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Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Tax-emempt status \$51(0x3) \$\frac{1}{3}\$ \$\frac{1}{3}\$ | A | For the 20 | 012 calend | dar year, or ta | x year begin | ning 4/0 |)1 , | 2012, and ending | g 3/ | 31 | , | 2013 | | | |
|---|---|-----------------------------------|------------------------------------|---|-------------------------------------|---|--|------------------------------------|--------------|--------------------|---------------|---------------------------------------|----------------|--|--|
| Lodge 1758 Lod | В | Check if app | licable | С | | | | | | D Employ | er Identif | fication Number | | | |
| Po Box 68 Lewisburg, WV 24901 Garos recepts \$ 851, 84 Application permitted P Name and applications of principal othicar John Barnes Same As C Above Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(3) X 50(c) (8) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(a) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(a) (Insert no) 4947(a)(1) or 527 Yes Tax-esempt status S0(c)(a) (Insert no) 4947(a)(1) or 527 Yes S0(c)(a) (Insert no) 545 (I | | Address | s change | Benevoler | nt Prote | ctive Or | der of Elks | | | 55-0 | 03454 | 431 | | | |
| Lewisburg, WV 24901 Cores recorpts \$ 851, 84 Amended return Amende | | Name c | hange | Lodge 175 | 58 | | | | | E Telepho | ne numb | er | | | |
| Application permitted in permitted p | | Initial re | eturn | | | 0.01 | | | | (30- | 4) 64 | 45-3660 | | | |
| Application pending F Name and authers of primipal officer John Barnes Work | | Termina | ated | rewispurg | g, WV 24 | 901 | | | | | | | | | |
| Application pending F Name and authers of primipal officer John Barnes Work | | Amende | ed return | | | | | | | G Gross r | eceipts \$ | ₹ 851 <i>,</i> | 847. | | |
| Tax-exempt status \$50(c)(3) X \$50(c) (g) * (insert no) 4947(a)(1) or \$527 | | Applica | tion pending | F Name and add | dress of principal | officer Jo | hn Barnes | | H(a) Is this | a group retur | n for affil | | X | | |
| Tax-exempt status S0(c)(3 X S0(c) (8) * (nest no) 447(a)(1) or 327 | | _ | | Same As (| Above | | | | H(b) Are al | Il affiliates incl | uded? | Yes | No | | |
| Website: N/A Notate of legal domicile N/A Notate of legal domicile N/A | ī | Tax-exem | pt status | | | 3)◀ (॥ | nsert no) 4947(a |)(1) or 527 | 11 140, | , allacii a iist | (see msi | ructions) | | | |
| Part | J | Website | e: > N/ | _ | | | | | H(c) Group | exemption nu | ımber 🏲 | | | | |
| 1 Briefly describe the organization's mission or most significant activities: Fraternal and Recreational | K | Form of o | rganization | Corporation | Trust X | Association | Other ► | L Year of Format | ion 194 | 5 M s | State of le | egal domicile WV | | | |
| 2 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 To Total number of volunteers (estimate if necessary) 7 To Total unrelated business revenue from Part VIII, column (C), line 12 | Pa | art I | Summar | V | | <u>-</u> | | | - | | | | | | |
| 2 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 To Total number of volunteers (estimate if necessary) 7 To Total unrelated business revenue from Part VIII, column (C), line 12 | | 1 Brie | tion | al | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year S2, 869. 60, 82 60, 82 60, 82 684, 861. 654, 164 654, | رو | | . | | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year S2, 869. 60, 82 60, 82 60, 82 684, 861. 654, 164 654, | anc | | | | | . | | | | | | - | - - | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year S2, 869. 60, 82 60, 82 60, 82 684, 861. 654, 164 654, | Ë | | | | | | - ,- - | | | | | - - | | | |
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| 8 Contributions and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 4, and 7d) 13 Grants and similar amounts paid (Part IX, column (A), lines 5, 10, and 11e) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5, 10) 16a Professional fundraising fees (Part IX, column (A), line 2f) 17 Other expenses (Part IX, column (A), line 2f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 21 Signature Block Normalia (Signature Block) | Act | 7 a Tota | | | | | umn (C), line 12 | | | | 7 a | 454, | 150. | | |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), line 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 51) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 20 Net assets or fund balances Subtract line 21 from line 20 21 Signature Block 10 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 from officer) based on all information of which preparer has any knowledge 10 John Barnes 10 John John John John John John John John | | b Net | unrelated | l business taxa | able income t | from Form 9 | 90-T, line 34 | | | | 7 b | | 023. | | |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, apd 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line-12) 13 Grants and similar amounts paid (Part IX, column (A), line-13) 14 Benefits paid to or for members (Part IX, column (A), line-13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Fart II Signature Block 25 Under penaltes of perpry, 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 fram officer) asset on all information of which preparer has any knowledge 17 - 15 - 13 20 Signature Block 25 Signature Block 26 President 27 - 15 - 13 28 President 29 John Barnes 29 Total limit name and title 20 Total preparer has any knowledge 21 Total preparer has any knowledge 22 President 25 Signature Block 25 Signature Block 26 Total preparer has any knowledge 27 - 15 - 13 28 Date President | | | - | | | | | ۱ ستدعنده | | Prior Year | | | | | |
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| Total revenue — add lines 8 through 11 (must equal PartaVIII, column (A), line 12) 657, 162. 535, 76 13 Grants and similar amounts paid (Part IX, column (A), line 13) 657, 162. 535, 76 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 232, 959. 10, 50 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 786, 641. 563, 93 18 Revenue less expenses Subtract line 18 from line 12 780, 951. 766, 561 20 Total assets (Part X, line 16) 790, 951. 766, 56 21 Total liabilities (Part X, line 26) 171, 567. 175, 33 22 Net assets or fund balances Subtract line 21 from line 20 619, 384. 591, 23 Part II 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 han officer) based on all information of which preparer has any knowledge President Type or print name and title | Ž | | _ | - | | | | | | 684,861. | | 654, | 168. | | |
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| 13 Grants and similar amounts paid (Part IX, column (A), lines 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 232,959. 10,50 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 19,47928,11 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 19,384. 1917, 567. 175,31 | <u> </u> | 11 Oth | ier revenu | e (Part VIII, co | olumn (A), lir | nes 5, 6d, 8d | :, 9c, 10c, and 11e | (4) 1 20 | : H : H | | | | | | |
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| Beginning of Current Year End of Year 790, 951. 766, 58 790, 951. 766, 951 | | 1 | - | | • | - | | 25) | | | | | | | |
| Total lassets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II 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) Spased on all information of which preparer has any knowledge Sign Here John Barnes Type or print name and title | - - | | venue less | expenses Su | ibtract line 1 | 8 from line | 12 | | | | | | | | |
| 22 Net assets or fund balances Subtract line 21 from line 20 Part II 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) spased on all information of which preparer has any knowledge Sign Here John Barnes Type or print name and title President | | | | 4D 1 1 1 | ~ | | | | Beginn | | | | | | |
| 22 Net assets or fund balances Subtract line 21 from line 20 Part II 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) spased on all information of which preparer has any knowledge Sign Here John Barnes Type or print name and title President | A99 | 20 lot | | • | • | | | | | | | | | | |
| Part II 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) spased on all information of which preparer has any knowledge T - 15 - 13 | , E | [-: | | • | • | | | | <u> </u> | | | | | | |
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| Sign Here John Barnes Type or print name and title Total Action of preparer (other fran officer) spased on all information of which preparer has any knowledge 7 - 15 - 13 Date President | , | | | | | | | | | | | | | | |
| Sign Signatore of officer Here John Barnes Type or print name and title Date President | Und com | ler penalties o iplete Declara | of perjury, I de ation of prepa | eclare that I have e: irer (other t han offic | xamined this retu cer) spased on | ırn, ıncludıng acı all ınformatıon o | companying schedules ar if which preparer has any | nd statements, and to knowledge | the best of | my knowledge | and beli | ef, it is true, correct | , and | | |
| Sign Signatore of officer Here John Barnes Type or print name and title Date President | ' | | |) plan | K-50 | | | | | 7-15- | .13 | | | | |
| Here John Barnes President Type or print name and title | · : c: | an | Signed | re of officer | 10 mm | <u></u> | | | | | 7 7 | | | | |
| Type or print name and title | He | ere | John | n Barnes | | | | | Pros | ident | | | | | |
| Print/Type preparer's name Preparer's signature Date C Chest L (PTIN | • | - | | | le | | | | 1162 | TACILL | | | | | |
| | — | | Print/Type p | preparer's name | | Preparer's sign | nature | Date | | Check | ıf | PTIN | | | |
| Paid Douglas A Bicksler CPA Douglas A Bicksler CPA 6/26/2013 self-employed P00571238 |)) p - | id | Donals | as A Bicks | sler CPA | Denglas | A Bickster | CPA 6/22 | 12013 | - | _ | P00571238 | | | |
| Preparer Firm's name DOUGLAS BICKSLEB CPA | | | | | | | | | / | 1 | | _ 000, 1200 | | | |
| | Us | e Only | ŀ | | | | | | | | | m's EIN ► 274316310 | | | |
| 27.010010 | | LEWISBURG, WV 24901 | | | | | | | | + | | | | | |
| | Ma | y the IRS | discuss th | | | | re? (see instruction | s) | | | | | No | | |

