

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



_{Form} 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

201**2**

OMB No. 1545-1150

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

Open to Public Inspection

Department of the Treasury internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 13 April 1 , 2012, and ending March 31 . 20 C Name of organization B Check if applicable: D Employer identification number Address change 1360 Benevolent & Protective Order of the Elks 34-0074396 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 402 Center St 419-289-3553 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Ashland, Ohio 44805 G Accounting Method: Cash Accrual H Check ► If the organization is not Other (specify) Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 22830 4 4 4311 5a Gross amount-from sale of assets other than inventory **5a**_ Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c Gaming and fundraising events 6a of contributions sum of such gross-income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a 141901 7b 45447 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с 96454 8 8 10832 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 134427 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 66355 13 Professional fees and other payments to independent contractors . . . 13 14 14 72877 15 Printing, publications, postage, and shipping 15 5400 16 16 17 Total expenses. Add lines 10 through 16 . 17 144632 18 18 (10205) Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 8-57 19 462460 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 452255

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2012)



F	Page	2

ببنهي		Balance Sheets (see the instruction:	•				
		Check if the organization used Schedu	le O to respond to a	ny question in this		• •	🗸
					(A) Beginning of year		(B) End of year
22		h, savings, and investments			318506		311473
23 24		d and buildings		_	167011		163232
24 25		al assets		· · · · · ·	485517	24	47.4705
26		al liabilities (describe in Schedule O) .			23057		474705 22450
27		assets or fund balances (line 27 of colur		<u></u>	462460		452255
Part		Statement of Program Service Acco				1	
		Check if the organization used Schedu	le O to respond to a	ny question in this	Part III 🔲	(Red	Expenses quired for section
What	is the	organization's primary exempt purpose?	Provide Public Supp	ort		501	(c)(3) and 501(c)(4)
Desc	ribe th	ne organization's program service accom	plishments for each o	f its three largest p	rogram services,		anizations and section 7(a)(1) trusts; optional
		ed by expenses. In a clear and concise		e services provided	l, the number of		others.)
	ns be	nefited, and other relevant information for	each program title.				
28							
•		***************************************					
	(Grant	te \$ \ \ If this amou	nt includes foreign gr	ante check here		288	5108
29	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· · · · · ·	200	5100
				·	***************************************		1
		***************************************		·······	***************************************		1
	(Grant	ts\$) If this amou	nt includes foreign gr	ants, check here .	▶ 🔲	298	3
30		***************************************					}
		**************************************			******************		
				***************************************			1
	(Grant		nt includes foreign gr			302	9
31	Otner (Grant	program services (describe in Schedule (•			~.	_ }
32		program service expenses (add lines 28	nt includes foreign gr			318	
Part		List of Officers, Directors, Trustees, and I					0.00
		Check if the organization used Schedu					
			(b) Average	(c) Reportable	(d) Health benefits.	Т	
		(a) Name and title	(b) Average hours per week	compensation	(d) Health benefits, contributions to employe	ee (e	
		(a) Name and title			(d) Health benefits, contributions to employ benefit plans, and	ee (e) Estimated amount of other compensation
Larry	Stine	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee (e	
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e	
Ashla Clyde	nd, Ol Bray	nio 44805	hours per week devoted to position Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	
Ashla Clyde Ashla	nd, Ol Bray Ind, Ol	hio 44805 hio 44805	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	
Ashla Clyde Ashla Chad	nd, Ol Bray nd, Ol Dickir	hio 44805 hio 44805 nson	hours per week devoted to position Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	
Ashla Clyde Ashla Chad Ashla	nd, Ol Bray Ind, Ol Dickin	nio 44805 nio 44805 1son nio 44805	hours per week devoted to position Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	
Ashla Clyde Ashla Chad Ashla Lori (nd, Ol Bray nd, Ol Dickir and, Ol Gribbe	hio 44805 hio 44805 1son hio 44805	Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Other compensation O O
Ashla Clyde Ashla Chad Ashla Lori (nd, Oh Bray Ind, Oh Dickin Ind, Oh Bribber	hio 44805 hio 44805 nson hio 44805 n	hours per week devoted to position Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom	end, Oh Bray and, Oh Dickin and, Oh Gribbe and, Oh Pavlik	hio 44805 hio 44805 nson hio 44805 n	Trustee 10 Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom	end, Oh Bray Ind, Oh Dickin Ind, Oh Bribber Ind, Oh Pavlik Ind, Oh	hio 44805 hio 44805 nson hio 44805 n	Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim C	end, Of Bray and, Of Dickin and, Of Gribber and, Of Pavlik and, Of loyle	hio 44805 hio 44805 nson hio 44805 n hio	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D	nd, Oh Bray Ind, Oh Dickin Ind, Oh Bribber Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh	hio 44805 hio 44805 1son hio 44805 n hio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 1son hio 44805 n hio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O
Ashla Chyde Ashla Chad Ashla Lori (Ashla Tom Ashla Jim D Asha Larry	nd, Oh Bray Ind, Oh Dickin Ind, Oh Pavlik Ind, Oh Doyle Ind, Oh McCo	hio 44805 hio 44805 nson hio 44805 nhio 44805	Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Secretary 10	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	Other compensation O O

