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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Form 990 (2012)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 4/1/2012 and ending 3/31/2013 Employer identification number C Name of organization В Check if applicable Benevolent & Protective Order of Elks of the USA Doing Business As Address change **651 BPOE** 37-0518751 Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change Room/suite Initial return 217 8th St (618) 734-0651 Terminated City, town or post office, state, and ZIP code 62914 70,140 н G Gross receipts \$ Amended return Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Nο Deloris Morgan 2915 Park Ave, Cairo, IL 62914 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X Tax-exempt status 501(c)) < (insert no) 4947(а)(1) ог 527 Website: ▶ H(c) Group exemption number ▶ l x l K Form of organization Corporation Trust Association Other > L Year of formation M State of legal domicile 1901 Part I Summary Briefly describe the organization's mission or most significant activities Fraternal Organization to promote and develop high standards of character, morality, professionalism, and community development Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 10 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 20.507 15,131 R Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 10 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 37,602 38,282 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,109 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,413 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 5,353 5,713 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX column (A) Line 1 ve) 16a b 46,296 17 57,257 Total expenses Add lines 13-17 (must equal Part IX, column (A), [1] [25) 18 62,610 52,009 19 Revenue less expenses Subtract line 18 from line 12 -4.501 1.404 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 22.258 24,567 21 131 1,036 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 23,531 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Deloris Morgan Secretary Type or print name and title Date Print/Type preparer's name Prepa<u>r</u>e Check X If **Paid** 6/1/2013 self-employed P00084667 Eleanor Clanahan Preparer Firm's EIN Firm's name Use Only (618) 748-9173 Firm's address ▶ P O Box 71, Mound City, IL 62963 Phone no X | Yes May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Day		37-0518751	Page 2
P at	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
	Briefly describe the organization's mission	· · ·	<u> </u>
	Franternal Organization to promote and develop high standards of character, morality,		
	professionalism and community development		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ v	VJ.N.
	If "Yes," describe these changes on Schedule O	Yes	X No
1	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 51,422 including grants of \$) (Rever	nue \$	<u> </u>
	Fraternal Organization to promote and Develop High Standards of Character, Morality,		′
	Professionalism and Community Development		
			
			
	(O-1		
l b	(Code) (Expenses \$ including grants of \$) (Rever		
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	(Code) (Expenses \$ including grants of \$) (Reve		
4c	(Code) (Expenses \$ including grants of \$) (Reverse) Other program services (Describe in Schedule O)		

Part IV Checklist of Required Schedules Part IV

•		ł	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	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		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	40.		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	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	170	<u> </u>	 ^
IJ	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	L
		Form	990	(2012)

Form 990 (2012) Benevolent & Protective Order of Elks of the USA 37-0518751 Page 4 **Checklist of Required Schedules** (continued) Part_'IV Yes No 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 17 If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year Х to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Χ 990-EZ? If "Yes," complete Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х III, or IV, and Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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

organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Х

Х

35b

36

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Part V°

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

_	Officer in ochequie O contains a response to any question in this rant v		•	oxdot
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	· [Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b.	+		l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	1	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	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)?	4a	!	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		<u>'</u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ì	ĺ
	required to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- ₊	-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	}
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- <u>.</u>		- ;
_	organization, have excess business holdings at any time during the year?	8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 -	 ^
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		
a b	Initiation fees and capital contributions included on Part VIII, line 12 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	┨		l
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	1]	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
-	Note. See the instructions for additional information the organization must report on Schedule O	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b		14b		

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7		3	-	RΥ	/ N	
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Benevolent & Protective Order of Elks of the USA

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.

