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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

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

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	<u> </u>	or the 20	012 calen	dar year, or tax year beginning $4/01$, 2012, and ending			,	2013
E	3	Check if appl	licable	С] [) Employ	er Identifi	cation Number
		Address	change	BENEVOLENT & PROTECTIVE ORDER OF 407		42-0	1360	00
		Name c	hange	PERRY ELKS LODGE	Ţ	E Telepho		
		Initial re	•	2823 WILLIS AVE.		515-	-465-	3791
		Termina		PERRY, IA 50220-2323				
		\vdash	ed return			Gross re	ceinte S	229,577.
		\vdash		group return				
		L Applicat	tion pending	The state of the s		-		H
-				SAME AS C ABOVE	H(b) Are all at If 'No,' at	tach a list	(see instr	uctions)
		Tax-exem	<u> </u>	501(c)(3) X 501(c) (8) ◀ (Insert no) 4947(a)(1) or 527			_	
<u> </u>	<u> </u>	Website			H(c) Group ex			1156
, F			rganization	X Corporation Trust Association Other ✓ L Year of Format	ion	MIS	tate of leg	gal domicile IA
- <u>-</u>	<u>P</u> ã		Summar					
	- 1		-		<u>LE WORK</u>	<u>S_OF_</u>	THE E	BENEVOLENT & _
	ايو	<u> PR</u>	OTECTI	<u>VE_ORDER_OF_THE_ELKS</u>	. .			
	듦				. -			
	티	. =						-
	Activities & Governance		eck this bo		re than 25	% OT ITS I		
	ଥ			oting members of the governing body (Part VI, line 1a)		ŀ	3	5
	es			dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2012 (Part V, line 2a)			5	0
	ξĺ			of volunteers (estimate if necessary)			6	0
	ᇹ			ed business revenue from Part VIII, column (C), line 12			7 a	152.
	⋖∣			I business taxable income from Form 990-T, line 34			7 b	0.
-	\dashv	D Not	difference	a dustriess taxable income from 1 offin 330 1, into 01	Pri	or Year		Current Year
		8 Cor	ntributions	and grants (Part VIII, line 1h)	— • • • • • • • • • • • • • • • • • • •	47,6	38	41,861.
	e			rice revenue (Part VIII, line 2g)	·	47,0	30.	=1,001.
	Revenue		_	ncome (Part VIII, column (A), lines 3, 4, and 7d)				
1	<u>۾</u>			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		109,9	42	111,710.
	-			e (art VIII, column (A), lines 3, ou, oc, 5c, 10c, and 11e) e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		$\frac{109,9}{157,5}$		153,571.
<u>=</u> ₹3) -	\dashv			imilar amounts paid (Part IX, column (A), lines 1-3)				100,011.
2 613 2				to or for members (Part IX, column (A), line 4)	-		+	
20			-	(Parameter)	61,295		0=	70 050
	စ္ဆ			er compensation employee benefits (Part IX, column (A), lines 5-10)		01,2	33.	70,858.
2	Expenses	16a Pro	itessional	fundraising feet (Ear) Eddinar(A), line 11e)	283.7	3AZ T 3		, w. a.2 1.5 ~~
	Kpe	b Tota	al fundrais	sing explanses (Part IX, column (Đ), line 25) ►			.	
	ű			ies (Pante) coultin(A), lines 112-1100111f-24e)		91,2	79.	88,633.
<u>ران</u>		18 Tota	al expens	es Add lines 13-17 (must equal Part X, column (A), line 25)		152,5		159,491.
羑				expenses. Sapiraci line 18 from line 12		5,0		-5,920.
	8			d 8 70 - 10 10 - 10 1 1 14 4	Beginning			End of Year
و في		20 Tota	al assets	(Part X, line 16)	- Symming	193,8		178,409.
<u></u>	§ a			s (Part X, line 26)		55,9		46,403.
	Net Assets o Fund Balance			fund balances Subtract line 21 from line 20				
_						137,9	20.	132,006.
_				e Block				
٥	Inde omp	r penalties o lete Declara	of perjury, I de ation of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to tree (other than officer) is based on all information of which preparer has any knowledge	the best of my	knowledge	and belie	r, it is true, correct, and
-				and Count	<u> </u>	/ !	0 .	-13
	: :-:		Signati	re of officer	Date	0-1		<u> </u>
	Sig	П	l. •					
ı	lei	E		ID ROUSH print name and title	TREAS	UKEK		
_					·		1. 10	PTIN
				preparer's name Preparer's signature Date		Check	J"	
	Pai		SCOTT	W. MILLER, CPA 5/23/	′13 s	elf-employe	ed I	P00122600
		parer	Firm's nam					
l	Js	e Only	Firm's addr	ess 1307 SECOND ST.		irm's EIN	<u>42</u> -	0731256
				PERRY, IA 50220	F	Phone no	(515) 465-3591
7	12	the IPS	discuss th	ors return with the preparer shown above? (see instructions)	-1-			X Yes No

