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Department of the Treasury Internal Revenue Service \*

**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)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For th	ne 2012 calend	dar year, or ta							Mar			2013	
В	Check	ıf applıcable	C Name of orga	anization GRI	EATER EL	LSWORTH	LODGE	OF E	ELKS #	2743	D Employ	er Identii	fication Number	
	∐ Ac	ddress change	Doing Busine	ess As							01-0	1520	800	
	Na	ame change	Number and	street (or PO b	ox if mail is not o	delivered to stre	et addr)		Room/su	ite	E Telepho	ne numb	er	
	In	itial return	ро вох 8	5							(20	7) 6(	67-3073	
	Те	erminated	City, town or	country			Stat	e ZIP	code + 4	_		<u> </u>		
	HAr	mended return	ELLSWORT	н			ME	. 04	1605-0	0085	<b>G</b> Gross re	eceipts \$	691,629	<b>a</b>
	H	oplication pending	_		al officer						a group retur			
	Ш.,	- F	SHARON CLOSSO	, PO BO	1X 85	ELLSWO	א אייאר	1E 04	1605 4	(b) Are all	affiliates incl attach a list	uded?		
<del></del>	Tax-	exempt status	501(c)(3)	X 501(c) (		nsert no )	4947(a)(1)		527	If 'No,'	attach a list	(see inst	tructions)	
j		bsite: ► N/		12   00.(0) (	0 / (	100111107	1.017(4)(17	<u>.                                      </u>		(c) Group	exemption nu	mher ►	1156	
K		n of organization	X Corporation	Trust	Association	Other >	1	Voor		n 1952	<del></del>		gal domicile MF	<del></del>
Pa		<del></del> _		Itust	Association	Other	'	L rear (	or Formatio	1952	2   1111 3	tate of le	gar dorniche ME	
Fa	1	Summar Briefly descri	<b>y</b> be the organiz	ation's miss	ion or most s	unnificant ac	rtnuties -							
	'	briefly descri	be the organiz	.auon 5 miss	ion or most s	ngriincant ac	YUAIUG2 F	RATE	RNAL ORG	ANI ZATI	ON_PROMO	TING P	UBLIC SERVIC	E GOALS
Governance												- <b></b>		
퍨		<b>-</b>				<b></b>								
Æ	2	Check this bo	x ► Lifthi	e organizatio	n discontinue	ed its operat	tions or disr		of more	than 259	% of its ne	t asse	 ts	
පි	3		oting members					,,,,,,	0, 111010		,	3		10
<b>∞</b> ĕ	4		dependent vot					e 1b)				4		10
<u>ë</u>	5	Total number	of individuals	employed in	n calendar ye	ar 2012 (Pa	rt V, line 2a	a)				5		8
Activities &	6		of volunteers		-							6		10
¥			ed business re									7a		510.
	b	Net unrelated	business taxa	able income	from Form 99	90-T, line 34	1					7b		0.
										P	rior Year		Current Y	ear
Ф	8		and grants (F								30,6	21.	28	545.
롩	<ul><li>9 Program service revenue (Part VIII, line 2g)</li><li>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li></ul>													
Revenue	10		-		•	-						58.		33.
<b>E</b>	11		e (Part VIII, co					10			188,2			,285.
	12		e – add lines 8					ine 12	)		218,9	42.	158	8,863.
	13		ımılar amount	-		-	)							
	14		to or for mem											
ø	15		er compensati				nn (A), lines	s 5-10)	)		60,9	68	498.	
Expenses	16 a	Professional	fundraising fe	es (Part IX,	column (A), l	ıne 11e)								
8	b	Total fundrais	sing expenses	(Part IX, co	lumn (D), line	e 25) 🕨								
ũ	17	Other expens	ses (Part IX, co	olumn (A), lı	nes 11a-11d,	_11 <del>f-24e)</del>	7	-			134,1	06.	131	,619.
	18	Total expens	es Add lines	13-17 (must	eggal (Patt 1)	Vdolumn (A	), line 25)				195,1			,117.
	19		expenses. Su				<u>ي ا</u>				23,8	$\overline{}$		,254.
8 8			<u>-</u>	ि			<u>öl</u>			Beginnir	g of Curren	$\overline{}$	End of Yo	-
	20	Total assets	(Part X, line 1		JUN 28	3 2013	<u>&amp;</u>			- Jog	564,6	-		3,777.
Net Assets Fund Balar	21		s (Part X, line		50.		)上				41,7			145.
\$5	22	Net assets or	fund balance	1-1	IBB 21 FROTE	bb 201 1	1			_	522,8			,632.
P:	rt II	Signatu		5 045(40)	UGUE	100					322,0	00.	401	, 032.
L	_		1	evamined this re	atura uncluduna ac	companying co	hadulas and st	atomont	e and to th	no host of a	ov knowled <b>2</b> e	and hole	ent it is true sorre	ot and
com	plete D	eclaration of prep	eclare that I have or over (other than off	icer) is based of	n all information	of which prepare	er has any know	wledge	.s, and to ti	ic best of th	ny knowieda	and och	ici, it is tide, cone	ct, and
			LINAGE		1000						2/6/	25	113	
Sig	n	Signate	e of officer	<del>~</del>		<del> </del>				Da	te	<u>~~</u>	μ <del></del>	-
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∞		Print@6e	preparer name		Prepare is sig	ınat <u>ure</u>	2	Da	te		Check	lf	PTIN	
Pa	: -4	1_ 20	$\kappa_1 \cup \cup_1$	IRA)	G. ADAM	$\nu$		\ lag	5/02/	1 3	self-employ		P01447362	2
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د سي		Firm's addr		HIGH ST	177		ME 040	0.5	1740		Firm's EIN		-3209299	
NA	. Al 1	IDC dia 415		WORTH	ahawa ahaw	-2 (		005-	1742		Phone no	(207		<del>'T                                    </del>
ıvıa:	v tne '	iko aiscuss th	is return with	uie preparer	snown above	er (see insti	ructions)						X Yes	No