_	Check if Schedule O contains a response to any question in this Part VI.	• •		
<u>Sect</u>	ion 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 . 1a	_		
	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			J
	committee, explain in Schedule O			1
ь	Enter the number of voting members included in line 1a, above, who are independent Delicated the state to the state to the state of th	\dashv		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		× -'
•	any other officer, director, trustee, or key employee?	-		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
5		6	Х	 ^-
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•	-^-	\vdash
7a	one or more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74	 ^	<u> </u>
þ	stockholders, or persons other than the governing body?	7b	x	}
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	·		
0	the year by the following	1		1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	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		12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
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	X	
13	Did the organization have a written whistleblower policy?	13	_	X
14	Did the organization have a written document retention and destruction policy?	14	_	X
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?	455		,
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		 ^- -
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Ì		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		×
	with a taxable entity during the year?	104		+^
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			'
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	16b		-
C = = (the organization's exempt status with respect to such arrangements?	100	L	<u></u>
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► IL			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s onl	v)	
.0	available 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 C))		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	•		
. •	policy, and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
=	organization ► Leon Morgan (618) 734	0651		
	217 8th Caro II 62914			

Form 990 (2012)	Benevolent & Protective Order of E	lks of the USA				37-05187	51 Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, Key Employe	es, Hi	ighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		y question in this f	Part V	/II .		
Section A.	Officers, Directors, Trustees, Key Er	mployees, and	Highest Compensa	ted Er	nployees		
1a Complete organization's	this table for all persons required to be I s tax year	isted Report co	mpensation for the c	alenda	ar year ending v	vith or within the	
	of the organization's current officers, dition. Enter -0- in columns (D), (E), and (I			or or	ganizations), re	gardless of amo	unt
 List the who received 	of the organization's current key emplo e organization's five current highest com reportable compensation (Box 5 of Formand any related organizations	pensated emplo	oyees (other than an	office	r, director, truste	ee, or key emplo	yee)
	of the organization's former officers, ke eportable compensation from the organ				mployees who r	eceived more tha	an
	of the organization's former directors o more than \$10,000 of reportable compe			-			the
•	n the following order individual trustees employees, and former such persons	or directors, ins	stitutional trustees, of	ficers,	key employees	s, highest	
X Check th	is box if neither the organization nor any	y related organiz	ation compensated	any cu	ırrent officer, dır	ector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more than box, unless person is bo officer and a director/tru longitude officer and a firstitutional truste or director	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(C)								
(A) Name and Title	(B) Average hours per	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Billy Winters	4 00									
Exalted Ruler	4 00			Х						
(2) Leon Morgan	1 00									
Treasurer	1 00			Х						
(3) Deloris Morgan	1 00									
Secretary	1 00			Х		l				
(4)										
(5)										
(6)										
(7)		-								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0		(A) Name and title	(B) Average hours per	box, office	unles er an	Pos neck ss pe	rson irecto	than out the state of the state	an ee)	(D) Reportable compensation	(E) Reportab compensar	tion	am	(F) timated	
(15) (16) (17) (18) (19) (20) (21) (22) (23) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (23) (24) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio	ons	com fro orga and	pensation the anization relate	on d
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)										-				
(20)	(16)														-
(29) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29	(17)														
(21) (22) (23) (24) (25)	(18)					_									
(22)	(19)			ļ <u>-</u>											
(23) (23) (24) (25)	(20)			\ \u		 	-								
(24) (24) (25)	(21)														
(24) (25)	(22)														_
Sub-total	(23)														
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0	(24)										-				
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0	(25)							-							
Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address 0 0 0 Yes No Yes No Yes No 1 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation	-		netion A	<u> </u>	<u> </u>		<u>i </u>	L	>			-			0
Teportable compensation from the organization Teleportable compensation from the organization Teleportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation	-	•							>			-			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation	2	, , ,		sted a			vho	recei	ved	I more than \$100	,000 of				
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation	3	Did the organization list any former officer, dire	ector, or trustee.	kev e	ame	love	e. c	r hial	nesi	t compensated				Yes	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation		· · · · · · · · · · · · · · · · · · ·		-		-,-	-, -						3		X
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation	4										L				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation			ater than \$150,0	00 / 11	7 "YE	₽S,	CON	ipiete	30	cneaule 3 for such	'1		4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Description of services Compensation	5	Did any person listed on line 1a receive or acci									/idual				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation	Sec		es, complete so	rieat	ile J	101	Suc	ii pei	SUL	<i>r</i> .			3		
Name and business address Description of services Compensation		Complete this table for your five highest compecompensation from the organization Report of											ax		
		(A)	ress								vices	c			
															C
			-					_	\vdash						<u>C</u>
A LOTOL DUMBOOL OF INCORPORATE ADDITIONATE AND INCIDENCE OF A PROPERTY O		Tatal number of selections and selections	ا دا ه د د د د اد اد	. 4 ادرها	. Ale -		.64-	d at	<u> </u>	who recoursed					<u>C</u>