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	insuructions for Part V) Check it the organization used Schedule O to respond to any question in this	rant \		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No -/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	1	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Ohio			
42a	The organization's books are in care of ▶ Larry McConnell Telephone no. ▶	41928	93553	}
	Located at ▶ 402 Center Street, Ashland, Ohio ZIP + 4 ▶	44	305	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448		1
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	7
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 850-EZ (2012) Page 4 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. PBRI VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 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 . All sit he organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . All is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . All is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . All is the organization of the organization in the organization? (iii) in the organization? (iii) in the organization of	* *.									
48 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 70 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 81 Is the organization as chool as described in section 170(b)(1)/(4)(0)? If "Yes," complete Schedule E 82 If "Yes," was the related organization as exciton 527 organization? 93 Did the organization as chool as described in section 170(b)(1)/(4)(0)? If "Yes," complete Schedule E 94 Bid the organization as chool as described in section 170(b)(1)/(4)(0)? If "Yes," complete Schedule E 95 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and several part of the organization is five highest compensation from the organization. If there is none, enter "None." 96 Name and title of each employee and over \$100,000 of compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 97 Total number of other employees paid over \$100,000 . P 98 Total number of other independent contractor paid more than \$100,000 (p) Type of service (c) Part of the organization of the orga	Form 99	0-EZ (20	012)						ı	Page 4
to candidates for public office? If "Yes," complete Schedule C, Part 1 All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Chock if the organization used Schedule O to respond to any question in this Part VI Ves No		•				····			Yes	No
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Told 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 Wes No year? If Yes, complete Schedule C, Part II If Yes No If Yes, complete Schedule E If Yes No If Yes, was the related organization a section 52? organization? If Yes, was the related organization a section 52? organization? Organization from the organization in the organization in the organization? If Yes, was the related organization in the organization? If Yes No If	46						in opposit			
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization as chose schedule C, Part II 49 Is the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization in section 570 (h)(1)/(A)(ii)? If "Yes," complete Schedule E 48 V 49 If "Yes," was the related organization organization organization organization organization organization organization organization organization organization. If there is none, cert "None." 60 Complete this table for the organization's five highest compensated employees (other than offices, fireter, structees and key employees) who each received more than \$100,000 organization. If there is none, cert "None." 61 Name and title of each employee paid more than \$100,000 organization organization. If there is none, enter "None." 62 Name and address of each independent contractor paid more than \$100,000 organization organization. If there is none, enter "None." 63 Name and address of each independent contractor paid more than \$100,000 organizations to employee complete paid in the organization or fire is none, enter "None." 64 Total number of other independent contractors each receiving over \$100,000 organizations and 4947(a)(1) nonexempt charitable invasts must attach a completed Schedule A nonexempt organizations and 4947(a)(1) nonexempt charitable invasts must attach a completed Schedule A not attached and attached, and to be a dependent organization or pepter (other than officer) is based on all information of which prepare has any knowledge and bateful, it is two, concert, and complete. Declaration of pepters (other than officer) is based on all information of which prepare has any knowledge or to be	Dart				, Part	• • • • •	· · · ·	· 46		✓
So and 51 Check if the organization used Schedule O to respond to any question in this Part VI The organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule E. 48	L ett f				estions 47–49h and	152 and co	molete the	e tables f	or lin	201
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				o made anomor que		, uid 00	ripioto a i	o tables i	Ot 1111	103
AT 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 47 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 48 48 Did the organization rake any transfers to an exempt non-charitable related organization? 49 49 49 49 49 49 49 4			Check if the organization used Sch	nedule O to respond	to any question in	this Part VI				. 🗆
year? If "Yes," complete Schedule C, Part II 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48									Yes	No
b lid the organization make any transfers to an exempt non-charitable related organization? 1	47	Did to year?	and K Was Brannelska Oshaduta O Dad II						1	
b if "Yas," was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (ii) Name and title of each employees point per week devoted to position (iii) Name and itile of each employees point per week devoted to position (iii) Name and experiments of other employees paid over \$100,000 . (iii) Reportable compensation (Form W-2/1099-MISC) (iii) Reportable compensation compensation (Form W-2/1099-MISC) (iii) Reportable compensation compensation devoted to position (iii) Total number of other employees paid over \$100,000 . (iii) Total number of other employees paid over \$100,000 . (iii) Total number of other employees paid over \$100,000 . (iii) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (iii) Name and address of each independent contractor paid more than \$100,000 . (iii) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors each receiving over \$100,000 . (iii) Total number of other independent contractors e	48		_		· ·					V
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Nama and title of seech employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." (forms W-27(99-MISC) organization forms W-27(99-MISC) organization forms W-27(99-MISC) organization forms W-27(99-MISC) organization forms W-27(99-MISC) organization organization forms W-27(99-MISC) organization organization organization forms W-27(99-MISC) organization organiza						nization?			+	1
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None," (a) Name and titls of each employee paid more than \$100,000 Compensation Com						 ther then offic				ad kov
(a) Name and title of each employee paid more than \$100,000 Complete the table for the organization from the organization. If there is none, enter "None."		emple	oyees) who each received more than	\$100,000 of compe	nsation from the org	anization. If the	ere is non	0,5, uuste e. enter "N	lone.	" NOY
f Total number of other employees paid over \$100,000				····	T	(d) Health	benefits,			
f Total number of other employees paid over \$100,000		(8)		hours per week	compensation	basseft plans				
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	 			Gevoted to position	(FOITIS 44-2) 1099-MISA	omper comper	sation			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		******								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					<u> </u>					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					 					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	f	Total	number of other employees paid ov	er \$100,000	▶			 .		
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	51	Comp \$100	plete this table for the organization',000 of compensation from the orga	s five highest comp nization. If there is n	ensated independer one, enter "None."	nt contractors	who each	received	mon	e than
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	(a)	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c)	Compensat	ion	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									 -	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					<u> </u>					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A				·····						··
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A			,		-					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					-					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<u>d</u>	Total	number of other independent contra	actors each receiving	over \$100.000	▶			•	
nonexempt charitable trusts must attach a completed Schedule A			•	-	•	ns and 4947(a)(1)			
Sign Here Type or print name and title						-		► ✓ Yes	<u> </u>	No
Type or print name and title								nowiedge an	d belle	f, it is
Type or print name and title		1)							
Type or print name and title			▼ Signature of officer			Dat	8			
Propose Scientifica	UC! A		Type or print name and title							
	 Paid			Preparate signature	7	Date	Check 7	if PTIN		

