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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

**2011**

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning 4/01, 2011, and ending 3/31, 2012

**B** Check if applicable:  Address change,  Name change,  Initial return,  Terminated,  Amended return,  Application pending

**C** B.P.O.E. TULARE LODGE 1424  
POST OFFICE BOX 1301  
TULARE, CA 93275-1301

**D** Employer identification number: 94-0317345

**E** Telephone number: 559-686-3431

**F** Group Exemption Number:                     

**G** Accounting Method:  Cash,  Accrual, Other (specify)                     

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

**I** Website: N/A

**J** Tax-exempt status (ck only one):  501(c)(3),  501(c)(8),  (insert no.),  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 153,629.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

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

SCANNED JUL 13 2012

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	19,711.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	16,198.
<b>4</b>	Investment income	<b>4</b>	1,450.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	24,975.
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	41,130.
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	-16,155.
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ 2,987. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	7,888.
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	7,888.
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	83,219.
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	62,214.
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	21,005.
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	188.
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	42,397.
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	13,915.
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	947.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	48,365.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	63,227.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-20,830.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	170,802.
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	149,972.

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**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<input type="text" value="38b"/>	N/A
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	<input type="text" value="39a"/>	N/A
b Gross receipts, included on line 9, for public use of club facilities	<input type="text" value="39b"/>	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="N/A"/> , section 4912 <input type="text" value="N/A"/> , section 4955 <input type="text" value="N/A"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/> .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/> .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="CA"/>		

42a The organization's books are in care of  Telephone no.   
 Located at  ZIP + 4

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year  N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

Sign Here

Signature of officer: *[Signature]* Date: 06-25-12

LYNDA CLARK SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERIC M. WHITE, CPA

Preparer's signature: *[Signature]* Date: 5/31/12

Check  if self-employed PTIN: P00169233

Firm's name: ADAIR & EVANS, AN ACCOUNTANCY CORPORATION

Firm's address: 111 E. KERN TULARE, CA 93274

Firm's EIN: 77-0042051

Phone no: (559) 688-0655

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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.



Name of the organization

B.P.O.E. TULARE LODGE 1424

Employer identification number

94-0317345

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY; TO  
RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS  
MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD  
FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR  
ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES  
OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS,  
DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY; TO  
RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS  
MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD  
FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR  
ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES  
OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS,  
DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

CLIENT 314

B.P.O.E. TULARE LODGE 1424

94-0317345

6/27/12

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**FORM 990-EZ, PART I, LINE 5C  
NET GAIN (LOSS) FROM NONINVENTORY SALES**
**OTHER ASSETS**

DESCRIPTION:	SALE OF PROPERTY		
DATE ACQUIRED:	3/31/2000		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2011		
TO WHOM SOLD:			
GROSS SALES PRICE:	24,975.		
COST OR OTHER BASIS:	41,130.		
BASIS METHOD:	COST		
		GAIN (LOSS)	-16,155.
TOTAL GAIN (LOSS) OTHER ASSETS			\$ -16,155.
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			\$ -16,155.

**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

LOTTERY INCOME			
		TOTAL	\$ 188.
			\$ 188.

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ALARM SERVICE		\$	821.
BAD DEBT			60.
BANK CHARGES			509.
BULLETIN			1,181.
CASH OVER/SHORT			460.
CONFERENCES, CONVENTIONS, AND MEETINGS			2,334.
CREDIT CARD FEES			2,373.
DEPRECIATION			5,419.
DIGNITARY VISITATIONS			150.
DONATIONS			450.
EMBLEMS & PINS			130.
INSURANCE			4,503.
JANITORIAL			453.
LICENSE & PERMITS			742.
LINENS			639.
LODGE SUPPLIES			2,762.
MISCELLANEOUS			847.
OFFICE EXPENSES			248.
OFFICERS EXPENSES			188.
OTHER TAXES			372.
PER CAPITA FEES			4,100.
PROMOTIONS			368.
PROPERTY TAXES			1,539.
REPAIRS AND MAINTENANCE			1,023.
TELEPHONE			2,089.
UTILITIES			14,605.
		TOTAL	\$ 48,365.

CLIENT 314

B.P.O.E. TULARE LODGE 1424

94-0317345

6/27/12

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**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 6,787.	\$ 5,998.
INVENTORIES	3,534.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	653.	2,725.
<b>TOTAL</b>	<b>\$ 10,974.</b>	<b>\$ 8,723.</b>

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,993.	\$ 2.
CHECKING RESERVE ACCT	4,822.	4,054.
DEFERRED REVENUE	9,690.	9,950.
<b>TOTAL</b>	<b>\$ 17,505.</b>	<b>\$ 14,006.</b>

**FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS &amp; CONTRIB- UTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT &amp; OTHER ALLOWANCES</u>
DENNIS BELL 650 N. E STREET TULARE, CA 93274	EXALTED RULER 0	\$ 0	\$ 0	\$ 0
RON WARD 2001 E. CROSS AVE. TULARE, CA 93274	COMMITTEE MEMBE 10	0.	0.	0.
TAMMY BAUMGARDNER 2250 HEMLOCK TULARE, CA 93274	LECTURING KNIGH 0	0.	0.	0.
GRACE CARVALHO 1535 E BARDSLEY TULARE, CA 93274	TILER 0	0.	0.	0.
DON BELL 543 S SACRAMENTO TULARE, CA 93274	LEADING KNIGHT 0	0.	0.	0.
TONY PARREIRA 1663 S. MARION TULARE, CA 93274	LOYAL KNIGHT 0	0.	0.	0.



CLIENT 314

B.P.O.E. TULARE LODGE 1424

94-0317345

6/27/12

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FORM 990-EZ, PART IV (CONTINUED)  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
KEITH WHITE 11666 N. M STREET TULARE, CA 93274	TREASURER 0	\$ 0.	\$ 0.	\$ 0.
CAROL THOMPSON 3415 W. IRIS VISALIA, CA 93274	ESQUIRE 0	0.	0.	0.
DON PARTEN 707 N. F STREET TULARE, CA 93274	TRUSTEE 4 YEAR 0	0.	0.	0.
LYNDA CLARK 1631 E. OAKDALE AVE TULARE, CA 93274-9346	SECRETARY 10	450.	0.	0.
LARRY MOREHEAD 1780 RIESLING ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.
GUY LABER 635 MANOR ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.
	TOTAL	\$ 450.	\$ 0.	\$ 0.