12 Total revenue. See instructions

	t VIII		rider of Elks o	n the	UOA			37-0516	731 Page 3
- E	C VIII	Check if Schedule O contains	a response to	o an	y question in thi	s Part VIII			
	,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
es es	1a	Federated campaigns		1a	0	_			
rant	b	Membership dues	1	1b	10,270				Ì
S, G	С	Fundraising events	<u> -</u>	1c	0	ı			
Gíft Iar /	d	Related organizations	_	<u>1d</u>	0	j			1
ns, Simi	e	Government grants (contribution	_	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	l l		ĺ				
호텔		similar amounts not included abo	<u>~</u>	1f	4,861	ł		1	
Con	g	Noncash contributions included in I	ines 1a-1t.	\$_	0				
	<u>h</u>	Total. Add lines 1a-1f		\neg	Business Code	15,131		ļ	
Program Service Revenue	20			F	Business Code				-
eve	2a b			├		0 0			
e .	0			⊢		0		 	+
Ž	ď			ŀ	-			 	
Š				-		0			
grai	f	All other program service revenu	e	r		0		-	
P	ء ا	Total. Add lines 2a–2f	•	_	>	ol			
	3	Investment income (including div	idends, intere	est, a	and				
		other similar amounts)	·	·	▶	o	_		
	4	Income from investment of tax-e	xempt bond p	roce	eds ▶ [0			
	5	Royalties			•	0			
			(ı) Real		(II) Personal				
1	6a	Gross rents		\bot					
	b	Less rental expenses	ļ			ľ			İ
	С	Rental income or (loss)	L	0	0	·- - 		<u> </u>	
	_d	Net rental income or (loss)	<u> </u>	• •	() Other	0		<u> </u>	
	7a	Gross amount from sales of	(ı) Secunties	-+	(II) Other				
	١.	assets other than inventory	<u> </u>	의					
	b	Less cost or other basis	l						
	١.	and sales expenses		0	0				
	C	Gain or (loss) Net gain or (loss)	L	<u> </u>				-	İ
	"	Net gain or (loss)		Г				<u> </u>	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	•	а	0				
チ	b	Less direct expenses		b [0				
0	С	Net income or (loss) from fundra	-	_	>	0		ļ	
	9a	Gross income from gaming activ See Part IV, line 19		а	o			1	
	b	Less direct expenses		p [0		-		
	С	Net income or (loss) from gamin	g activities	_	>	0			
	10a	· · · · · · · · · · · · · · · · · · ·							
		returns and allowances		a	51,774				
	b	Less cost of goods sold		p [16,727				
	<u>c</u> _	Net income or (loss) from sales of	or inventory	<u> </u>	<u>▶</u>	35,047		 	
	44 -	Miscellaneous Revenue	 -	4.	Business Code				
	11a				900099	1,400 841		 	+
	b	Refunds Miscellaneous			900099	994		 	
	d	All other revenue		F	500055	994		<u> </u>	
	e	Total. Add lines 11a~11d		L	—	3,235		<u> </u>	