| | Benevolent Protectiv | | 55-0 | 345431 Page 2 |
|------------------|---------------------------------------|--|--|---|
| | ement of Program Service | • | | |
| | k if Schedule O contains a respon | se to any question in this Part III | | |
| - | ribe the organization's mission | | | |
| Fratern | al_and_Recreational | | - | |
| | | | | |
| | | | | |
| 2 Did the organ | erzation undertako any significant ne | ogram services during the year which were no | at listed on the prior | |
| Form 990 or | | ngram services during the year which were the | of fisted on the prior | Yes X No |
| | cribe these new services on Sche | dule O | | _ res M no |
| | | ke significant changes in how it conducts, | any program services? | Yes X No |
| | cribe these changes on Schedule | | ,, , | |
| Section 501 (| c)(3) and 501(c)(4) organizations an | ccomplishments for each of its three large d section 4947(a)(1) trusts are required to re y, for each program service reported | est program services, as m port the amount of grants ar | neasured by expenses nd allocations to |
| 4a (Code |) (Expenses \$ | including grants of \$ |) (Revenue | \$) |
| Provide | d scholarships to loc | al students, provided the Elk's national mission | | |
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| 4 b (Code |) (Expenses \$ | including grants of \$ |) (Revenue | \$) |
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| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue | \$) |
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| 4d Other progra | am services (Describe in Schedul | e ()) | · | |
| (Expenses | | eO) ding grants of \$ |) (Revenue \$ | ` |
| | am service expenses ► | 0. | , (| |
| BAA | | TEEA0102L 08/08/12 | | Form 990 (2012) |