Part		11-0	45200	0.6		age z
Fart	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission.	<del></del>				
	FRATERNAL ORGANIZATION PROMOTING PUBLIC SERVICE GOALS					
	<del>-</del>			<del>-</del>		
			- <del>-</del>			
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		_		
	Form 990 or 990-EZ?			Yes	x	No
I	If 'Yes,' describe these new services on Schedule O		ш			
3 (	Did the organization cease conducting, or make significant changes in how it conducts, any program services	,7		Yes	X	No
I	If 'Yes,' describe these changes on Schedule O				_	
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported	as me t of gra	asured ants ar	by ex d allo	pense cation	s to
4a	(Code' ) (Expenses \$ including grants of \$ ) (Reve					
	PROMOTION OF FRATERNAL AND PUBLIC SERVICE GOALS	.i iuc	`—			—′
	THROUGH PROGRAMS SET BY NATIONAL ORGANIZATION. SPECIFICALLY, \$7,0	. – – - 37				
	WAS SPENT ON PUBLIC SERVICE AND CHARITABLE CONTRIBUTIONS; \$8,036	Z/ RAW				
	SPENT ON MEMBER CONVENTIONS; AND \$4,640 WAS SPENT SUPPORTING OUR					
	NATIONAL LODGE AND RELATED STATE ASSOCIATION.					
4 b	(Code <sup>-</sup> ) (Expenses \$ including grants of \$) (Reve	enue	\$			)
					<b>-</b>	
					<b>-</b>	
		<b>-</b> -				
				- <b>-</b>		
4	(Code ) (Expenses \$ including grants of \$ ) (Reve					
40	(Code) (Expenses \$ including grants of \$) (Reve	nue	٧			— '
					<del>-</del>	
	<del></del>	- <b>-</b> -				
		<del>-</del> -		-		
4 d	Other program services (Describe in Schedule O )				<u> </u>	
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
	Total program service expenses ►			F	000	(2012)
BAA	TEEA0102 08/08/12			rorn	330	(2012)

Yes No

### Part IV | 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,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	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		Х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		<u> </u>
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.			
â	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	х	
ŀ	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
(	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		Х
•	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
1	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, and XII	12a		Х
	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 and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ı	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		х
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	х	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) GREATER ELLSWORTH LODGE OF ELKS #2743

Part V Checklist of Required Schedules (continued)

			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		х
24 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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		
t	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, highest 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		х
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):	<b>!</b>		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		х
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 Schedulè R, Part I	33		х
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		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	b If 'Yes' to line 35a, 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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38_	х	
BAA		Form	990	(2012)

Check if Schedule O contains a response to any question in this Part V								
	_		Yes	No				
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	0							
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamil (gambling) winnings to prize winners?	ng .	1 c	X	·				
2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-								
ments, filed for the calendar year ending with or within the year covered by this return  2 a	8	2 b						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	20						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	3 a	x					
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	ŀ	3 b	X					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	r, a	4 a		х				
<b>b</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 Financial Accounts	ŀ		<u> </u>	X				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5 a 5 b		X				
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	}	5 c		- 21				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	}	30						
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n	6 a		х				
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	re	6 b						
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 partly for goods and services provided to the payor?	Ļ	7 a		X				
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file	7 c		х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year			نكنيا	7.13				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Ī	7 h						
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	the	<u>.</u>		<u> </u>				
holdings at any time during the year?		8		. 40. 0.0				
9 Sponsoring organizations maintaining donor advised funds.			<u>( )                                   </u>					
a Did the organization make any taxable distributions under section 4966?	1	9 a 9 b						
b Did the organization make a distribution to a donor, donor advisor, or related person?		90	1 2 4	5 % 00				
10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   10a		9.		1899				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		300°						
11 Section 501(c)(12) organizations. Enter								
a Gross income from members or shareholders		. 1	ali	Margio.				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources		7		\$ j#.				
against amounts due or received from them )		10-	88. j.k					
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	, /s					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12 Country 501(5)(20) supplied a supposition of tax-exempt interest received or accrued during the year		l" A		3. 42. 7				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		12 -	<del>''''   '</del>	200 100				
a is the organization licensed to issue qualified health plans in more than one state?		13a	ļ					
Note. See the instructions for additional information the organization must report on Schedule O		'4 ;"						
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		Æ ; ;	* ./					
c Enter the amount of reserves on hand		-	<u> </u>	Х				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	<b>├</b>	<u> </u>				
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	<u></u>					