Form		TIVE ORDER OF 407	42-0	136000 Page 2
Par	<u> </u>	•		F-1
	Check if Schedule O contains a respon	se to any question in this Part III		
1	Briefly describe the organization's mission.			
	CHARITABLE WORKS OF THE BENEY	OLENT & PROTECTIVE ORDER (OF THE ELKS	
2	Did the organization undertake any significant pro	gram services during the year which were no	ot listed on the prior	
	Form 990 or 990-EZ?			Yes X No
	If 'Yes,' describe these new services on Scheen			
3	Did the organization cease conducting, or mal	-	any program services?	Yes X No
	If 'Yes,' describe these changes on Schedule			
4	Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations and others, the total expenses, and revenue, if an	ccomplishments for each of its three large I section 4947(a)(1) trusts are required to rep y, for each program service reported	est program services, as no port the amount of grants an	neasured by expenses d allocations to
	(Oats) (Figure 5 15	5 001 makishar ayanta af ¢) /Davanus	ė ,
_ 4 a		5, 291. including grants of \$) (Revenue	۶)
	CHARITABLE WORKS OF THE BENE	OLENT & PROTECTIVE ORDER	OF THE ELKS	
				
				
				-
4 t	(Code) (Expenses \$	including grants of \$) (Revenue	\$)
				
4 ((Code) (Expenses \$	including grants of \$) (Revenue	\$)
				_
				- -
				-
		-	. 	
	Other program services (Describe in Schedul	e ())		
-7 (ding grants of \$) (Revenue \$)
4 6	Total program service expenses ►	155,291.	<u> </u>	
BAA		TEEA0102L 08/08/12		Form 990 (2012)

TEEA0102L 08/08/12

Form 990 (2012) BENEVOLENT & PROTECTIVE ORDER OF 407 42-0136000 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Х 3 **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, Part III 5 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes.' complete Schedule D. Part I Х 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 8 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 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 Х 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a **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 X 11 b c 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 Х 11 c 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 Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X complete Schedule G, Part III 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes.' complete Schedule H 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (20,12) BENEVOLENT & PROTECTIVE ORDER OF 407

Part IV. Checklist of Required Schedules (continued)

~ ~	the same of the date of the da			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes;' complete Schedule L, Part I	25a		
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,4		
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 ((2012)