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|-------------|--|----------------|------|-------|
| ar | rt IV Checklist of Required Schedules | | Tu I | • |
| _ | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' com Schedule A | iplete 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3_ | | Х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule Leart I | t D, | | 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 | | х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | a Did the organization report an amount for land, buildings and equipment in Part X, line 10 ⁹ If 'Yes,' complete Schedule D, Part VI | 9 11 a | X | |
| b | 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 | al 11 b | , | х |
| c | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its tol assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII | tal 11 c | | Х |
| 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 | 11 d | 1 | х |
| e | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Pa | ort X 11 e | • | X |
| f | 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, it | Part X 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | ļ | Х |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 121 |) | х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | 1 | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 1 | X |
| b | 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 value at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | ed 14 b |) | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any orgor entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | panization 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | to 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | X |

20

20 b

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

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

Form 990 (2012) Benevolent Protective Order of Elks

Pare Value Checklist of Required Schedules (continued)

| 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 III 21 IV 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 Did the organization assert Yes 10 Part IV IX, eston A I, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, director, trustees, the part IX, 2002 If If Yes, a convenient schedule IX, IV, IV, and the organization has a tax exempt bond is sue with an outstanding along the trustees of the last day of the year, and that was issued after December 31, 2002? If If Yes, a convenient schedule IX, IV, IV, and the organization and the part IX, 2002 If IV, IV, and IV, IV, IV, and IV, IV, IV, and IV, IV, IV, and IV, IV, IV, and IV, | | Street Otto | $\overline{}$ | | |
|--|------|---|---------------|--------------|-------|
| United States on Part IX, column (A), line 17 If Yes, 'complete Schedule I, Parts I and II 21 Did the organization report has 55,000 of grants and other assistance to individuals in the United States on Part IX, column (A), tine 27 If Yes, 'complete Schedule I, Parts I and III 22 Did the organization answer Yes to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, tistless, key employees, and individuals compensation of the organization's current and former officers, directors, tistless, key employee. In Yes, 'complete Schedule II' Yes, 'comple | | | | Yes | No |
| IN, columin (A), line 2º Il 'Yes,' complete Schedule I, Parts I and III 20 bit the organization shares "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 I, Part II 24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer times 2b thirrough 2dd and complete Schedule K. If 'No, go to line 25' bit but the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization and san 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c/3) and 501(c/3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or all disqualified person outstanding as of the end of the organization's prior Forms 990 or 990 E72 If 'Yes,' complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or all schedule L, Part III 27 Did the organization proved a grant or other assistance to an officer, girector, trustee, level employee. Did to the organization proved a grant or other assistance to an officer, girector, trustee, evel problems of any of these persons? If 'Yes, complete Schedule L, Part III 28 Was the organization proved a grant or other assistance to an officer, girector, trustee, evel problems of any of these persons? If 'Yes, complete Schedule L, Part III 28 Was the organization organization organization except organization organization organization organization organization organization org | 21 | | 21 | | Х |
| and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule L Part IV 24a Dd 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 25b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 26c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(x/3) and 501(x/4) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part II and the organization sware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part II and the organization shall be a contributor or employee thereof or emplo | 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 |
| the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule II. If 'No, go to line 25b. Action 50 (No, go to line | 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete | 23 | | х |
| 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? 4 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 23 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 b Is the organization have that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part II 25b | 24 8 | the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and | 24a | | х |
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| 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 b Is the organization sense 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-E2? If "Yes," complete Schedule L, Part II 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 27b 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 IV 27c and a Current or former officer, director, trustee, or direct or more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29c Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31d Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31d Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II 18d Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II 18d Did the organization related to any tax-exempt or taxable entity? If "Yes," | (| | 24c | | |
| 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 990-627 If 'Yes,' complete Schedule L, Part I 25b | (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II 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 rise 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 | 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 | _ | |
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| 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 | 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 |
| and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b 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 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 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 | 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 |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 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 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 | 34 | | 34 | | Х |
| 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 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 38 38 | 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 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 | | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 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 | 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 | | |
| Note. All Form 990 filers are required to complete Schedule O | 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 |
| BAA Form 990 (201 | 38 | | 38 | | X |
| | BAA | | Forn | n 990 | (2012 |