Form 990 (2012) GREATER ELLSWORTH LODGE OF ELKS #2743 01-0452008 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 10 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a 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? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body? 8 b Х 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 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? 10a Х 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 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 Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? Х 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 Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 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 taxable entity during the year? 16a X **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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Maine 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. Other (explain in Schedule O) X | Upon request Own website Another's website 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 JUANITA TRACY, TREASURER PO BOX 85 ELLSWORTH

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organiz	ation nor any r	elated	org	anız (C		n com	pen	sated any current offic	er, director, or trustee	
(A) Name and Title	(B) Average hours per	one bos	k, únl	not c	heck erson	more the state of	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL LOCKE	10.00									
TREASURER				X				7,538.	0.	0.
(2) BOB BRIEN	15.00							•		132
SECRETARY				Х				5,580.	0.	0.
(3) SCOTT BUTTER EXALTED RULER	1.00			Х				0.	0.	. 0.
(4) SUSAN SOUPER	1.00									
LEADING KNIGHT				х				0.	0.	0.
(5) JONAH ROUNSEVILLE	1.00									
LOYAL KNIGHT	·			х				0.	0.	0.
(6) KIMBERLY KANTER	1.00									
LECTURING KNIGHT				х				0.	0.	0.
7 DON PIPER	1.00									
TRUSTEE		х						0.	0.	0.
(8) RICHARD TRACY	1.00									
TRUSTEE	<b>-</b> -	x						0.	0.	0.
(9) PAT BUTEAU	1.00									
TILER				Х				0.	0.	0.
(10) NANCY FOSS	1.00							·		
ESQUIRE	1			Х				0.	0.	0.
(11) DIANE MARTIN	1.00									
CHAPLAIN	·	)		Х				0.	0.	0.
(12) AGUSTUS BUTEAU	1.00									
INNER GUARD				Х				0.	0.	O.
(13) BOB HEBBERT	1.00									
TRUSTEE		Х		L				0.	0.	0.
(14) ART CORLISS	1.00									
TRUSTEE		х						0.	0.	0.

Form 990 (2012) GREATER ELLSWORTH LOD Part MIL Section A. Officers, Directors, T	rustees. I	L <u>KS</u> Kev	#∠ Em	2 / 4 Iplo	3 ve	es. a	and	Highest Com	01-0452008	ovees (cor	ge 8
, 145 Hai'	(B)			(C	;)					2) 223 (00)	<u></u>
(A) Name and title	Average hours per week	box,	unles	ss per	rson	than on the state of the state	ı an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of oth	ner
•	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organization	) 
(15)_ JOHN_GROSSKURTH	1.00			_							
TRUSTEE (16)		X						0.	0.		0
(17)											
(18)											
(19)											
(20)											
(21)		<del>                                     </del>								<del>, .</del>	
(22)										<del></del>	
(23)											
(24)										·	
(25)					-						
1 b Sub-total c Total from continuation sheets to Part VII, Sec	ction A	<u> </u>				<u> </u>	<u> </u> ▶	13,118.	0.		0
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not lifted from the organization ▶ 0	mited to tho	se lis	ted	abov	ve) v	who i	rece	13,118. eived more than \$	0 .     100,000 of reportable	e compensatio	0 on
								hest compensated		Yes	No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section	B. I	nde	pend	lent (	Cont	ractors
---------	------	-----	------	--------	------	---------

