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	\$230×		4.3

Enter the amount of reserves the organization is required to maintain by the states in which

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 Schedule O

13b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc				
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>		<u> </u>
Secti	on A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?	[2		
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, or trustees, or key employees to a management company or other pers		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		✓
6 7a	Did the organization have members or stockholders?	or appoint	6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) stockholders, or persons other than the governing body?	members,	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following:		*	1	
а	The governing body?		8a	<u> </u>	
р	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u> </u>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Inter-	nal Revenu	e Co	ode.) Yes	
100	Did the organization have local chapters, branches, or affiliates?	Г	10a	162	No 🗸
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	chapters,	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	_	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	[12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		✓
14 15	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 approximately approximatel		14		<u>/</u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and d	144			
a	The organization's CEO, Executive Director, or top management official	<u>-</u>	15a 15b		√
b	Other officers or key employees of the organization	P	- (E	200	₹
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arm with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to exparticipation in joint venture arrangements under applicable federal tax law, and take steps to safe organization's exempt status with respect to such arrangements?	guard the 煤	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection. Indicate how you made these available. Check all that apply.)-T (Section	501(c)(3)s	only)
19	Own website Another's website I Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents and financial statements available to the public during the tax year.				olicy,
20	State the name, physical address, and telephone number of the person who possesses the books a organization: ► Icy Bruce.1110 West Oregon Ave. Klamath Falls.OR 97601 541-850-2165	nd records o	f the		

	·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)							(E) Reportable compensation from	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Larry Johnson										
Exalted Ruler	20			✓_				0	0	0
(2) Nate Hoffman										
Knight	8		_	✓				0	0	0
(3) Robert Shaw				,		1				
Secretary	20			✓	<u> </u>	<u> </u>		1380	0	0
(4) Jesse Clark	1		ĺ	,		ĺ	1	1		
Treasurer	8		_	✓	 		├-	0	0	0
(5) Andy Jones Trustee	8			1	1		ł	0	o	0
(6) Thad Young			-	<u> </u>	-		 	 	ļ	
Trustee	8	1		1	1	1	1	o	o	0
(7) Greg Reddell			\vdash	•	 	$\vdash -$	┢	<u> </u>	<u>`</u>	<u> </u>
PER	8			1			ļ	0	o	0
(8) Mark Runnels				<u> </u>	-		-			
PER	8			1				l	o	0
(9) Arliss Reeder	-			_	<u> </u>					<u> </u>
PER	8			1				o	o	0
(10)										
(11)								-		
(12)										<u> </u>
(13)	-				-					
(14)										

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)						-		-				
(20)												
(21)												
(22)						-	i	-				
(23)		<u></u> .								· <u> </u>	_	
(24)								_				
(25)												
1b c	Sub-total			•	· ·			> >	1380		0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received me	ore than \$10	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc	tor, o	r tr	uste indi	ee,	key e	emp	oloyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or ind		
Section	on B. Independent Contractors					_			<u>-</u>			
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
			-					_				
2	Total number of independent contractor							th	ose listed abo	ove) who		

