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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

Α	For the	2012 calendar year, or tax year beginning $APR \ 1$, 2012 and ending	MAR 31, 20	13					
В	Check if applicable	C Name of organization	D Employer ider	itification number					
	Addres	BPOE LODGE 51							
Ē	Name change	Doing Business As		-0214080					
L	return Termin	Number and street (or P 0 box if mail is not delivered to street address) Room/si 1536 VILLA ROAD		nber 7-325-4848					
F	ated Amend		G Gross receipts \$	1,261,616.					
F	return Applica tion		H(a) Is this a grou						
	pendin		for affiliates?	`					
		SAME AS C ABOVE	H(b) Are all affiliates						
$\overline{}$	Tax-exe			h a list (see instructions)					
		e: ► N/A		otion number ▶ 1156					
		organization		M State of legal domicile OH					
		Summary							
 	1 1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ INCUL	CATE THE PR	INCIPLES OF					
Governance		CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELIT	Y; TO RECOGI	NIZE A BELIEF					
₩.	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its ne	t assets.					
—ેં તહેર	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3 2210					
_‰ ©	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4 2210					
	5	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5 80					
<u>خ</u> :ر	6	otal number of volunteers (estimate if necessary)		6 50					
್ರಾಕ	7a	otal unrelated business revenue from Part VIII, column (C) line 12		7a 0.					
	_ bi	Net unrelated business taxable income from Form 990-1, line 94EIVED		7b 0.					
を伝える。 Revenue Activities			Prior Year	Current Year					
ξ o	8 (Contributions and grants (Part VIII, line 1h)	<u>257,56</u>						
	9 1	Program service revenue (Part VIII, line 2g) Nevestment income (Part VIII, column (A), lines 3, 4, and 7g)	424,18						
* <u>š</u>	10		541						
<u> </u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and the)	216,67						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	898,96						
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,74						
	14 [Benefits paid to or for members (Part IX, column (A), line 4)	17,03						
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	386,48	1. 229,216.					
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	(0.					
ďx	. ь	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>						
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	575,20						
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	982,469						
	19	Revenue less expenses. Subtract line 18 from line 12	-83 , 50						
Net Assets or	<u> </u>		Beginning of Current Ye						
SSet	20	otal assets (Part X, line 16)	1,169,410						
at A	21	otal liabilities (Part X, line 26)	987,19						
		Net assets or fund balances. Subtract line 21 from line 20	182,21	254,741.					
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge and belief, it is					
true	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								
Signature of officer Date									
Sig	·		0010						
He	Here BARBARA FITZWATER, SECRETARY Type or print name and title								
_			Date Check	PTIN					
Pai		Print/Type preparer's name JOHN W. MCKINNON, CPA Preparer's signature	if T	D00075470					
	parer	Firm's name CLARK, SCHEAFER, HACKETT	Firm's EIN	01 00000=0					
			FIIII S EIIV	P 31 0000033					
USE	027 200 0000								
N4=	v +b = 10		Phone no	X Yes No					
<u>ivia</u>	y the iH	S discuss this return with the preparer shown above? (see instructions)	<u> </u>	No					

Form 990 (2012) BPOE LODGE 5

Part IV Checklist of Required Schedules

			Yes	No
_	1. All a recognished in posture 501/a)/2) or 4047/a)/1) (ather than a private foundation)?		165	140
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	1	Х
_	If "Yes," complete Schedule A	2	 	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I			
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			v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		•	l v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ļ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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		İ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 	X
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	X	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
		Form	990	(2012)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
23a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		
00	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	000	•	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	⊢	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			l v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		\ .
	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
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	 	—
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	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form **990** (2012)

Form	990 (2012) BPOE LODGE 51	31-0214	<u>080</u>	P	age 5
Par					
<u> </u>	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
С	(gambling) winnings to prize winners?	- Ferrance garrant	1c	Х	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
28	filed for the calendar year ending with or within the year covered by this return	2a 80			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2ь	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
0-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	"	3a		Х
			3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	authority over a			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accounty.	70		
Ь	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 A	Accounts.			х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ation?	5a 5b		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	Clion			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie organization solicit	6-		х
	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gitts	C.		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		7_		х
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			х
	to file Form 8282?	l l	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		١.		v
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.				v
а	Did the organization make any taxable distributions under section 4966?		9a	 -	X
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1	•	
11	Section 501(c)(12) organizations. Enter:	11			
а	Gross income from members or shareholders	11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i i			
	amounts due or received from them.)	11b	١.,		1
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
а	is the organization licensed to issue qualified health plans in more than one state?		13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.0. 1			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c	 	-	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	\vdash	
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U	14b	000	(2040)
			FOIL	1 320	(2012)