| | Check if Schedule O contains a response to any question in this Part V | - | V - | |
|----|---|---------------|----------|-----------------|
| | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | Yes | No |
| | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 | | | ĺ |
| | 2 Like the Harriset of Forms W 2d included in time to 2 Like of Wilest applicable | | | İ |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 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 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | |
| | Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3 | a 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> | 3 b | X | |
| | a 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)? | 4 a | | Х |
| | b If 'Yes,' enter the name of the foreign country ▶ | - 5 | 4. | • |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | ÷. ` | 1 | * - |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6 | 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? | 6 a | | х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | _ | | Х |
| | Form 8282? | 7 c | | _^ |
| | d if 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | 7 e | · | X |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| | q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | ' | | `` |
| | as required? | 7 g | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 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 organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | <i>(</i> | |
| | a Did the organization make any taxable distributions under section 4966? | 9 a | | |
| | b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter | | | 1 |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | ! |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b | | | |
| 12 | a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | ļ |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | L | ļ |
| | a is the organization licensed to issue qualified health plans in more than one state? | 13a | ├ | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | c Enter the amount of reserves on hand | | | <u></u> |
| 14 | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | L _ | X |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | | 1 |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 h 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ 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? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b 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 Nο 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a **b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision Х a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16_b 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 Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 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 Willie Hilton US 219 Brush Road Lewisburg WV 24901 (304) 645-3660 BAA TEEA0106L 08/08/12 Form 990 (2012)

| Form 990 (2012) Benevolent Prote | ective | Order of Elks | | 55-0345 | 431 Page | | | | | | |
|--|---|--|---|---|----------------|--|--|--|--|--|--|
| RankVIII Compensation of Officers Independent Contractors | , Direct | ors, Trustees, Key Em | ployees, Highes | t Compensated E | mployees, and | | | | | | |
| Check if Schedule O contains a | response | to any question in this Part | VII | | L | | | | | | |
| Section A. Officers, Directors, Trus | stees, K | ey Employees, and Hi | ghest Compensa | ted Employees | | | | | | | |
| ${\bf 1}{\bf a}$ Complete this table for all persons required organization's tax year | to be liste | d Report compensation for th | e calendar year ending | with or within the | | | | | | | |
| 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 keep | ey employ | ees, if any See instructions | s for definition of 'key | employee ' | | | | | | | |
| List the organization's five current hig who received reportable compensation (Box organization and any related organizations | hest comp 5 of Form | pensated employees (other n W-2 and/or Box 7 of Form | than an officer, direct 1099-MISC) of more | or, trustee, or key em than \$100,000 from t | nployee) he | | | | | | |
| • List all of the organization's former of of reportable compensation from the organization | ficers, key on and any | y employees, and highest co y related organizations | mpensated employee | s who received more | than \$100,000 | | | | | | |
| • List all of the organization's former directo organization, more than \$10,000 of reportab | ors or trust le compe | t ees that received, in the capad nsation from the organizatio | city as a former director in and any related org | or trustee of the ganizations | | | | | | | |
| List persons in the following order individual true employees, and former such persons | ustees or o | directors, institutional trustees | , officers, key employe | es, highest compensate | ed | | | | | | |
| Check this box if neither the organization no | Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | |
| | (C) | | | | | | | | | | |
| (A) | (B) | Position (do not check more than | (D) | (E) | (F) | | | | | | |