Par	: VIII	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
ats ats	1a	Federated campaigns 1a	My	12 4 Tay 1 4 Ta	- 11/4 1/47	1. Pr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ts, Grants Amounts	b	Membership dues 1b 1581	3		;;;	
S, G	С	Fundraising events 1c	↑30~蒸り26	· -		
Gifts, ilar An	d	Related organizations 1d	Ţ		[, ,]	
ons, Giff Similar	e	Government grants (contributions) 1e		155440.	1. ()	
ion Si	f	All other contributions, gifts, grants,				
tributic Other	İ	and similar amounts not included above	1543743 VA	1 11 1 1 1 1 1		
Ę Ó	g	Noncash contributions included in lines 1a-1f: \$				
Contributions, and Other Sim	h	Total. Add lines 1a–1f ▶	15813			
		Business Code	W C	Property Co.		WEST OF VENERA
Program Service Revenue	2a	Club Bar	10979			معتبراته فللمدور فاحتكمت مستمالة فالمخاف
æ	b	Charity	2622	 	· · · · · · · · · · · · · · · · · · ·	
<u>8</u>	C	Social activities	9583			
ē	d					
S	e					
gra	f	All other program service revenue .	 	•		
S.	g	Total. Add lines 2a–2f	23184	1.18.18.18.18.18.18.18.18.18.18.18.18.18		
	3	Investment income (including dividends, interest,		110 300 7		Contract Contract Contract Contract
	_	and other similar amounts)	69014			
	4	Income from investment of tax-exempt bond proceeds		1		····
	5	Royalties				
		(i) Real (ii) Personal	CHALLERY.	STATE OF STATE OF	2787 - F-84-7880.	######################################
	6a	Gross rents 26100				
	b	Less' rental expenses				
	c	Rental income or (loss)				
	ď	Net rental income or (loss)	26100	- Salaran Canada	Engrander, to branch Littlewick	
	7a	Gross amount from sales of (i) Securities (ii) Other	23.4.0.1 (2) (2) (2) (2)	(1) 48 X (= 14)	11- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	 15元: (7)変響 わしょり ヨヨ
		assets other than inventory				
	b	Less. cost or other basis			的基本领挥	
] _	and sales expenses .				
	c	Gain or (loss)		11.1.7%等原表		
	ď	Net gain or (loss)			<i>ئىسىدۇرۇنى ئىلىنىڭ ئىلىسىدىدى</i>	المستناد بمناه المناهد المناهدة
	-	(100 gam 6) (100 gam 6) (100 gam 6)	Mirral Lon	京省等的2000年17	V1.2000 2002	5340) Dr. & 4020 !
e n	8a	Gross income from fundraising				
evenue		events (not including \$				
e)		of contributions reported on line 1c).				
er l		See Part IV, line 18 a	18. 4. 18. A. F.		(40) \$\display \display \displ	186 A
Other	ь	Less: direct expenses b				# 1 To 1
U	С	Net income or (loss) from fundraising events . >			otralia de la constitución de la	All Parks and the Parks and the State of the
	9a	Gross income from gaming activities.	er 7 er 18e		7 / 100	1387 1884 AND 1
		See Part IV, line 19 a		Carolina of		
	ь	Less: direct expenses b				
	С	Net income or (loss) from gaming activities >		التقام يقان الريان ويستعمل المقادات	War is it the free to the in it.	The second secon
	10a		100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$22" · 9 · 1" · 5		CHI TECHNOLOGY
		returns and allowances a			[17] [18] [18]	
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory			المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية المانية الماني المانية المانية	manner resident and material section and
		Miscellaneous Revenue Business Code	すいかがと、愛に		3,0	経療に収り込む 2個語
	11a				الم المساوية المستحدث الما المساوية المانية المساوية	أسيان والمساهد والمساهد والمساهد والمساهد
	b		 		· · · · · · · · · · · · · · · · · ·	
	C					
	d	All other revenue				
	е	Total. Add lines 11a–11d		4.55 A. 1		OFFICE OF STATE
	12	Total revenue. See instructions	134111			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	25171			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1486			经验的基础的
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10788			
9 10	Other employee benefits	1322			
11	Fees for services (non-employees):				
a b	Management				
C	Accounting				
d e f	Lobbying				
g	Other				
12	Advertising and promotion	2731			
13 14	Office expenses	701			
15	Royalties				
16	Occupancy	18806			
17 18	Travel				
19	Conferences, conventions, and meetings	8277			
20	Interest				
21	Payments to affiliates	4085 39709			· <u>·</u>
22 23	Insurance	6529		<u></u>	
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.)				
а	Social activities	21137	<u> </u>		
b	Club bar	7630			
c d	Supplies	13336			
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	161178			
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 following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet			Page II
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	27634	1	3542
	2	Savings and temporary cash investments	8483	2	10503
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
sts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	1897	8	1890
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	1143570	10c	1118671
	11	Investments—publicly traded securities	683550	11	700299
	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	Total assets. Add lines 1 through 15 (must equal line 34)	1865134	16	1834905
	17	Accounts payable and accrued expenses	2051	17	759
	18	Grants payable		18	
	19	Deferred revenue	8931	19	7591
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10982	26	8350
	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	10302		
ž	27	Unrestricted net assets	1165821	27	1126256
ala	28	Temporarily restricted net assets	688331	28	700299
8	29	Permanently restricted net assets		29	133200
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
Ö	30	Capital stock or trust principal, or current funds	personal training of the second	30	tirefrically, Tail beat leaders of
ěţ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
155	1	Retained earnings, endowment, accumulated income, or other funds.		32	
et /	32 33	Total net assets or fund balances	1854152	33	1826555
ž	34	Total liabilities and net assets/fund balances	1865134	34	1834905
	J-+	Total natimics and het assets/fund balances	1000104		Form 990 (2011)

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3Ь

Form 990 (2011)

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

☐ Consolidated basis ☐ Both consolidated and separate basis

Form 990 (2011)

2

3

4

5

Schedule O.

Schedule O.