Page 5

_	Check if Schedule O contains a response to any question in this Part V	·			
				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	-l `#e∌l		
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	վ ՜Ո		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1 c		
_	(gambling) winnings to prize winners?	1	1 6		
2 a	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 0		* 1	,
H	of at least one is reported on line 2a, did the organization file all required federal employment		2 b		288/
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in				,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	· · · · · · · · · · · · · · · · · · ·	3 a		X
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over la			
7.0	financial account in a foreign country (such as a bank account, securities account, or other f	inantial-account)?	4 a		Х
t	If 'Yes,' enter the name of the foreign country		3.	χ,	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts		. شد	
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	5 b		Х
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a	nd did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	•	6 a		X
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contribut	ions or gifts were			
-	not tax deductible?		6 b	80g ⁶ ()	
	Organizations that may receive deductible contributions under section 170(c).				
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and payrices provided to the payor?	eartly for goods and	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	_	
	; Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is				
•	Form 8282?	vas required to me	7с		Х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		9.5	JA.
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899	_		
	as required?		7 g		ļ
ŀ	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
_				, ~, 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, the support of th	ng organizations. Did the have excess business			
	holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		321		
	Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b	-,,-	ļ <u>.</u>
	Section 501(c)(7) organizations. Enter	المدا		ءَ ر	
	Initiation fees and capital contributions included on Part VIII, line 12	10a		~ (ye	\$, i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	· · · ·	il a	1
	Section 501(c)(12) organizations. Enter	امعا			38,50°
	Gross income from members or shareholders	11 a			
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116		, ⁷	١,
12:	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ы			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- <u> </u>	¥~8	ng S
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedu	le O	Sec.	Γ.	
ı	Enter the amount of reserves the organization is required to maintain by the states in			1.3	3. 2
	which the organization is licensed to issue qualified health plans	136	4 , 1		
	Enter the amount of reserves on hand	13c	M.:	· 1	f
	a Did the organization receive any payments for indoor tanning services during the tax year?	0.1.11.0	14a	 -	X
	olf 'Yes' has it filed a Form 720 to report these payments? If 'No' provide an explanation in	SCHOOLIO ()	14h		

Form 990 (2012) BENEVOLENT & PROTECTIVE ORDER OF 407 42-0136000 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b Ŷ. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 X 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a b Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

DAVE ROUSH 2823 WILLIS PERRY IA 50220 515-465

Form 990 (2012)	BENEVOLENT	Σ	PROTECTIVE	ORDER	OF A	4

42-0136000

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

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

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

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

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

Check this box if neither the organization in	or any rela	ted or	ganız	zatio	n cc	mpens	sate	d any current officer, d	rector, or trustee.	
				(0	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	ox, un cer an	o not iless j id a d	check perso recto	k more t n is both or/trustee	n an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MATT_VANPELT	5									
TRUSTEE	0	X						0.	0.	0
(2) STEVE HICK	5	ļ								
TRUSTEE	0	X						0.	0.	0.
(3) DAVID ROUSH	5	ļ								
TREASURER	0			X				1,200.	0.	0
	5	ļ								_
SECRETARY	0	ļ		Х				3,000.	0.	0
(5)_ GERALD_ANDERSONEXALTED_RULER	- 5 -			х				0.	0.	~ 0.
				_				-		_
(8)										
(9)										
(10)							-			
(11)										
(12)		-								
(13)										<u> </u>
(14)				-						

•

Page 8

Part VII Section A. Officers, Directors, Tr	(B)	ley			Dye C)	es,	and	nighest Con	iperisateu Emp	loyees (com)
(A) Name and title	Average hours per week	box, unless person is b officer and a director/tr					h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)			-			-	-		· ·	
(19)										
(20)										
(21)			-		<u></u>					
(22)					_					
(23)										
(24)	_									
(25)										
1 b Sub-total				<u> </u>	<u> </u>		>	4,200.	0.	0
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)	ion A						>	0. 4,200.	0.	0
2 Total number of individuals (including but not limited from the organization ► 0	d to those I	sted	abo	ve) v	who	recei	ved			
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor or trus ch individu	stee,	key	em	ploy	ee, o	or hi	ghest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	of reportab er than \$1	le co 50,0	mpe 00?	ensa If 'Y	ation Yes'	and com	oth <i>plet</i>	er compensation e Schedule J for	from	4 X
 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye 	ue comper	satio	n fr	om Jule	any J fo	unre	late	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compercompensation from the organization. Report compensation.										ır
(A) Name and business add	dress							Description	of services	(C) Compensation
							-			
Total number of independent contractors (including		ted to	o the	ose I	liste	d abo	ve)	who received more	than	
\$100,000 in compensation from the organization	0									