| | | | | (C | ;) | | | | | |
|-------------------------------|--|--------------------------------|--|---------|--------------|------------------------------|----------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per week (list | one bo | Position (do not one box, unless officer and a d | | perso | n is bot or/truste | h an | (D) Reportable compensation from | (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 | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) John Barnes | 0 | | | | | | | _ | _ | _ |
| President | 0 | X | Ш | X | | | <u> </u> | 0. | 0. | 0. |
| (2) Willie Hylton | 4 | | | | | | | | | • |
| Treasurer | 0 | X | | Х | | | | 4,100. | 0. | 0. |
| (3) Patty Hylton Secretary | $-\frac{4}{0}$ | X | | Х | | | | 5,300. | 0. | 0. |
| (4) Ken Melda | 0 | | | ^ | | | | 5,300. | 0. | 0. |
| Trustee | 0 | x | | | | | | 0. | 0. | 0. |
| (5) Ron Brothers | 0 | <u> </u> | | | | | | 0. | . | <u> </u> |
| Vice President | 0 - | X | | Х | | ľ | | 0. | 0. | 0. |
| (6) Don Aultz | 0 | | | | | | | | | |
| Trustee | 0 | X | | | | | | 0. | 0. | 0. |
| (7) Donnie Turner | 00 | | | | | | | | | - |
| Trustee | 0 | X | | i | | <u></u> | | 0. | 0. | 0. |
| _(8) Adam Criddle | 0 | 1 | | | | | | | | |
| Trustee | 0 | X | | | | ļ <u>.</u> | | 0. | 0. | 0. |
| _(9) | | <u> </u> | | | | | | | | |
| (10) | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | <u> </u> |
| (12) | | | | | | | - | | | |
| (13) | | | | | | | | | | |
| (14) | | ļ —— | | | | | | | | <u> </u> |

| ranc | VIII Section A. Officers, Directors, Trus | | \ey | | | | es, a | anc | nignest Con | iperisated Empi | oyees (cont) |
|-------|---|-------------------------|-----------------------------------|-----------------------|---------------|-------|---|----------|-------------------------------------|--|--|
| | | (B) | | | ((| • | | | | | |
| | (A) Name and title | Average hours per | box. | , unle | heck ss pe | erson | than on the state of the state | ո an l | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | | - tions below | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | dotted line) | 8 | tee | | | sated | | | | |
| (15) | | | 1 | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | · · · · · | | |
| (18) | | | | | | | | | | | |
| (19) | | | - | | · | | | | | | |
| (20)_ | | | | | | | | | | | |
| (21) | | | - | | | | | | | <u> </u> | |
| (22) | | | | | | | | | - | | |
| (23) | | | - | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | - | | | | | | | | |
| 1 b S | Sub-total | l | · | | L | | | - | 9,400. | 0. | 0. |
| | otal from continuation sheets to Part VII, Section Total (add lines 1b and 1c) | Α | | | | | | ► | 0. 9,400. | 0. | 0. |
| 2 | otal number of individuals (including but not limited to rom the organization \(\bigcirc\) | those I | ısted | abo | ve) ' | who | recei | ved | | | |
| 3 [| Old the organization list any former officer, director | r or trus | stee, | key | em | ploy | ee, o | or hi | ghest compensate | ed employee | Yes No |
| 4 F | on line 1a ³ <i>If 'Yes,' compléte Schedule J for such l</i> For any individual listed on line 1a, is the sum of re | eportabl | le co | mpe | nsa | tion | and | othe | er compensation | from | 3 X |
| | he organization and related organizations greater is such individual Did any person listed on line 1a receive or accrue o | | | | | | | | | und vurd val | 4 X |
| f | or services rendered to the organization? If 'Yes,' on B. Independent Contractors | comple | te So | chec | lule | J fo | r suc | h p | erson | | 5 X |
| 1 (| Complete this table for your five highest compensa compensation from the organization. Report compensation are compensation. | ted inde | epend | dent | cor | ntrac | tors | that | t received more th | nan \$100,000 of | r |
| ` | (A) Name and business address | | 110 0 | alc: | idai | year | Criai | iig i | (B Description |) | (C) Compensation |
| | | | | _ | | | | | | | · |
| | | | | | _ | - | | | | | |
| | | | | | | | | | | | |
| | otal number of independent contractors (including but \$100,000 in compensation from the organization | | ited t | o the | ose | liste | d abo | ve) | who received more | e than | |