Separate basis

issued on a separate basis, consolidated basis, or both:

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

OMB № 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Beney, and Protective Order of Elks 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 Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part	III Organizations Maintaining	Collec	tions of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (continue	d)
3	Using the organization's acquisition,	accessi	on, and ot	her reco	ds, chec	k any of the	e follov	ving that are a s	ignificant use of	its
	collection items (check all that apply):									
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams		
b	☐ Scholarly research			е	Other					
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat	tion's co	ollections a	and expla	ain how th	ney further	the org	janization's exer	npt purpose in F	art'
	XIV.						-			
5	During the year, did the organization	solicit o	or receive	donation	s of art,	historical tr	easure	s, or other simila	ar _	
	assets to be sold to raise funds rather	than to	be mainta	ained as p	part of the	e organizati	on's co	ollection?	Yes U	<u>No</u>
Part						anization a	answe	red "Yes" to Fo	orm 990, Part I	٧,
	line 9, or reported an amoun	t on Fo	orm 990, I	Part X, li	ne 21.					
1a	Is the organization an agent, trustee,	, custoc	lian or oth	ier intern	nediary to	or contribut	ions or	other assets no		.
	included on Form 990, Part X?								∐ Yes ∐	NO
b	If "Yes," explain the arrangement in Pa	art XIV a	and comple	ete the to	ollowing to	able:		Ι Δ	mount	
							4-		mount	
C	Beginning balance						10			
d	Additions during the year						1c			—
e	Distributions during the year						11			
f	Ending balance								☐ Yes ☐	No.
2a	If "Yes," explain the arrangement in P		mii 990, F	art A, iiile	:217.				_ les _	110
Pari		ete if th	ne organiz	ation ar	swered	"Yes" to F	orm 9	90. Part IV. line	10.	
I all	Zildownient i dilds. Compi		rrent year		or year	(c) Two year		(d) Three years bac		ıck
1a	Beginning of year balance								**************	
b	Contributions							-	12,000	
c	Net investment earnings, gains, and								MANUAL PROPERTY.	
•	losses								10 K 406	
d	Grants or scholarships						-		Joy atom	
e	Other expenditures for facilities and								100 Albert	
	programs	}							787 467	
f	Administrative expenses								三种联 海 安区	
g	End of year balance								THE PERSON	松
2	Provide the estimated percentage of t	the curre	ent year er	nd balanc	e (line 1g	, column (a	i)) held	as:		
а	Board designated or quasi-endowme	nt ▶		%						
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2	2c shoul	ld equal 10	00%.						
3a	Are there endowment funds not in th	e posse	ession of th	ne organi	zation tha	at are held	and ad	iministered for tr		
	organization by:								Yes I	40
	(i) unrelated organizations								3a(i)	—
	(ii) related organizations				· · ·	 ulo D2			3a(ii) 3b	—
b	If "Yes" to 3a(II), are the related organ Describe in Part XIV the intended use								30	—
4									· · · · · · · · · · · · · · · · · · ·	_
Part	Description of property		(a) Cost or of	_		or other basis	(c)	Accumulated	(d) Book value	
	bescription of property		(investm		1	ther)		epreciation	(2, 230, 14,00	
1a	Land					97500	2,15	11. 13.13	97	500
b	Buildings					1403485	-2->	407902		583
C	Leasehold improvements				1					
d	Equipment		-			39622		14034	25	588
e	Other	.							· · · · ·	
	Add lines 1a through 1e. (Column (d) r	nust ea	ual Form 9	90, Part	X, columi	n (B), line 10	O(c).)		1118	671

Part VII	Investments - Other Securities	. See Form 990, Part X,	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial		· · · · · · · · · · · · · · · · · ·	
	neld equity interests		
(3) Other			
(A)			
(B)			-
(C)			
(D)			
(E)			
(F)			
(G)			-
(H)			
	(A) must a must Form 000 Port V and (D) line 12)		
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related	See Form 990 Part)	
	(a) Description of investment type	(b) Book value	(c) Method of valuation.
	(a) Description of investment type	(b) Dook value	Cost or end-of-year market value
(1)			
(2)			,
(3)			
(4)			
(5)		·	
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		2014年10日本人的企業中費生業的問題。在2000年10日
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	
		a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	ımn (b) must equal Form 990, Part X, c		
Part X	Other Liabilities. See Form 990,		1 (11 S
1.	(a) Description of liability	(b) Book value	
	Income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		 	
(9)			
(10)			
(11)	(h) must assure Form 000 Part V and (D) has 051		
	(b) must equal Form 990, Part X, col. (B) line 25.)	the tout of the feetness to	o the organization's financial statements that reports the
	ASC 740) Footnote. In Part XIV, provide n's liability for uncertain tax positions u		o the organization's financial statements that reports the
organizatio	in a maching for uncortain tax positions u		

Schedu	le D (Form 990) 2011		Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	+ 60	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u>er Re</u>	turn
1	Total expenses and losses per audited financial statements	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	343	
а	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	_2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	· · · · · · · · · · · · · · · · · · ·		
Part V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also completed and information.		

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	
	······································	
·	······································	
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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

201-6 201/
Open to Public Inspection

Employer identification number Name of the organization Benev. and Protective Order of Elks 93-0122383 Form 990 Part VI Line 11A "Organization's Review Process Form 990 is presented to the members of the lodge and must receive an affirmative vote of approval to be submitted. Furthermore, form 990 is reviewed by auditing committee of the Grand Lodge of the Order Form 990 Part VI Line Line 19 No documents are made available to the general public.