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			X	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 221)			
	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	İ			
b	Enter the number of voting members included in line 1a, above, who are independent 2210)			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6	X	<u> </u>	
7a	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?	7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		ĺ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>	
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
Ь	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	ļ <u>.</u>	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ	
	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		X	
Ъ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	In Schedule O how this was done	12c		V	
13	Did the organization have a written whistleblower policy?	13	-	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>		
15	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?	1		v	
	The organization's CEO, Executive Director, or top management official	15a	v	X	
Đ	Other officers or key employees of the organization	15b	X	 	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-	Ì	Х	
ь.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	<u> </u>	 	
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b	•	1	
Sec	tion C. Disclosure	100			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶OH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le		
	for public inspection. Indicate how you made these available. Check all that apply.		-		
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finar	ncial		
-	statements available to the public during the tax year.	(4)	,1		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıtıon: ▶	•		
	BARBARA FITZWATER - 937-325-4848				
	1536 VILLA ROAD, SPRINGFIELD, OH 45503				
23200E 12-10-	12	Form	990	(2012)	

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

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

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

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

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

(A) Name and Title	(B) Average	(B) (C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per	box	, unte	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	5	88			돯		organization	(W-2/1099-MISC)	from the
	related	l seg	#SE		88	bens		(W-2/1099-MISC)		organization and related
	organizations below	E T	Tonal		흁	15 ag	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former			organizations
(1) DENNIS DYER	20.00									
TRUSTEE		X						0.	0.	0
(2) GEORGE MCLIN	20.00									
RUSTEE		Х						0.	0.	0
(3) RICHARD BENNETT	20.00									
PRUSTEE		X			<u></u>			0.	0.	0
(4) ROBERT BUCHY	20.00								_	_
PRUSTEE		X				<u> </u>		0.	0.	0
(5) DANNY DEWITT	20.00									
TRUSTEE	20.00	X				<u> </u>		0.	0.	0
(6) BARBARA FITZWATER	30.00							11 050	•	
SECRETARY	10.00	Х		Х		-		11,250.	0.	0
(7) CHARLIE HAYDEN	10.00			х				2 400	0.	0
EXALTED RULER	20.00	Х		Λ		-		2,400.		0
(8) ROBERT LEMMONS JR	20.00	X		Х				5,025.	0.	0
PREASURER		Λ.		^	-	\vdash		3,023.	· ·	
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Form 990 (2012)

Page 8

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

0.

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0.

0

No

Х

X

Yes

3

(C)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Total revenue Resided or example to the control of the control	Pa		•••	Check if Schedule O conta		to any question I	n this Part VIII			
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt							(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	nts	1 6	Fe	derated campaigns	1a					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	ža ou	1) Me	embership dues	1Ь					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	s, (Am		: Fu	ndraising events	1c	1,455.				
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	Sift Iar,		d Re	elated organizations	1d					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	is, (•	e Go	overnment grants (contributi	ons) 1e					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	tion	1	All	other contributions, gifts, grant	ts, and	_				
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	ibu		sım	nilar amounts not included abov	/e 1f					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt		•	Nor	ncash contributions included in lines	1a-1f \$					
2 a GOLF & SWIMMING FEES 2 a GOLF & SWIMMING FEES 713910 455,622. 455,622. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 6 Royaltios 7 Royalt	Co						138,692.			
1						Business Code				
Total. Add lines 2a2f	ě	2 :	G G	OLF & SWIMMING	FEES	713910	455,622.	455,622.		
Total. Add lines 2a2f	e Zi	1	, —							
Total. Add lines 2a:2f	Se									
Total. Add lines 2a:2f	am									
Total. Add lines 2a:2f	ogr R		, —		-					
3 Investment income (including dividends, interest, and other similar amounts)	ď	1	· All	other program service reve	nue					
State Stat			To	tal. Add lines 2a-2f			455,622.			
1		3	Inv	vestment income (including	dividends, inter	est, and				
Second Company Second			oth	her sımılar amounts)		▶ [542.	542.		
(i) Personal 19,492 19		4	Inc	come from investment of tax	c-exempt bond	proceeds 🕨			- 	
6 a Gross rents 19,492.		5	Ro	yalties .		•				
Description Description										
The state of the		6 :	Gre	oss rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,455. of contributions reported on line 1c). See Part IV, line 18 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, lone 19 b Less: otirect expenses c Net income or (loss) from gaming activities. See Part IV, lone 19 b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, lone 19 b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, lone 19 b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, lone 19 c Net income or (loss) from gaming activities. See Part IV, lone 19 d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 113 A S7, 845. 749, 153. 0. 0.		ı	Le	ss: rental expenses						
Total revenue. See instructions Total revenue. See instructions			Re	ental income or (loss)	19,492					
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,455. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SETTLEMENT PROCEEDS ON b NEWSLETTER & MISC. 900099 27,259. 27,259. 113,084. 12 Total revenue e Total. Add lines 11a-11d Total revenue. See instructions			d Ne	et rental income or (loss)		▶	19,492.	19,492.		
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,455.cof contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SETTLEMENT PROCEEDS ON NEWSLETTER & MISC. d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions b Language Add Individual See Instructions b 113,084. Total revenue. See instructions c Gain or (loss) c Gain or (los		7 :	a Gr	oss amount from sales of	(ı) Securities	(II) Other				
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Section Sec		1	Le:	ss: cost or other basis		1				
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11 a SETTLEMENT PROCEEDS ON			: Ne			Business Code	00,000.	50,555.		
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e Total. Add lines 11a-11d ▶ 113,084. 12 Total revenue. See instructions ▶ 887,845. 749,153. 0. 0.			_	ather revenue						
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								749,153	0 -	0 -
	23200		101	tar revenue, oee instructions				,		