| | Check if Schedule O contains a response to any | question in | this Part VIII | | | |
|--|---|-------------|--------------------|--|---|---|
| | | · | (A) tal revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns 1 a b Membership dues 1 b 33,2 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e | 293. | | | | |
| ONTRIBUTIC And Other | f All other contributions, gifts, grants, and similar amounts not included above 1 f 27,5 g Noncash contributions included in Ins 1a-1f: \$ | 535. | | | | |
| | | P | 60,828. | | | |
| PROGRAM SERVICE REVENUE | Business Co | ode | | | | |
| Æ | 2a Golf And Pool 713910 | | 347,979. | | 347,979. | <u> </u> |
| CE | b <u>Misc</u> | | 136,843. | | 136,843. | . <u></u> |
| 2 | c Pocker Machines 713200 | | 136,331. | | 136,331. | |
| S. | d Elk Golf Tournament | | 20,802. | 20,802. | | |
| Æ | e Facility Rental 531190 | | 12,213. | | 12,213. | |
| õ | f All other program service revenue | | | | | |
| Δ. | g Total. Add IIIIes Za-Zi | - | 654,168. | | | |
| | Investment income (including dividends, interest an other similar amounts) Income from investment of tax-exempt bond proceed | - | | | | |
| | 5 Royalties | • | | | | |
| | (i) Real (ii) Perso | nal | | | | |
| | 6 a Gross rents | | | | | |
| | b Less. rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | • | | | | |
| | 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other | er | | | | |
| | b Less cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | <u> </u> |
| Æ | d Net gain or (loss) 8 a Gross income from fundraising events | | | | | |
| OTHER REVENUI | (not including \$ of contributions reported on line 1c) | | | | | |
| 8. | See Part IV, line 18 | | | İ | | |
| E | b Less direct expenses b | | | | | |
| 0 | c Net income or (loss) from fundraising events | • | | | | |
| | 9 a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities | <u> </u> | | | | |
| | 10a Gross sales of inventory, less returns and allowances a 136, s | | | | | |
| | b Less cost of goods sold b 316,0 | | | | | |
| | c Net income or (loss) from sales of inventory | | -179,216. | | <u>-179,216.</u> | |
| | Miscellaneous Revenue Business Co | oae | | | | |
| | 11 a | | | | | |
| | D | | | | | |
| | C | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| | 12 Total revenue. See instructions | -1 | 535,780. | 20,802. | 454,150. | 0. |

| Seci | ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re | | | mplete column (A) | X |
|--------|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | Схрензез | general expenses | CAPOLISCS |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | , | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 9,400. | 0. | 9,400. | 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 | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 1,198. | - | 1,198. | |
| 11 | Fees for services (non-employees) | | | | |
| ä | Management | | | | |
| ŀ | Legal | | | | |
| • | : Accounting | 4,045. | | 4,045. | |
| | I Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | .= |
| | Investment management fees | | | | |
| g | Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O) | | | į | |
| 12 | Advertising and promotion | 4,460. | 4,400. | 60. | <u>.</u> |
| 13 | Office expenses | 1,096. | 146. | 950. | |
| 14 | Information technology | 1,050. | 110. | 300. | · ··· · · · |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | · · - | · |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 736. | | 736. | |
| 19 | Conferences, conventions, and meetings | 100. | | 100. | |
| 20 | Interest | 8,840. | | 8,840. | |
| 21 | Payments to affiliates | | - | 0,040. | |
| 22 | Depreciation, depletion, and amortization | 42,487. | 36,356. | 6,131. | |
| 23 | Insurance | 18,865. | 16,482. | 2,383. | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| ā | Repairs & Maint | 113,731. | 107,201. | 6,530. | |
| | Poker Machines | 85,616. | 85,616. | | |
| | Property Tax | 53,754. | 25,791. | 27,963. | |
| | Utils | 53,101. | 50,895. | 2,206. | |
| • | All other expenses See Sch. 0 | 166,502. | 104,072. | 62,430. | |
| 25 | Total functional expenses Add lines 1 through 24e | 563,931. | 430,959. | 132,972. | 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) | | | | |

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 19,327 1 38,563. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 Inventories for sale or use 8 12,490 6,376. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,191,877 b Less: accumulated depreciation 10b 10 c 470,233. 759,131 721,644. Investments - publicly traded securities. 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 3 15 2 16 Total assets. Add lines 1 through 15 (must equal line 34) 790,951 16 766,585. 17 Accounts payable and accrued expenses 17 13,888. 54,124 18 Grants payable 18 19 Deferred revenue 8,114. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 76,228. 97,565 24 Unsecured notes and loans payable to unrelated third parties 24 52,000 45,000. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 26 Total liabilities. Add lines 17 through 25 171,567 175,352. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. ASSETS 27 Unrestricted net assets 27 591,233. 619,384 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. FUND D 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances.

766,585. Form 990 (2012)

591,233.