Complete this table for your live highe	est compensated independent contractors that i	received inore than \$100,000 or
compensation from the organization	Report compensation for the calendar year end	ting with or within the organization's tax year.
TTTMP TITLE TO THE TOTAL TOTAL TO THE TOTAL THE TOTAL TO	report compensation in the carefular year one	and that of want are organization of tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Par	t VI	II Statement of Rev							
	_	Check if Schedule O c	contains a	respoi	nse to any questio	n in this Part VIII  (A)  Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function	business revenue	excluded from tax under sections
<u>~ ∽</u>	1 -	Cadanakad aanaanana		1-1			revenue		512, 513, or 514
E R		Federated campaigns Membership dues		1 a	16 469				
S, G		Fundraising events	ŀ	1 c	16,468.				
듣		Related organizations		1 d					
SES,	е	Government grants (contribution	ons)	1 e					
三	f	All other contributions, gifts, g similar amounts not included a	rants, and	;					
				1f	12,077.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_	Noncash contributions included Total. Add lines 1a-1f	d in Ins Ta-T	f \$_		20 545			2 > 4×
쀨		Total. Add lines 1a-11			Business Code	28,545.			
PROGRAM SERVICE REVENUE	2 a			L					
8	b								
Š	C			-					
S	d			-					
8	e f	All other program service	e revenue	<u></u> -					
쭕		Total. Add lines 2a-2f		_	-		- 2.25 MARS		
	3	Investment income (incl	uding divi	dends,	interest and		9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
		other similar amounts)				33.	0.	0.	33.
	4 5	Income from investment Royalties	t of tax-ex	empt t	ona proceeas				
	,	Noyanies	(i) R	eal	(II) Personal	3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		
	6 a	Gross rents	4	131.			-2. x 4 (1) (1)	ng and	
		Less rental expenses							
İ		Rental income or (loss)		131.	.	[			
		Net rental income or (lo	(i) Secu	irities	(ii) Other	4,131.	0.	4,131.	0.
	/ a	Gross amount from sales of assets other than inventory							
	Ŀ	Less: cost or other basis							
		and sales expenses					Barre &		
		Gain or (loss)  Net gain or (loss)					<u> </u>		633 3 3 4 5
							2 - 42° 23 38° 80	- 10 10 10 10 10 10 10 10 10 10 10 10 10	
띍	8 a	Gross income from fund (not including \$	iraising ev	ents					
EVE		of contributions reported	d on line 1	lc)					
OTHER REVENUE		See Part IV, line 18		a	·				
E S		Less direct expenses  Net income or (loss) fro	ım fundrai	tina ev	vents •	, , , , , , , , , , , , , , , , , , ,			
		• •		_	rents -			2	1.40 4 7 2 1
	36	Gross income from gam See Part IV, line 19	ing activi	lies a	433,083.				
		Less: direct expenses		t	469,294.		<u> </u>		* 43 × 46 × 1 × 100
	(	: Net income or (loss) fro	m gamınç	activi	ties •	-36,211.	-32,590.	-3,621.	0.
	10 a	<ul> <li>Gross sales of inventory and allowances</li> </ul>	y, less ret	urns a	145 215			\$	
	Ŀ	Less: cost of goods solo	d	ŀ	140,010.	-		* * * * * * * * * * * * * * * * * * *	
		: Net income or (loss) fro		of inver		81,843.	81,843.	0.	0.
		Miscellaneous Reven			Business Code				*
		INTRA-LODGE RE	<u>NT</u>	}	NONE	80,522.	80,522.	0.	0.
	1	, 							
	,	All other revenue			<del></del>				<del> </del>
		e Total. Add lines 11a-11	d	_	•	80,522.		3"	
	12	Total revenue. See inst	ructions			158,863.	129,775.	510.	33.

Page 10

# 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).

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		51. <b>5</b> 0.1000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	12 110			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	13,118.			
7	Other salaries and wages	48,222.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	10/222.			
9	Other employee benefits				
10	Payroll taxes	7,158.			
11	Fees for services (non-employees)	•			
а	Management				
b	Legal				
c	Accounting	4,602.			
d	Lobbying	•			
е	Professional fundraising services See Part IV, line 17			(	
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion	510			
_	· ·	510.			
13	Office expenses	4,910.			
14	Information technology		<del></del>		
15	Royalties				
16	Occupancy	58,572.			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,620.			
20	Interest	653.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,336.			
23	Insurance	4,860.			
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	SUPPLIES	9,398.			
	PER CAPITA EXPENSE	4,640.			
	LICENSES				
C	PUBLIC SERVICE & CHARITIES All other expenses	3,518.			
25	Total functional expenses. Add lines 1 through 24e	200,117.			
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 ► ☐ if following SOP 98-2 (ASC 958-720)	2007111.			

Page 11

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year 23,178 1 12,108. Cash - non-interest-bearing 2 Savings and temporary cash investments 72,347 39,999. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other 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) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 6,572 6,822 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 780,300 h Less: accumulated depreciation 10b 462,509 10 c 335,452 444,848 Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 0 15 15 Other assets See Part IV, line 11 16 503,777. Total assets. Add lines 1 through 15 (must equal line 34) 564,606 16 Accounts payable and accrued expenses 17 15,307 15,891 17 Grants payable 18 18 <u>6,254</u>. 19 Deferred revenue 6,552 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 19,859 23 0. Unsecured notes and loans payable to unrelated third parties 24 24 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 25 26 Total liabilities. Add lines 17 through 25 41,718 22,145 Organizations that follow SFAS 117 (ASC 958), check here kand complete 14. lines 27 through 29, and lines 33 and 34. 438,624. 27 Unrestricted net assets 443,669 27 ASSETS Temporarily restricted net assets 28 28 79,219 43,008. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUND 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 522,888 481,632.