<u> </u>		Check if Schedule O	contains a resp	onse to any questi	on in this 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
S E	1 a	Federated campaigns	1 a	V	,en . 4 %, .	1.754 (1.62 · \$1.4)	**************************************	# x 4 1 5 60
S S		Membership dues	1 b	34,756.			,	2 2
S. S		: Fundraising events	1c	34,730.		1 1 1 1		1. No. 10. 300
움		Related organizations	1 d				,	
S E		Government grants (contribution	<u> </u>					Pulls will a
S S							, ,,	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included	above 1f	7,105.			秦 经 秦 经	
SS	_	Noncash contributions include	dın İns 1a-1f 💲		**************************************		i	
	h	Total. Add lines 1a-1f	·		41,861.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - 1/4 1 T/1 (- 1/2)
Ē			-	Business Code		<u> </u>	<u> </u>	
<u>@</u> .	2 a	! 				<u> </u>		
핑	b)						
≩	C	: 						
S	d	l 						
₩.	е							
စ္က	f	All other program service	ce revenue		. <u> </u>			
_	<u> </u>	Total. Add lines 2a-2f					The sale and and	A State of the sta
1	3	Investment income (inc	luding dividend	s, interest and				
PROGRAM SERVICE REVENUE	_	other similar amounts)						
	4	Income from investmen	it of tax-exempt	bond proceeds				
	5	Royalties			7621.8W.1.3. 388 + 618	3144888 4 mass		W W W W
	_		(ı) Real	(II) Personal		440		
		Gross rents				/ in/2 No. 2007	inter community and a contraction	
		Less rental expenses						
		: Rental income or (loss)					<u> </u>	
	C	Net rental income or (lo		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			1.5		W. Carlotte	1 1/2 AV
	b	Less cost or other basis						
		and sales expenses						
		: Gain or (loss)			2000 V V V V V V V V V V V V V V V V V V			
	C	Net gain or (loss)		>				
ш	8 a	Gross income from fund	draising events					
긺		(not including \$				A Company	1 32 3 4 5	
≅਼ੁ		of contributions reporte	d on line 1c)					
8		See Part IV, line 18	,	a			A was so that a	
OTHER REVENUE		Less direct expenses		b[West No. 2010 Section	Marie Carlotte Marie	3	
_		: Net income or (loss) fro	_	events			and the same of the same	200 000
	9 a	Gross income from gan See Part IV, line 19	ning activities		, , , ,	, ""	******	
				a 2,414.			, %,	
		Less direct expenses		b) ' · · · · · · · · · · · · · · · · · ·	****
	C	: Net income or (loss) fro	om gaming activ	rities.	2,414.		4	2,414.
	10 a	Gross sales of inventor					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		and allowances		181,132.	-	,	3	- , &
		Less cost of goods sole		b 76,006.	<u> </u>	3 4 8 2 2 2	μ <u>- 2 %</u>	<u> </u>
-		: Net income or (loss) fro Miscellaneous Reveni		entory Pusiness Code	105,126.	104,974.	152.	rês ×
ŀ	11 -		ue		4 170	A 170	<u> </u>	
		RENT		722100	4,170.	4,170.		
	t	THEOLUMOD TOTAL	BURSEMENT	722100		ļ		
	0	·						
		All other revenue					***	V, 120.00
		Total. Add lines 11a-11		•	4,170.	 		
	12	Total revenue. See inst	ructions		153,571.	109,144.	152.	2,414.