53,413

Part IX	Statement of	Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must complete all on the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to any of the Check of Schedule O contains a response to a response to a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a response to the Check of Schedule O contains a re			ompiete column (A)	
0-		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				· · · · · · · · · · · · · · · · · · ·
	organizations in the United States See Part IV, line 21	_ 0			
2	Grants and other assistance to individuals in the		_		
	United States See Part IV, line 22	o		İ	
3	Grants and other assistance to governments,	"			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	ol			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	5,470	5,470	-	
8	Pension plan accruals and contributions (include	<u> </u>			
_	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	243	243		
11	Fees for services (non-employees)				
··a	Management	l ol			
b	Legal	ol			
C	Accounting	300	300		
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
e		0			
f ~	Investment management fees	 4			
g	Other (If line 11g amount exceeds 10% of line 25, column		•		
40	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	142	142		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	11,088	11,088		
17	Travel	0			- · · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses	ļ			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	177	177		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	587	0	587	0
23	Insurance	4,905	4,905		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	Contract Labor	11,700	11,700		
b	Donations	2,791	2,791		
С	Bank Charges	72	72		
d	Postage and Box Rent	476	476		
e	All other expenses 14058	14,058	14,058		
25	Total functional expenses. Add lines 1 through 24e	52,009	51,422	587	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		l	ł	
	fundraising solicitation Check here			1	
	following SOP 98-2 (ASC 958-720)				

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1 990 (2) art X		is of the USA			37-0518751 Page 11
	are A					
		Check if Schedule O contains a response to	any question in this Part X	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing		13,367	1	16,263
	2	Savings and temporary cash investments		-	2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and f	ormer officers, directors.			
		trustees, key employees, and highest compens	· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary	=			
ţ		organizations (see instructions) Complete Part II of Scho			6	
Assets	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,807	8	1,807
	9	Prepaid expenses and deferred charges			ø	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 119,750			
	b	Less accumulated depreciation	10b 113,253	7,084	10c	6,497
	11	Investments—publicly traded securities	0		0	
	12	Investments—other securities See Part IV, line	0		0	
	13	Investments—program-related See Part IV, line	e 11	0		0
	14	Intangible assets		0		0
	15	Other assets See Part IV, line 11	0		0	
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 34)	22,258		24,567
	17	Accounts payable and accrued expenses	131		1,036	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	
es	22	Loans and other payables to current and forme				
Ħ		trustees, key employees, highest compensated				
Liabilities		disqualified persons Complete Part II of Scheo			22	
_	23	Secured mortgages and notes payable to unre		0		0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on line	s 17-24) Complete	0	25	0
	20	Part X of Schedule D		131		1,036
	26	Total liabilities. Add lines 17 through 25		131	20	1,030
ces		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a				
an	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets		28		
þ	29	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.				
Ş	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or e		·	31	
t À	32	Retained earnings, endowment, accumulated i		22,127	1	23,531
Net	33	Total net assets or fund balances		22,127		23,531

24,567

22,127

22,258

33

34

orm 99	Benevolent & Protective Order of Elks of the USA	3.	<u>/-0518/51</u>	Pag	e 12
art-	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53	,413
2	Total expenses (must equal Part IX, column (A), line 25)	2		52	,009
3	Revenue less expenses Subtract line 2 from line 1	3		1	,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		22	2,127
5	Net unrealized gains (losses) on investments	5		_	
5	Donated services and use of facilities .	6			
7	Investment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		23	3,531
art 2					
	Check if Schedule O contains a response to any question in this Part XII		· ·	•	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other Hybri	<u>d</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				,
	Schedule O				ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				,
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				l
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				٠ ا
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Benevolent & Protective Order of Elks of the USA 37-0518751 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year а Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990. Part X