BAA

34

Total liabilities and net assets/fund balances

503,777. Form **990** (2012)

564,606.

34

LOM		11-045200	<u> </u>	ra	ige IZ
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	58,8	363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	00,1	17.
3	Revenue less expenses Subtract line 2 from line 1	3		41,2	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	22,8	388.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-2.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	81,6	532.
Pa	t 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. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	wed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
١	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		1		
(	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?	f the audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			v	
3	a 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?	ie Single	3a		х
I	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	3 b		
BAA			Form	990	(2012)

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service • Name of the organization

► 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.

Open to Public Inspection
Employer identification number

GRI	EATER ELLSWORTH LODGE OF ELKS	#2743		01-045200	8
Par	t   Organizations Maintaining Dono	r Advised Funds or Othe		nds or Accounts. Com	plete if
	the organization answered 'Yes'	to Form 990, Part IV, line	6.		
		(a) Donor advised fu	ınds	(b) Funds and other	accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donors the organization's property, subject to the organization's			nor advised funds	s No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, o	that grant funds r for any other p	s can be used only purpose conferring	s 🗍 No
Pai	t II Conservation Easements. Comp	lete if the organization ar	nswered 'Yes	to Form 990 Part IV	line 7
	Purpose(s) of conservation easements held by			10 1 01111 330, 1 ait 14,	mie 7.
•	Preservation of land for public use (e.g., re		<u>_'``</u>	of an historically important la	and area
	Protection of natural habitat	- Caronian or Cascanon,	<b>⊣</b>	of a certified historic structure	
	Preservation of open space	L		or a certified filstoric structur	C
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	contribution in th	he form of a concentration ea	sement on the
_	last day of the tax year	in held a qualified conservation	CONTRIBUTION III (I	ne ionii oi a conservation ea	Sement on the
				Held at the End	of the Tax Year
	a Total number of conservation easements			2 a	
i	Total acreage restricted by conservation easen	nents		2 b	
	Number of conservation easements on a certifi		(a)	2 c	-
	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	not on a histori	c <b>2 d</b>	
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguish	ed, or terminate		the
4	Number of states where property subject to co	nservation easement is located	•		
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitoring,		_ dling of violations, <b>Ye</b>	s No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing cor	servation easen	nents during the year	<u> </u>
7	Amount of expenses incurred in monitoring, in: ▶ \$	specting, and enforcing conserv	ation easements	s during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requ	irements of sec	tion 170(h)(4)(B)(i)	s No
9	In Part XIII, describe how the organization repo include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial sta	its revenue and itements that de	expense statement, and bala scribes the organization's ac	ance sheet, and counting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 1 wered 'Yes' to Form 990,	<b>Freasures, o</b> i Part IV, line	r Other Similar Assets 8.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, educ	ation, or researd	ue statement and balance sh ch in furtherance of public se	eet works of rvice, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report d for public exhibition, education	in its revenue s n, or research in	tatement and balance sheet furtherance of public service	works of art, e, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other s 16 (ASC 958) relating to these	sımılar assets fo ıtems	r financial gain, provide the	following
	a Revenues included in Form 990, Part VIII, line	1		▶\$	
	<b>b</b> Assets included in Form 990, Part X			<b>▶</b> \$	