Page 10

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a			omplete column (A)	X
		(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total èxpenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22			April 1	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				رمالله ي
5	Compensation of current officers, directors, trustees, and key employees	4,200.	0.	4,200.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	61,456.	61,456.		_
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	,			
9	Other employee benefits			_	
10	Payroll taxes	5,202.	5,202.		
11	Fees for services (non-employees)				
á	a Management				
ŀ	L egal				
(Accounting	365.	365.		_
(d Lobbying		-		
•	Professional fundraising services See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)				
	Advertising and promotion	983.	983.		
13	Office expenses	477.	477.		
14	Information technology				
15	Royalties	1.5.00.5	16.006		
16	Occupancy	16,006.	16,006.		
17	Travel	700.	700.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,938.	2,938.		
20	Interest	1,635.	1,635.		
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	7,537.	7,537.		
23	Insurance Other expenses Itemize expenses not	8,356.	8,356.	Fe	
24	covered above (List miscellaneous expenses				
	of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	SALES TAXES	11,837.	11,837.		
1	SUPPLIES	7,192.	7,192.		
	GRAND LODGE DUES	6,832.	6,832.		
	DONATIONS	4,285.	4,285.		
•	All other expenses SEE SCH. O	19,490.	19,490.		
25	Total functional expenses. Add lines 1 through 24e	159,491.	155,291.	4,200.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2012) BENEVOLENT & PROTECTIVE ORDER OF 407 42-0136000 Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 27,527. 34,207 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 4 3.541 2,298. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under × section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8,106 8 8,106. Prepaid expenses and deferred charges 9 . 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 388,576 **b** Less accumulated depreciation. 10b 10 c 248,098 148,015 140,478 11 Investments - publicly traded securities. 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 193,869 178,409. Accounts payable and accrued expenses 17 17 5,854 5,511 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 31,120 23 Secured mortgages and notes payable to unrelated third parties 23 21,955. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 18,969 25 18,937. 26 26 Total liabilities. Add lines 17 through 25 55,943 46,403 X and complete Organizations that follow SFAS 117 (ASC 958), check here > lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 137,926. 27 132,006 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUZD

BAA

30

31

32

33

34

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund.

Retained earnings, endowment, accumulated income, or other funds

178,409. Form 990 (2012)

132,006.

30

31 32

33

34

137,926

193,869.

Forn	990 (2012) BENEVOLENT & PROTECTIVE ORDER OF 407 42-	0136000	Pa	age 12
Pai	t 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	153,	571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,	
3	Revenue less expenses Subtract line 2 from line 1	3	-5,	920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	137,	926.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	132,	006.
Pai	t XII Financial Statements and Reporting	-		
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
- 1-	-Accounting method used to prepare the Form 990.			
2.	in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
2.	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	d on a	2 d	
	Separate basis Consolidated basis Both consolidated and separate basis			
1	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both Separate basis Both consolidated and separate basis	te		
•	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?		2 c	,
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
!	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion audits, explain why in Schedule O and describe any steps taken to undergo such audits	t	3 b	
BAA			Form 990	(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	EVOLENT & PROTECTIVE ORDER C	F 407	,		42-0126000	
		w Advised French or Other	Cimilar Fra	ada ay Asa	42-0136000	
Par	Organizations Maintaining Dono the organization answered 'Yes'	to Form 990, Part IV, line (Similar Fur 6.	ias or Acc	ounts. Complet	e if
		(a) Donor advised fur	nds	(b) F	unds and other acco	ounts
1	Total number at end of year	(a) Done autroca iai		(2)	41145 4114 611161 4661	-
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
7	,					
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal co	ntrol?		Yes	No No
_ 6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, o	that grant fund or for any other	ds can be use purpose con	ed only Iferring Yes	No No
Par	[Conservation Easements. Comp	lete if the organization ans	swered 'Yes'	to Form 9	990. Part IV. line	e 7.
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·		of an historica	ally important land a	area
	Protection of natural habitat	, i			historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contrib	oution in the form			
					leld at the End of th	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease			2 b		
C	: Number of conservation easements on a certi	fied historic structure included in	(a)	2 c		
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and	not on a histor	ric 2 d		
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or	terminated by the	ne organizatio	n during the	
4	Number of states where property subject to conse	rvation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, nts it holds?	inspection, har	ndling of viola	ations, Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservat	ion easements (during the yea	ır	
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation e	asements durin	g the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	irements of se	ction 170(h)(4)(B)(ı)	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	conservation easements in its revito the organization's financial sta	enue and expen Itements that d	se statement, lescribes the	and balance sheet, a organization's acco	and ounting for
	conservation easements					
Rar	Complete if the organization ans	ctions of Art, Historical Tr wered 'Yes' to Form 990, F	reasures, or Part IV, line	Other Sim 8.	ıilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education,	or research in fu	nue statemer urtherance of p	nt and balance shee public service, provid	et works of e,
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:					
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar 116 (ASC 958) relating to these	assets for finan	cial gain, prov	vide the following	
а	Revenues included in Form 990, Part VIII, line	· 1			► \$	
L	Accets included in Form 000. Port V				- c	