619,384

790,951

33

34

| | | 0345431 | Р | 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 | 535, | 780. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 931. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | <u>151.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 384. |
| 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 | 591, | |
| Pa | t XII Financial Statements and Reporting | , | | <u>-</u> |
| | Check if Schedule O contains a response to any question in this Part XII | | | X |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual X Other See Sch. O | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both | d on a | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 1 | b 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 | te | | |
| | basis, consolidated basis, or both | | | 1 ! |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - |
| (| If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | • | 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 | Х |
| I | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits | dit | 3 b | |
| BAA | l . | | Form 990 | (2012) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Benevolent Protective Order of Elks 55-0345431 Lodge 1758 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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 No 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 purpose conferring impermissible private benefit? Νo Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 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 a Total number of conservation easements 2 a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? 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)(i) No and section 170(h)(4)(B)(ii)? Yes 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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a 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
- b 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
- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

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▶\$

Schedule **D** (Form 990) 2012

| Part III Organizations Mainta | ining Collec | tions of Ar | t, Historica | l Treasures, or | Other Similar Asso | ets (cc | ontinu | ed) |
|--|------------------------------------|-------------------------------|-----------------------|---------------------------------|------------------------------|-------------------|----------|-----------------|
| Using the organization's acquisition items (check all that apply) | , accession, and | other records | , check any of | the following that are | e a significant use of its o | collection | ı | |
| a Public exhibition | | d [| Loan or ex | change programs | | | | |
| b Scholarly research | | e | Other | | | | | |
| c Preservation for future gener | | | | | | | | |
| 4 Provide a description of the organiz Part XIII | | | - | - | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather th | nan to be maint | ained as part | of the organ | ızatıon's collect <u>ıon?</u> | | Yes | | No |
| Part IV Escrow and Custodial Arr reported an amount or | angements. Con Form 990, | omplete if the Part X, lin | organization e 21. | n answered 'Yes' to | Form 990, Part IV, line | e 9, or | | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | | | - | | er assets not included | Yes | | No |
| b If 'Yes,' explain the arrangement | in Part XIII and | a complete th | e following ta | ible | | Amount | | |
| c Beginning balance | | | | | 1 c | Amount | | |
| d Additions during the year | | | | | 1 d | | | |
| e Distributions during the year | | | | | 1 e | | | |
| f Ending balance | | | | | 1 f | _ | | |
| 2a Did the organization include an a | mount on Form | n 990, Part X, | line 21? | | | Yes | | No |
| b If 'Yes,' explain the arrangement | ın Part XIII Ch | neck here if th | ne explantion | has been provided | ın Part XIII | _ | |] |
| | | | | | | | | |
| Part V Endowment Funds. C | | | | | | | | |
| 1 - Decimans of week belows | (a) Current | (b |) Prior year | (c) Two years | (d) Three years | (e) F | our year | <u> </u> |
| 1 a Beginning of year balance. b Contributions | | | | - | | 1 | | |
| b Contributions | | | | | | + | | |
| Net investment earnings, gains, and losses | | | | | | | | |
| d Grants or scholarships | | | | | | ↓ | | |
| Other expenditures for facilities and programs | | | | | | <u>.</u> | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentage | | year end bal | lance (line 1g | , column (a)) held a | is | | | |
| a Board designated or quasi-endown | | | á | | | | | |
| b Permanent endowment ► | % | 0 | | | | | | |
| c Temporarily restricted endowmer | | ~ | | | | | | |
| The percentages in lines 2a, 2b, | and 2c should | equal 100% | | | | | | |
| 3 a Are there endowment funds not in organization by | the possession (| of the organiza | ition that are h | eld and administered | for the | ſ | Yes | No |
| (i) unrelated organizations | | | | | | 3a(i) | | |
| (ii) related organizations | | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(II), are the related of | organizations li | sted as requir | red on Sched | ule R? | | 3b | | |
| 4 Describe in Part XIII the intended | d uses of the o | rganızatıon's e | endowment fu | unds | | | _ | _ |
| Part VI Land, Buildings, and | Equipment. | See Form | 990, Part | X, line 10. | | | | |
| Description of property | | (a) Cost or oth (investm | | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) i | Book va | alue |
| 1 a Land | | | | 338,955. | | | | ,955. |
| b Buildings. | | | | 217,268. | 67,901. | | | <u>,367.</u> |
| c Leasehold improvements | | | | 305,902. | 232,781. | | | <u>,121.</u> |
| d Equipment | | ~ | | 214,908. | 154,740. | | | <u>,168.</u> |
| e Other | | | | 114,844. | 14,811. | | | <u>,033.</u> |
| Total. Add lines 1a through 1e (Colum | nn (d) must equ | ual Form 990, | Part X, colu | mn (B), line 10(c)) | <u> </u> | | | <u>,644.</u> |
| BAA | | | | | Sched | lule D (Fo | orm 990 | <i>i</i>) 2012 |