Schedule D (Form 990) 2012 GREAT	ER ELLSWOF	TH LODGE OF	ELKS #2743	01-045			Page
Part III   Organizations Mainta		_					
3 Using the organization's acquisition items (check all that apply)	on, accession, an	d other records, che	ck any of the following t	hat are a significant use	of its co	ollectio	n
a Public exhibition		<b>d</b> Loan o	or exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future genera	ations	_					
4 Provide a description of the organ	nization's collection	ons and explain how	they further the organiz	ation's exempt purpose	ın		
Part XIII  5 During the year, did the organization	tion collect or roce	ave denations of art	historical treasures or	other similar assets			
to be sold to raise funds rather th	an to be maintair	ned as part of the org	janization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodial reported an amount o	<b>Arrangements</b> n Form 990, F	Complete if the operat X, line 21.	rganization answer	ed 'Yes' to Form 990	, Part I\	/, line	9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, oi	other intermediary f	or contributions or other	r assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and c	omplete the following	g table				_
					Amount		
c Beginning balance				1 c			
<b>d</b> Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				_ 1 f		1	
2a Did the organization include an a		•			Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Chec	k here if the explanti	on has been provided ii	n Part XIII		L	ᆜ
Part Vi Endowment Funds. C	Complete if the	e organization an	swered 'Yes' to Fo	rm 990, Part IV, Iir	ne 10.		
	(a) Current	(b) Prior yea		(d) Three years		our yea	rs
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current ye	ear end balance (line	1g, column (a)) held a	s'			
a Board designated or quasi-endov	vment 🕨	<b>8</b>					
<b>b</b> Permanent endowment ►	ક						
c Temporarily restricted endowmer	nt ►	<del>8</del>					
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%					
3a Are there endowment funds not a organization by:	n the possession	of the organization the	hat are held and admını	stered for the	٦	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)	_	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations liste	ed as required on Sch	nedule R?		3b		
4 Describe in Part XIII the intended	uses of the orga	nızatıon's endowmer	nt funds		-		-
Part VI Land, Buildings, and	Equipment. S	See Form 990, Pa	art X, line 10.	···			
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d</b> ) E	Book va	alue
1 a Land		(investment)	65,000.	doprodiation		65	,000
<b>b</b> Buildings			523,949.	183,987.			,962
c Leasehold improvements	<del> </del>		0.	105,507.		333	<u>, 502</u>
d Equipment	<u> </u>		191,351.	151,465.	-	30	,886
e Other	<u> </u>		0.	131, 403.	-		<del>, 000</del>
Total. Add lines 1a through 1e. (Colum	n (d) must equal	Form 990 Part X co		<u> </u>	<del>-</del>	111	,848
BAA	iii (u) iiiust equal	, 5.111 550, 1 att X, CC	Diamin (D), inte 10(C)		dule <b>D</b> (F		

Schedule D (Form 990) 2012 GREATER ELLSWOR			-0452008 Page 3
Part VII Investments — Other Securities. S  (a) Description of security or category	(b) Book value	, line 12. (c) Method of valu	lation: Cost or
(including name of security)	(b) Book value	end-of-year m	arket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			<del></del>
(B)			
(C) (D)		<del>                                     </del>	<del></del>
(E)		<del> </del>	
(F)	- <del> </del>		
(G)		· ·	
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	<b>&gt;</b>		
Part VIII Investments - Program Related. S			
(a) Description of investment type	(b) Book value	(c) Method of valuend-of-year m	
(1)		end of year in	arrot value
(2)			. <u>.</u> .
(3)			
(4)			
(5)			
(6)			···································
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	<b>F</b>	**	******* · -
Part IX Other Assets. See Form 990, Part		<u>P</u>	*****
	) Description		(b) Book value
(1)			
(2)	<del></del> _		
(3)			
(4)	<del></del>		
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	n (B), line 15 )		<b>•</b>
Part X Other Liabilities. See Form 990, Part X	art X, line 25.		
(a) Description of liability	(b) Book value	<u>:                                    </u>	
(1) Federal income taxes			
(2)			
(3)			
(4)			**
(5)			
<u>(6)</u> (7)		<del> </del>	
(8)		<del></del>	\$
(9)		<del></del>	
(10)	•	<u> </u>	
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote	note to the organization's financia	statements that reports the organization's	liability for uncertain tax positions
under FIN 48 (ASC 740) Check here if the text of the footnote has beer	i provided in Part XIII		

Schedule D (Form 990) 2012 GREATER ELLSWORTH LODGE OF ELKS	#2743	01-0452008	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return	
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 <sup>-</sup>			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d	_	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b	<u></u>	
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	
Part XII Reconciliation of Expenses per Audited Financial Statem			
1 Total expenses and losses per audited financial statements	iono vitti Expenses p	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b	<del></del>	
c Other losses	2c	<del> </del>	
d Other (Describe in Part XIII )	2 d	—	
e Add lines 2a through 2d		2 e	
3		3	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	[ 4B]		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	
Part XIII   Supplemental Information	<u> </u>		-
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also con	Part III, lines 1a and 4; Part I mplete this part to provide a	IV, lines 1b and 2b; Pa ny additional informati	rt V, on
	·	 	
	- <b>-</b>		<b></b> -
		<del></del>	
BAA		Schedule <b>D</b> (Form	990) 2012

Part XIII Supplemental Information (continued)	01-0452008	Page 5
Part XIII   Supplemental Information (continued)		
		- <b>-</b>
		<b></b>
	- <b></b>	·
	- <b></b>	