Sched	ulè 5 (Form 990) 2012 Benevolent & Prote	ective Order of Elks	of the US	Α			37-0518	751	F	age 2
Part	Organizations Maintaining	Collections of A	rt, Hist	orical Tr	easures, o	r Othe	er Si <mark>milar As</mark> se	ts (con	tinuec	<u>d) </u>
3,	Using the organization's acquisition, ac	cession, and other	records, o	check any	of the follow	ng tha	t are a significant			
	use of its collection items (check all that	at apply)	_	1						
а	Public exhibition		d	Loan	or exchange	progra	ms			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generation	ons								
4	Provide a description of the organization		explain h	ow they fu	urther the orga	anızatı	on's exempt purpo	se in		
	Part XIII		•	•	J					
5	During the year, did the organization so	olicit or receive dona	ations of a	art, histori	cal treasures,	or oth	er simılar			
	assets to be sold to raise funds rather	than to be maintaine	ed as part	t of the or	ganızatıon's c	ollection	on?	Ye	es 🔲	No
Part	IV Escrow and Custodial Arra	angements. Com	plete if t	he orgar	nization ans	wered	"Yes" to Form	990, Pa	ırt	
	IV, line 9, or reported an amo	ount on Form 990	, Part X	, line 21						
1a	Is the organization an agent, trustee, c	ustodian or other inf	termediar	y for conti	ributions or of	ther as	sets not			
	included on Form 990, Part X?							Ye	es 🔝	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ving table						
						<u> </u>		mount		
С	Beginning balance					1				0
d	Additions during the year					1				
e	Distributions during the year					1			-	
_ T	Ending balance					1	<u>f </u>			0
2a	Did the organization include an amoun							Ye	s 🔼	No
b	If "Yes," explain the arrangement in Pa		_ 							
Part	V Endowment Funds. Compl	ete if the organiza	ation ans	wered "	Yes" to Forn	n 990	, Part IV, line 10			
	ļ	(a) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0		0		0		<u> </u>		
b	Contributions									
С	Net investment earnings, gains,							ł		
	and losses							 		
d	Grants or scholarships Other expenditures for facilities							+	.	
е	and programs									
f	Administrative expenses							1		
g	End of year balance	0		0		0				0
2	Provide the estimated percentage of the		balance (<u> </u>	d as		- 1.		
а	Board designated or quasi-endowment	· · ·	<u>%</u> `	.	. ,,					
b	Permanent endowment	%								
С	Temporarily restricted endowment	▶ %								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the o	rganızatıc	on that are	held and ad	mınıste	ered for the	1		
	organization by							- m	Yes	No
	(i) unrelated organizations							3a(i)		
L	(ii) related organizations	4 4		0-6-4-1-	DO.			3a(ii)		
b	If "Yes" to 3a(ii), are the related organian Describe in Part XIII the intended uses							3b		
4 Part										
r art					ost or other	(0) Accumulated	(d) B	ook valu	
	Description of property	(a) Cost or oti			is (other)	•	depreciation	(u) D	oon valu	•
1a	Land	- '	0		2,000	18 B				2,000
b	Buildings		0		82,441		78,317			4,124
С	Leasehold improvements		0		0		0			0
d	Equipment		0		35,309		34,936			373
<u>e</u>	Other		0	Щ	0		0			0
<u>Total</u>	. Add lines 1a through 1e (Column (d) r	nust equal Form 99	0, Part X,	column (B), line 10(c))	<u> </u>	_		6,497

Part VII Investments—Other Securities	es. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year a	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)		· · · · · · · · · · · · · · · · · · ·	
(C)			
<u>(D)</u>			
(E)			
(F)			
(G)			
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0	Line 40	
Part VIII Investments—Program Relat (a) Description of investment type	(b) Book value	(c) Method of va	luation
	(b) Book value	Cost or end-of-year	
(1)			
(2)			
(3)	···		
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			· · · · · · · · · · · · · · · · · · ·
(10)			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990,	Part X. line 15		
	a) Description		(b) Book value
			
(2)			
(3)			
_(5)			
(6)			
(7)			
(8)	<u></u>		<u> </u>
(9)			
(10)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, co		<u></u> _	0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
(10)			· I
(11) Total (Column (h) must oqual Form 990, Part V col. (R) line 25.)	0		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of		nancial statements that reports the are	anization's liability
for uncertain tax positions under FIN 48 (ASC 740) Check he			anzation 3 hability

	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	37-0518751 enue per Return	Page 4
1	Total revenue, gains, and other support per audited financial statements		1	~
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	1	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
	Reconciliation of Expenses per Audited Financial State		penses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	C
3	Subtract line 2e from line 1		3	C
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
	t XIII Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, IV, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b attends information			ю,

SCHEDULE O (F@rm'990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

Benevolent & Protective Order of Elks of the USA	37-0518751
Form 990 Part VI Section 11A The exalted ruler and other members of the governing body review	
the return and other supporting schedules at heir monthly meetings	
	