Schedule D (Form 990) 2012 BENEV			ECTIVE OR			42-013		Page Z
Part III Organizations Maintai	ining Colle	ctions	of Art, Histo	orical	Treasures, o	r Other Similar As	sets (contin	ued)
Using the organization's acquisition items (check all that apply)	, accession, ar	nd other	records, check a	iny of th	ne following that a	re a significant use of its	collection	
a Public exhibition			d Loan	or excl	hange programs			
b Scholarly research			e Other					
c Preservation for future generation	ations		<u></u>					
4 Provide a description of the organiz Part XIII	ation's collecti	ons and	explain how they	y furthe	r the organization'	s exempt purpose in		
5 During the year, did the organiza	tion solicit or	receive	donations of ar	rt, histo	orical treasures, o	or other similar assets	п.,	П.,
to be sold to raise funds rather th							Yes	No
Part IV Escrow and Custodial Arra reported an amount or	n Form 990	, Part	X, line 21.	auon a	answered res to	5 FORM 990, Part IV, III	ie 9, or	
1 a Is the organization an agent, trus on Form 990, Part X?						ner assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII a	nd com	plete the follow	ing tab	le			
- Paginning halansa						10	Amount	
c Beginning balance d Additions during the year						1 c		
,				_		1 d		-
e Distributions during the year						1 e		
f Ending balance		000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		<u> 1f</u>		
2 a Did the organization include an a			•				Yes	No
b If 'Yes,' explain the arrangement	in Part XIII(Jheck h	ere if the explai	ntion h	as been provided	in Part XIII		
Part V. Endowment Funds. C	omplete if	the or	nanization ar	nswer	ed 'Yes' to Fo	rm 990 Part IV Ju	ne 10	
Tare (1980) Endownient Tanas.	(a) Curren		(b) Prior year	-	(c) Two years	(d) Three years	(e) Four ye	ears
1 a Beginning of year balance.	(1)		(2)	-	., ., ., ., .		 `` 	
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								_
Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
Provide the estimated percentage	e of the curre	nt year	end balance (lır	ne 1g,	column (a)) held	as		
a Board designated or quasi-endowm	ent ►		%					
b Permanent endowment ▶	%							
c Temporarily restricted endowmer	nt ►		ફ				•	
The percentages in lines 2a, 2b,	and 2c should	d equal	100%.					
3a Are there endowment funds not in t organization by	he possession	of the o	rganization that i	are held	d and administered	d for the	Yes	No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on S	chedul	e R ⁹		3b	
4 Describe in Part XIII the intended								
Part VI Land, Buildings, and	Equipment			•	line 10.			
Description of property			st or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land.					3,250.	*		<u>3,250.</u>
b Buildings.				ļ	236,514.	111,729.	12	<u>4,785.</u>
c Leasehold improvements.								
d Equipment								
e Other					148,812.	136,369.	1	2,443.
Total. Add lines 1a through 1e (Colum	nn (d) must ed	ual Fo	rm 990, Part X,	columi	n (B), line 10(c))	· · ·	14	0,478.
DAA						School	dule D (Form 90	2012