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2012

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization					Employer identific	ation number
GREATER ELLSWORTH LODGE					01-045200	18
Part I Fundraising Activities. Comp. Form 990-EZ filers are not recommendate.	quired to comple	ete this pa	rt	· · · · · · · · · · · · · · · · · · ·	·	
1 Indicate whether the organization r	aised funds thro	ough any o	of the follow	ving activities Check a	II that apply	
a Mail solicitations			е	Solicitation of non-	government grants	
<b>b</b> Internet and email solicitations			f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations			•			
2 a Did the organization have a written employees listed in Form 990, Part	or oral agreem	ent with a	ny individu	ial (including officers, d	lirectors, trustees or key	′ ∏Yes ∏No
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	lividuals or enti					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						į
3						
4						
5						
6	į					
7						
8						
9						
10						
	<del></del>	- J l- <u>-</u>	•			
Total			•			
3 List all states in which the organization or licensing	ation is register	ed or licen	sed to soli	cit contributions or has	been notified it is exen	npt from registration

		List events with gross receipts gr	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a)
		•	(event type)	(event type)	(total number)	through column (c)
	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
İ	4	Cash prizes				
	5	Noncash prizes				
!		Rent/facility costs		-		<u> </u>
		Food and beverages				
	_	-				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary Add lines 4 thi	-		•	_
<u> </u>		Net income summary Combine line 3, co Gaming. Complete if the organize		s' to Form 990 Par	t IV line 10 or ren	orted more than
21:1		\$15,000 on Form 990-EZ, line 6a	allon answered Te	:5 10 1 01111 330, Fai	tiv, file 15, of tep	orted more than
T			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tatal agains
1			(a) 2 g		(c) Other gaining	(a) rotal gaming (add column (a)
			(a) omgo	bingo/progressive bingo	(c) Other gaining	(add column (a)
ļ	1	Gross revenue	(4,5.1.3	bingo/progressive		(add column (a) through column (c
	1	Gross revenue	(1, 5.1.3)	bingo/progressive	433,083.	(add column (a) through column (c
		Gross revenue  Cash prizes	(1, 5 3	bingo/progressive		(add column (a) through column (c
EXPE	2			bingo/progressive	433,083.	(add column (a) through column (c) 433,08
EXPERSE	2	Cash prizes		bingo/progressive	433,083. 367,505. 0.	(d) Total gaming (add column (a) through column (c) 433,08
EXPESSES	2 3 4	Cash prizes  Non-cash prizes  Rent/facility costs		bingo/progressive	433,083. 367,505. 0. 80,522.	(add column (a) through column (c) 433,08 367,50
	2	Cash prizes Non-cash prizes	Yes %	bingo/progressive	433,083. 367,505. 0. 80,522. 21,267.	(add column (a) through column (c) 433,08
EXPERSES	2 3 4	Cash prizes  Non-cash prizes  Rent/facility costs		bingo/progressive bingo	433,083. 367,505. 0. 80,522. 21,267.	(add column (a) through column (c) 433,08 367,50
EXPER	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	Yes 8	bingo/progressive bingo	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00%	(add column (a) through column (c) 433,08 367,50
EXPER	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the	Yes % No rough 5 in column (d)	Yes - %	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00%	(add column (a) through column (c) 433,08  367,50  80,52  21,26
EXPER	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No rough 5 in column (d)	Yes - %	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00%	(add column (a) through column (c) 433,08 367,50 80,52
EXPENSES	2 3 4 5 6 7 8	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the	Yes % No rough 5 in column (d) lines 1, column (d) and	Yes 8 No	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00%	(add column (a) through column (c) 433,08 437,50 80,52 21,26
EXPENSES 9 a	2 3 4 5 6 7 8 Enter Is the	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the Net gaming income summary Combine er the state(s) in which the organization of the organization licensed to operate gamine.	Yes % No  rough 5 in column (d)  lines 1, column (d) and perates gaming activities	Yes % No  line 7  Maine	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00%	(add column (a) through column (c) 433,08 433,08 367,50 80,52 21,26
EXPENSES 9 a	2 3 4 5 6 7 8 Enter Is the	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the Net gaming income summary Combine er the state(s) in which the organization of	Yes % No  rough 5 in column (d)  lines 1, column (d) and  perates gaming activities gactivities in each of the	Yes % No  line 7  Maine ese states?	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00 %	433,08  433,08  367,50  80,52  21,26  469,29
EXPENSES 9 a	2 3 4 5 6 7 8 Enter Is the	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the Net gaming income summary Combine are the state(s) in which the organization of the organization licensed to operate gaming	Yes % No  rough 5 in column (d)  lines 1, column (d) and  perates gaming activities gactivities in each of the	Yes % No  line 7  Maine ese states?	433,083. 367,505. 0. 80,522. 21,267. X Yes 35.00 %	433,08  433,08  367,50  80,52  21,26  469,29
EXPENSES 9 a b	2 3 4 5 6 7 8 Enter Is the If 'N	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 the Net gaming income summary Combine are the state(s) in which the organization of the organization licensed to operate gaming	Yes % No  rough 5 in column (d)  lines 1, column (d) and perates gaming activities g activities in each of the	Yes % No  line 7  S: Maine ese states?	433,083. 367,505.  0. 80,522. 21,267. X Yes 35.00 % No	433, 08  433, 08  367, 50  80, 52  21, 26  469, 29