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3/31/2013 Benevolent & Protective Order of Elks of the USA 37-0518751

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Item	Description of	Date Placed	Asset	Bus Use	Cost or	Sec 179	Credit	Special	Salvage	Recovery	Recovery	y Method	Con-	Prior Accum	2012 Denrec	2012 Accum:
2	Property "**" indicates DISPOSED	In service	ego Code	%	Basis	Dennerion		Alowalica	Value	Casis			Code			Deprec
5. 5. 5.	5-yr Computers (listed) 10 Computer	11/16/1998	4	100 00%	909	0	0	0	0	009	rS	200DB	눞	009	0	009
	Total 5-yr Computers and peripherals (listed property)	id peripherals (isted pro	perty)	900	0	0	0	0	009				009	0	009
Z-yr.G	7-yr Genl purp tools, mach, equip 2 Old Famoment 8/	quip 8/1/1964	F-10	100 00%	25.995	0	0	0	0	25,995		<u>გ</u>		25,720	275	
ı 	Equipment	8/1/1981	F-1	100 00%	6,460	0	0	0 (0	6,460	- 1	200DB	<u></u>	6,460	00	6,460
8	Air Conditioner Television	8/22/1997 2/1/2002	F-6	100 00% 100 00%	2,346 450	00	00	00	00	2,346 450		SUODS SL/GDS		422	00	
	Total 7-yr General purpose tools, machinery, and equipme.	ose tools, mach	inery, an	_ emdinbe p	35,251	0	0	0	0	35,251				33,541	275	33,816
7-yr C 9 3	Z-yr Office furn. fixtures. equip 9 Fireplace 3 Laser Printer	ip 11/16/1998 4/30/1999	1	100 00% 100 00%	550 378	00	00	00	00	550 378	10	200DB 200DB	눞눞	512 378	00	512 378
	Total 7-yr Office furniture, fixtures and equipment	e, fixtures and e	ednibue	! I	928	0	0	0	0	928				890	0	890
Land 13	Land	4/1/1982	7	100 00%	2,000	0	0	0	0	2,000	0			0	0	0
	Total Land			1 1	2,000	0	0	0	0	2,000				0	0	0
Qual 4	Qual LH improve prop 4 Furnace	2/24/2003	R-7	100 00%	1,715	0	0	0	0	1,715	15	SU/GDS	눞	509	114	623
	Total Qualified leasehold improvement property	d improvement	property	1 1	1,715	0	0	0	0	1,715				209	114	623
39-yr 5	39-yr Nonresidential real estate 5 Bulding	ate 4/1/1982	R-5	100 00%	20,857	0	0	0	0	20,857		SU/GDS		20,857	0	20,857
9	Remodeling Remodeling	4/1/1982 2/1/1995	R-5 7-5	100 00% 100 00%	52,940 6,929	00	00	00	00	52,940 6,929	31 5 35	SU/GDS SL/GDS	Z Z Z Z	52,940 3,424	198	52,940 3,622
	Total 39-yr Nonresidential and commercial real estate	ial and comme	raal real	estate	80,726	0	0	0	0	80,726				77,221	198	77,419
	SubTotals			,	121,220	06	0 6	0 6	0 6	121				112,761	587	113,348
	Ending Totals			1	121,220	0		0	0	121,220				112,761	587	113,348

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172
2012
Attachment

Department of the Treasury
Internal Revenue Service (9)

► See separate instructions.

Attach to your tax return.

Sequence No 179

Identifying number Business or activity to which this form relates Name(s) shown on return Benevolent & Protective Order of Elks of the US/1990 37-0518751 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 7 8 0 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 0 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 275 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 312 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period in service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property 15-year property f 20-year property S/L 25 yrs g 25-year property MM S/L h Residential rental 27 5 vrs S/L 27 5 yrs MM property ММ S/L i Nonresidential real 39 yrs MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L **b** 12-year 12 yrs S/L 40 yrs MM c 40-year Part IV Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 587 23 For assets shown above and placed in service during the current year, enter the portion 23 of the basis attributable to section 263A costs