Form 990 (2012) BPOE LODGE 51 Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se to any question in this	s Part IX		
	unclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to governments and				
org	panizations in the United States See Part IV, line 21	3,541.	3,541.		
2 Gr	ants and other assistance to individuals in				
the	e United States. See Part IV, line 22				
3 Gr	ants and other assistance to governments,				
org	ganizations, and individuals outside the				
Un	ited States. See Part IV, lines 15 and 16	10-541	10 741		·, · · · · · · · · · · · · · · · · · ·
	enefits paid to or for members	10,741.	10,741.		
	empensation of current officers, directors,	10 675	10 675		
	stees, and key employees	18,675.	18,675.		
	mpensation not included above, to disqualified				
· ·	rsons (as defined under section 4958(f)(1)) and		1		
•	rsons described in section 4958(c)(3)(B)	187,594.	107 504		.
	her salaries and wages	10/,394.	187,594.		
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)		-		
	her employee benefits	22,947.	22,947.	-	
	yroll taxes	22/74/0	22,541.		
	es for services (non-employees):				
	anagement .				,
	counting	3,375.		3,375.	
	bbying	0,0101			
	ofessional fundraising services See Part IV, line 17				
	vestment management fees				
	her. (If line 11g amount exceeds 10% of line 25,				
_	lumn (A) amount, list line 11g expenses on Sch O)				
	Ivertising and promotion				
	fice expenses	8,021.		8,021.	
	formation technology				
	pyalties				
16 Oc	ccupancy .	129,566.	129,566.		
17 Tra	avel				
18 Pa	lyments of travel or entertainment expenses				
for	any federal, state, or local public officials				
19 Co	onferences, conventions, and meetings	1,973.	1,973.		
	erest _	48,876.		48,876.	_ _
21 Pa	yments to affiliates	34,357.	34,357.		
22 De	epreciation, depletion, and amortization	61,595.	61,595.		
	surance	10,160.	1,889.	8,271.	
abo 240	ner expenses Itemize expenses not covered ove (List miscellaneous expenses in line 24e If line e amount exceeds 10% of line 25, column (A) tount, list line 24e expenses on Schedule O				
	OLF & POOL EXPENSES	213,689.	213,689.		W H
	LEANING	19,591.	19,591.	_	
	ISCELLANEOUS EXPENSES	14,152.	14,152.		
d Bl	ULLETIN	13,414.		13,414.	
	other expenses	28,530.	13,161.	15,369.	
	tal functional expenses. Add lines 1 through 24e	830,797.	733,471.	97,326.	0
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation				
	eck here If following SOP 98-2 (ASC 958-720)				

Pai	τX	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	209,367.	1	243,347.
	2	Savings and temporary cash investments	2,057.	2	2,636.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	<u> </u>		, , , , , , , , , , , , , , , , , , ,
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	-	7	
\SS	8	Inventories for sale or use	8,179.	8	19,151.
•	9	Prepaid expenses and deferred charges	6,025.	9	19,151. 6,230.
	10a				
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,140,671. 10b 246,749.	943,513.	10c	893,922.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	,	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	269.	15	269.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,169,410.	16	269. 1,165,555.
	17	Accounts payable and accrued expenses	47,299.	17	21,054.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue	175,860.	19	148,422.
	20	Tax-exempt bond liabilities	,	20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	, , , , , , , , , , , , , , , , ,		
ig		key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	764,037.	23	741,338.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	987,196.	26	910,814.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
s		complete lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	144,144.	27	201,192.
alar	28	Temporarily restricted net assets	38,070.	28	201,192. 53,549.
œ .	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
F		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31			32	
Se l	32	Retained earnings, endowment, accumulated income, or other funds	182,214.	33	254,741.
	33	Total net assets or fund balances	1,169,410.	34	1,165,555.
	34	Total liabilities and net assets/fund balances	1/10//410.	J4	Form 990 (201