Sche	edule G (Form 990 or 990-EZ) 2012 GREATER ELLSWORTH LODGE OF ELKS #2743 01	-0452	2008	Page 3
	Does the organization operate gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	ed to	Yes	X No
13	Indicate the percentage of gaming activity operated in:	1 1		
	The organization's facility	13a	10	0.00%
	An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords.		<u>-</u> _
	Name ► MICHAEL LOCKE, TREASURER			
	Address PO BOX 85 ELLSWORTH, ME 04605			<b></b>
ł	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  of If 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   for If 'Yes,' enter name and address of the third party	e amoui	☐ <b>Y</b> es	X No
	Name •			
	Address			
16	Gaming manager information			
	Name •			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		Yes	X No
	<ul> <li>Enter the amount of distributions required under state law to be distributed to other exempt organizations or spi</li> <li>organization's own exempt activities during the tax year</li> <li>\$</li> </ul>			
Pa	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic this part to provide any additional information (see instructions).	by Pa able. <i>I</i>	art I, line Also com	2b, plete
			<del></del>	

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

GREATER ELLSWORTH LODGE OF ELKS #2743	01-0452008
Pt VI, Line 6 THE ELKS HAS 289 DUES PAYING MEMBERS	- <b></b>
Pt_VI, Line 7a ALL MEMBERS MAY VOTE FOR OFFICERS	
Pt_VI, Line 7b ALL MAJOR DECISIONS ARE SUBJECT TO VOTE	<b></b>
Pt_VI, Line 11b _ AUDIT_COMMITTEE AND GRAND_LODGE_REVIEW_FORMS	
Pt_VI, Line_12c GRAND_LODGE_ISSUES_POLICIES_ON_THESE_MATTERS	
Pt VI, Line 15b ALL SALARIES ARE APPROVED BY MEMBERS	
Pt_VI, Line 15a ALL SALARIES ARE APPROVED BY MEMBERS	
	<del></del>
	- <b></b>

Name(s) shown on return

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2012

Attachment Sequence No

179 Identifying number

GREATER ELLSWORTH LODGE OF ELKS #2743 01-0452008 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 22,525 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section	B – Assets Placed i	in Service During 2012	Tax Year Using t	he General De	preciation :	Syste	em	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	i	(g) Depreciation deduction	
19 a 3-year property	<b>X</b> * * * * * * * * * * * * * * * * * * *						-	
<b>b</b> 5-year property								
c 7-year property		5,675.	7.0 yrs	HY	200	DB	81	1.
<b>d</b> 10-year property								
e 15-year property							,	
f 20-year property								
g 25-year property			25 yrs		S/L	ı		
h Residential rental			27.5 yrs	MM	S/L	ı		
property			27.5 yrs	MM	S/L	ı		
i Nonresidential real			39 yrs	MM	S/L	ı		
property			_	MM	S/L	_		
Section C	<ul> <li>Assets Placed in</li> </ul>	Service During 2012 T	ax Year Using the	Alternative D	epreciation	ı Sys	stem	
20 a Class life					S/L	1		
<b>b</b> 12-year	- *		12 yrs		S/L	,		
<b>c</b> 40-year			40 yrs	MM	S/L			
Part IV   Summary (See	instructions)		•					
21 Listed property. Enter an						21		
22 Total Add amounts from line the appropriate lines of y						22	23,33	6.
23 For assets shown above the portion of the basis a				23		•		

`Form 4562 (2012) GREATER ELLSWORTH LODGE OF ELKS #2743 01-0452008 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes.' is the evidence written? Yes No (d) (e) (i) Elected Type of property Business/ investment Cost or Basis for depreciation Method/ Date placed (list vehicles first) other basis (business/investment period Convention deduction section 179 in service percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) Vehicle 3 (f) Vehicle 6 (a) Total business/investment miles driven 30 Vehicle 1 Vehicle 2 Vehicle 4 Vehicle 5 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes No Yes No Yes No No Yes No Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person Is another vehicle available for 36 personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) **Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicle.

	110te: 11 your answer to 37, 30, 33, 40, 61 41	is res, do not comp	siete deetion B for ti	ne covered venic	.103		200 SECTION 5776
Par	tWI Amortization						
	(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e Amortiz perior percer	ation d or	(f) Amortization for this year
42	Amortization of costs that begins during your	2012 tax year (see	instructions)				
	<del>-</del>						
43	Amortization of costs that began before your	2012 tax year				43	
44	Total. Add amounts in column (f) See the in	nstructions for where	to report			44	

### **Supporting Statement of:**

Form 990 p 12/Part XI, Line 9

Description	Amount
ROUNDING	-2.
Total	-2.