Preparer

Use Only

► Brad Bryan CPA

Firm's address ► 1501 Township Rd 853, Ashland, Ohio 44805

May the IRS discuss this return with the preparer shown above? See instructions

► ☑ Yes ☐ No

P00211718

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 1360 Benevolent & Protective Order of the Elks Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/s% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d ☐ Type III—Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(l) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify (i) Name of supported (III) EIN (iii) Type of organization (iv) is the organization (vi) is the (ivii) Amount of monetary in col. (i) listed in your the organization in organization (described on lines 1-9 organization in col. support governing document? (i) organized in the col. (1) of your above or IRC section support? U.S.7 (see instructions)) Yes No No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 16a 331/3% support test -- 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	411001 1110 100	NO HOLOGI DOIG	m, piodoc oo	inplote rait	···	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		-				
_	received. (Do not include any "unusual grants.")	26920	25335	25220	23610	22830	123915
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	174091	164595	13 99 21	135707	141901	756215
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	201011	189930	165141	159317	164731	880130
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	1			
	received from other than disqualified	i		1		j	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1			l	
C	· · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from						
	line 6.)		1	1	i		000120
Secti	on B. Total Support		1		 	<u>-</u>	880130
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	201011	189930	165141	159317	164731	880130
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	40070					
b	Unrelated business taxable income (less	10872	4942	4760	4820	4311	29705
J	section 511 taxes) from businesses acquired after June 30, 1975	-		:			
С	Add lines 10a and 10b	10872	4942	4760	4820	4311	29705
11	Net income from unrelated business activities not included in line 10b, whether						
40	or not the business is regularly carried on	17319	17039	20008	22017	10832	87215
12	Other income. Do not include gain or loss from the sale of capital assets		l		ŀ	:	
	(Explain in Part IV.)		ŀ				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	229202	211911	189909	186154	179874	007050
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		d, third, fourth,		ear as a section	997050 1 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2012 (line 8					15	88 %
16	Public support percentage from 2011 Sch			<u> </u>		16	88 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (17	3 %
18	Investment income percentage from 2011					18	3 %
19a	331/s% support tests—2012. If the organi						
_	17 is not more than 33½%, check this box and stop here . The organization qualifies as a publicly supported organization . b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and						
þ	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						
				,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2012

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

1360 Benevolen	t & Protective Order of the Elks	34-0074396
D-+4110 D		
Part 1 Line 8: R	ent	\$10,832
Part 2 Line 26	Beginning Year Accounts Payable \$23,057 End of year Accounts Payable \$22,	<i>4</i> 50
rait 2 Line 20.	Deginning Teal Accounts rayable \$23,007 Linu of year Accounts rayable \$22,	
.,,,,		

•••••		