Schedule **D** (Form 990) 2012 Benevolent Protective Order of Elks

55-0345431

Page 2

| Part VII Investments - Other Securities. See | Form 990, Part X, | line 12. N/A | |
|--|------------------------------|--|---------------------------------------|
| (a) Description of security or category (including name of security) | (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) | | | |
| (A) (B) (C) (D) (E) (F) (G) | | | |
| (D) | | | _ |
| (E) | | | |
| (F) | | | |
| | | | _ |
| (H) | | | |
| (1) Total (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| (committee) made equal to an end of the end of th | | line 13. N/A | |
| Part VIII Investments – Program Related. See (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or | |
| | (b) Book value | end-of-year market value | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | · · · · · · · · · · · · · · · · · · · |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, | line 15. N/A | | |
| | escription | (b) Book v | alue |
| (1) | | | |
| (2) | | | . |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| (10) | (D) Inc. 15.) | • | |
| Total. (Column (b) must equal Form 990, Part X, column (| | | |
| Part X Other Liabilities. See Form 990, Part | X, line 25. (b) Book value | | |
| (a) Description of liability (1) Federal income taxes | (b) Book value | | |
| (2) | | | |
| (3) | | | |
| (4) | - - | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) | • | | |
| 2 FIN 40 (ADO 340) Footbacks in Dort VIII provide the text of the featbacks | to the community of the page | Letatements that reports the exceptants liability for uncortain ta | |

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Schedule D (Form 990) 2012 Benevolent Protective Order of Elks | 55-0345431 | Page 4 |
|--|---|---------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | er Return N/A | |
| 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 | | |
| b Donated services and use of facilities 2 b | | |
| 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 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII) | | |
| 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 | per 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 2a | | |
| b Prior year adjustments 2b | | |
| 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: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b 5. Total expenses Add lines 3 and 4a. (This must equal Form 900, Bort I, line 19.) | 4 c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid | art IV, lines 1b and 2b, I e any additional informa | Part V, stion |
| 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

2012

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

| Name of the organization Benevolent Protective Order of Elks | Employer identification number | | | | | | |
|--|--------------------------------|--|--|--|--|--|--|
| Lodge 1758 | 55-0345431 | | | | | | |
| 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. | | | | | | | |
| Form 990, Part XII, Line 1 - Other Accounting Method | | | | | | | |
| Modified | | | | | | | |
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2012

Schedule O - Supplemental Information

Page 2

Benevolent Protective Order of Elks Lodge 1758

55-0345431

Form 990, Part IX, Line 24e Other Expenses

| | | (A) | (B) | (C) | (D) |
|-------------------------|---------|-------------------|----------------------------|------------------------------------|-------------|
| | | Total | Program <u>Services</u> | Management <u>& General</u> | Fundraising |
| Activities | | | | | |
| Awards | | 440. | | 440. | |
| Bank Fee | | 1,305. | | 1,305. | |
| Data Processing | | 600. | | 600. | |
| Donation | | 680. | | 680. | |
| Dues | | 11,482. | 4,557. | 6,925. | |
| Elks Tournament | | 14,475. | -, | 14,475. | |
| Entertainment Committee | | 14,884. | | 14,884. | |
| Equip Rental | | - -, · | | , - · | |
| Equipment | | 8,049. | 8,049. | | |
| Gas/Fuel | | 15,848. | 15,848. | | |
| Grand Lodge | | 288. | -· • | 288. | |
| Janitorial | | 8,319. | 1,332. | 6,987. | |
| Lease | | 42,124. | 42,124. | -, | |
| License | | 3,700. | 2,737. | 963. | |
| Memorial Services | | 167. | -, | 167. | |
| Merchant fees | | 5,765. | 5,765. | | |
| Miscellaneous | | 2,119. | 1,621. | 498. | |
| National Foundation | | 3,629. | 2,022 | 3,629. | |
| Officers expense | | 466. | | 466. | |
| Scholarship Funds | | 2,000. | | 2,000. | |
| Security | | 590. | | 590. | |
| Special Projects | | 340. | | 340. | |
| Supplies | | 20,078. | 17,435. | 2,643. | |
| Telephone | | 3,196. | 2,870. | 326. | |
| Use Tax | | 1,734. | 1,734. | 020. | |
| Youth Activities | | 4,224. | 1,,01. | 4,224. | |
| Touch Meet VI elect | Total 🕏 | 4 6 6 6 6 6 | \$ 104,072. | \$ 62,430. | \$ 0. |