Form **990** (2012)

Form	990 (2012) BPOE LODGE 51	31-021	4080	Pag	e 12	
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1 2 3 4 5 6 7 8 9 10	830 57 182	2,0	97. 48. 14.	
Pa	t XII Financial Statements and Reporting] 10		. , ,		
	Check if Schedule O contains a response to any question in this Part XII				X	
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?	→ O.	2a	Yes X	No	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ıngle Audit	3a		X	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3ь			
			Form	990 (2012)	

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

BPOE LODGE 51

Employer identification number 31-0214080

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes ti	he organization's accounting for
	conservation easements.		
Pa	TIL Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. Se	e Form 990, Part X, II	ine 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				-
(E)				
<u>(F)</u>			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)		-		
(I) Total (Col (b) must squal Form 000 Part V and (D) top 10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ► Part VIII Investments - Program Related. Se	So Form 000 Part V	line 12	··· ··	
(a) Description of investment type	(b) Book value		aluation: Cost or end	I-of-year market value
(1)	(0, 200, 10,00	(0)		your market raids
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		_		······································
(8)				
(9)	-			
(10)				
Total. (Coi (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
(1)				
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		····
(4)				<u>. </u>
(5)				
(6)				
(7)				
(8)				
(9)				- <u></u>
(10)		-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line) 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, I	ine 25.	(L) Dealership	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	-			
(11)	251			
Total. (Column (b) must equal Form 990, Part X, col (B) line	•			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	a or the toothote to t	ne organization's financial	statements that rep	orts the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization BPOE LODGE 51					1	Employer identification number $31-0214080$	
Part Fundraising Activities.	Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, II			
required to complete this part. 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or a key employees listed in Form 990, Part b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization have a written or a key employees listed in Form 990, Part b If "Yes," list the ten highest paid individed the second part of th	e Solicita f Solicita g Special pral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, trus fundraising services?	stees (Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
	tr	Yes	No				
						-	-
	<u> </u>						
							<u> </u>
	-						
		1	_			-	
3 List all states in which the organization or licensing.	s registered or licensed to solicit	contrib	outions	s or has been notified	it is e	exempt from re	gistration
				· · · · · · · · · · · · · · · · · · ·			
HA Denominal Participation As A Mai	at a landariation for Para 2000	000				bodula C (Care	- 000 000 57) 0040

Schedule G (Form 990 or 990 EZ) 2012 BPOE LODGE 51 31-0214080 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright 11 Net income summary. Combine line 3, column (d), and line 10 Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 92,605. 92,605. Gross revenue 23,151. 23,151. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses 100 % X Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 23,151, 69,454. 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: OH X Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: X No Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: 232082 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 BPOE LODGE 51	31-0214080 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a 100.00 %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ► BARBARA FITZWATER	
Address ► 1536 VILLA ROAD - SPRINGFIELD, OH 45503	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the among gaming revenue retained by the third party ▶ \$	ount
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mondaton distributions	
Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	jumns (iii) and (v), and Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	· · · · · · · · · · · · · · · · · · ·
	
232083 01-07-13 Schedule	G (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

BPOE LODGE 51

Employer identification number 31-0214080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN GOD; TO PROMOTE THE WELFARE OF ITS MEMBERS; PROMOTE AMERICAN
PATRIOTISM.
FORM 990, PART VI, SECTION A, LINE 6: AN ASSOCIATION WITH MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER HAS ONE VOTE.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE AUDIT
COMMITTEE, AND ONCE APPROVED, IS PRESENTED TO THE BOARD OF TRUSTEES FOR
APPROVAL.
FORM 990, PART VI, SECTION B, LINE 15B: THE TRUSTEES DISCUSS AND APPROVE
ALL COMPENSATION FOR ALL KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AT LODGE DURING NORMAL
OPERATING HOURS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
INCREASE IN RESTRICTED FUNDS 15,479.
IN 2010, THE ORGANIZATION PURCHASED A GOLF COURSE WITH A POOL AND
LARGER LODGE THUS REQUIRING THE LODGE TO SWITCH TO THE ACCRUAL BASIS OF
ACCOUNTING. PRIOR TO THAT THE ORGANIZATION ONLY HAD A BAR THAT OPERATED
ON THE CASH BASIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization BPOE LODGE 51	Employer identification number $31-0214080$
THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSI	GHT OF THE
COMPILED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPEN	DENT
ACCOUNTANT.	
	, , , , , , , , , , , , , , , , , , , ,