	PROTECTIVE ORDER C		0136000 Page 3		
Part, VII Investments — Other Securities.					
(a) Description of security or category (including name of security)	(b) Book value	(b) Book value (c) Method of valuation. Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D) (E)	. – –		 		
(E) (F)	. – –	-			
(F) (G)					
(H)					
(l)					
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			*		
Part VIII Investments – Program Related.			· · · · · · · · · · · · · · · · · · ·		
(a) Description of investment type	(b) Book value	(c) Method of valu	ation Cost or		
	· · ·	end-of-year ma	rket value		
(1)					
(2)					
(3)					
(4) (5)					
(5)					
(7)		 			
(8)		<u> </u>			
(9)					
(10)			•		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Part IX Other Assets. See Form 990, Part	X, line 15. N/A	A			
	a) Description		(b) Book value		
(1)					
(2)					
(3)					
(4)					
(5)		***			
(6) (7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, column	mn (B), line 15)	· · · · · · · · · · · · · · · · · · ·	•		
Part X Other Liabilities. See Form 990, P	art X. line 25.		· · · · · · · · · · · · · · · · · · ·		
(a) Description of liability	(b) Book value		HAR FIRE OF THE		
(1) Federal income taxes					
(2) DUES PAID IN ADVANCE	18,93	36.			
(3) ROUNDING		1.			
(4)			(* 4) * (* 4)		
(5)		• 🔅 🐐 • • • • • • • • • • • • • • • • • •	* " '		
(6)			· Yey so signify to the		
(7)			* *		
(8)					
(9) (10)	-	- The first of the second	5 34 5 S		
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X 1 1 /		į –	•		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 18,9	37 1 1/2 1/2 2 2 2 2 2 2 3 2 3 3 2 3 3 2 3 3 3 3 3	· 佛· 湖 · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 2012 BENEVOLENT & PROTECTIVE ORDER OF 407	12-0136000 Page 4
Part XI* Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return N/A
1 Total revenue, gains, and other support per audited financial statements	1 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1880 to
a Net unrealized gains on investments	
b Donated services and use of facilities 2 b	7.31
c Recoveries of prior year grants	⊣_
d Other (Describe in Part XIII)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	5.2.4
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	
	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return N/A
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	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3.2
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I	V. lines 1b and 2b. Part V.
line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.
	_
BAA	Schedule D (Form 990) 2012

SCHEDULE O (Form, 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

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

2012

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Inspection, Name of the organization Employer identification number BENEVOLENT & PROTECTIVE ORDER OF 407 42-0136000 PERRY ELKS LODGE FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC.

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

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BENEVOLENT & PROTECTIVE ORDER OF 407 PERRY ELKS LODGE

42-0136000

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FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAMSERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BADGES AND PINS				
BANK CHARGES	94.	94.		
CARD KEY	278.	278.		
CASH SHORT (LONG)	-269.	-269.		
CREDIT / DEBIT CARD EXPENSE	2,121.	2,121.		
DUES & SUBSCRIPTIONS	319.	319.		
ELK OF THE YEAR EXPENSE	42.	42.		
ELKS BUCK-USED	2,235	2,235.		
HOOP SHOOT EXPENSE	150.	150.		
INSTALLATION EXP				
LICENSES	1,737.	1,737.		
MEMORIALS	165.	165.		
MISC EXPENSES	40.	40.		
PEST CONTROL	547.	547.		
POSTAGE AND SHIPPING	1,907.	1,907.		
PRINTING AND PUBLICATIONS	2,176.	2,176.		
RENT EXPENSE	924.	924.		
REPAIRS & MAINTENANCE	2,926.			
SCHOLARSHIPS	2,550.	2,550.		
STATE LODGE DUES	1,464.	1,464.		
TROPHIES	84.	84.		
	TAL \$ 19,490.		\$ 0.	\$ 0.