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Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Α	For the	2012 cale	ndar year, or tax yea	r beginning	April 1	, <b>2012</b> , a	ind ending	<u>Marc</u>	h 31	, 20 13	
В	Check if	applicable	C Name of organization	BPOE Sebring	#1529				D Employe	er identification n	umber
	Address	change	Doing Business As							59-0233010	
	Name ch	hange	Number and street (or	PO box if mail is	not delivered to str	eet address)	Room/surt	e I	E Telephor	ne number	
$\bar{\Box}$	Initial ret		P O Box 333				ĺ			863-385-8647	
ñ	Terminat		City, town or post office	e, state, and ZIP o	ode						
Ħ.	Amende		Sebring FL 33871-0	1333				1.	<b>G</b> Gross re	ceipts \$	607569
H			F Name and address of		Bonna Mason					for affiliates? Yes	
ш	Applicat	ion pending	Same as C above	oniopa onioo.	Konna Wason			1		cluded? Yes	
_	_	<del></del>		☑ 501(c) ( 8	) ◀ (insert no )	40.47(-)(4)	□ <b>507</b>	<b>-</b>		list (see instruction	
÷		mpt status.	501(c)(3)	<u></u> ≤ 501(c) ( 8	) (ilisartio) į	4947(a)(1) or	<u>  527</u>	_		•	•
<u>, , , , , , , , , , , , , , , , , , , </u>	Website		w.elks.org/	D A int I	704	lı v-		H(c) Group			1156
_			Corporation Trust	Association	Other ▶	L Yea	er of formation	on. 1926	M State	of legal domicile	FL
P	art I	Summ	ary escribe the organiza	• · · • · · · · · · · · · · · · · · · ·							<del></del>
	1	•	Elks #1529 i	s a frater	rnal organizatio	n which					
æ	1	operates	under the lodge syst	em for the exclu	isive benefit of	its members.			·		
auc											
Ē											
Š	2		is box ▶☐ if the or	•	-		sposed o	f more than		its net assets.	
ල අ	3	Number	of voting members of	of the governin	g body (Part V	I, line 1a)			3		7
98	4	Number	of independent votir	ng members of	the governing	body (Part VI,	, line 1b)		4		7
풀	5	Total nur	mber of individuals e	employed in ca	lendar year 20	12 (Part V, line	2a) .		5		8
Activities & Governance	6	Total nur	mber of volunteers (e	estimate if nece	essary)				6		150
•	7a	Total unr	elated business reve	enue from Part	VIII, column (0	C), line 12 .			7a		0
	b	Net unre	lated business taxal	ole income from	n Form 990-T,	line 34			7b		0
					(	<del></del>	<del></del>	Prior Yea	ar	Current Y	ear
_	8	Contribu	tions and grants (Pa		11429	•	62655				
Revenue	9		service revenue (Pa	-	1.	SFIAFB	<b>-</b> 0  [		110472		82689
94	10	_	ent income (Part VIII,		es 24, and 70	d)_ 12 22 22 .			71		35
ď	11		venue (Part VIII, colu				181		129565		116205
	12	Total rev	enue-add lines 8 th		251537		261584				
_	13		nd similar amounts						22488		17161
	14		paid to or for memb		11	•	— ⊢				
	45		other compensation,				5–10)		76168		75518
Expenses	16a		onal fundraising fees				_		70.00		
96	b		draising expenses (	•		•	· · ·				
Ä	17		penses (Part IX, colu						201474		178334
	18		penses. Add lines 13				″ ⊢		300132		271013
	19		e less expenses. Sub			, ,	. —	···-	-48595		
		nevenue	less expenses. Suc	diactime to in	JIII III 12 .	· · · · · ·		Reginning of Cur	<del></del>	End of Yo	-9429 Par
Net Assets or	20	Total age	note (Bort V. line 16)				F				
Asse Rafe	21		sets (Part X, line 16) oilities (Part X, line 20	 e\			· · ·		425478		511599
<b>1</b>	22		ets or fund balances	•	 21 from line 20		· ·		58472		154022
				Subtract line	z i irom ine zu	<u> </u>	· · i		367006		357577
	art II		ture Block								45-1-6-1
tri	naer pena Je. correc	ames or pegu et. and comp	ury, i declare that i have e elete. Declaration of prepa	xamined this return rer (other than offic	t, including accom en) is based on all	panying scriedule: information of whi	s and staten ch preparer	has anv knowle	e bestorn edge	ny knowledge and	J Denei, It IS
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Sig	an	Sign	nature of officer	1 1	1 -			iDat	e . /		
	ere	J Sigi	lature or officer	au H.	RAL	,		Dui	~ 6/	20/13	
116	51 <b>C</b>	Typ			1 22-51	TACA	01100	10	-		
			e or print name affi title vpe preparer's name	JOAN +	parer's signature	TREA	Da		T	PTIN	
Pá	aid	''''''''	Abo bieharer a traille	المالية	ma sagnature		ا		Check [	ıf	
Pr	epare	er		<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·	self-emp	noyeu	
U	se On								's EIN ▶		
			address >					Pho	ne no.		- 🗆 -
_	<u> </u>		s this return with the			e instructions)		· · · ·	<del></del>	<u> </u> Ye	
Fo	r Papen	work Redu	uction Act Notice, see	the separate in	structions.		Cat N	o 11282Y		Form	990 (2012)

	·- ·-·	. uge —
Part	· · · · · · · · · · · · · · · · · · ·	
•	Check if Schedule O contains a response to any question in this Part III	<u>. U</u>
1	Briefly describe the organization's mission.  To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare	e and
	happiness of its members; to quicken the spirit of American patriotism; to cultivate good fellowship; to perpetuate itself as a	
	fraternal organization, and to provide for its government, the BPOE will serve the people and communities through benevolent	t
	programs, demonstrating that Elks Care and Elks Share.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[]Na
	prior Form 990 or 990-EZ?	<u>⊬</u> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	^	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ncluding grants of \$)-(Revenue \$	<u> </u>
	Grants for Elks National Foundation, Harry Anna Trust Fund, Florida Elks Youth Camp, and Florida Elks Army of Hope.	'
	These affiliated 501(c)(3) organizations provide for college scholarships; assistance to hospitalized, disabled, and deployed ve	eterans
	and their families; in home physical therapy for disabled children; summer camp for at risk youth; and the maintenance of	
	National Veterans Memorials.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	Education in responsible conduct for area youth including Hoop-Shoot competition, and the Sebring Elks Scholarship	
	at South Florida State College. Lodge participates in the Elks National Drug Awareness Program, distributing coloring books and other drug awareness materials at the schools and as part of the community's annual Christmas Parade.	S
	We sponsor a boys youth baseball team, a girls softball team and donate to the high school choir. The Lodge works with	
	Big Brothers Big Sisters to send participants from their program to summer camp each year.	
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	•••••••••••••••••••••••••••••••••••••••	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	Service to the community through donations to Samaritan's Purse and Children's Home Society.	'
	Sebring Elks donates the use of its entire facility to Highlands County Board of Elections as the polling place for Precinct 7.	
	Lodge members donate monetarily or give food and more toward baskets for needy families at Christmas and Thanksgiving.	- <b>-</b>
	We are a major contributor to Children's Services Foundation - Safe House, a shelter for victims of domestic violence.	
	Elks veteran support program: Members of the Lodge visit eight different nursing homes every month, providing recreational	
	and social opportunities, personal supplies, and companionship to veterans in long term care. Sebring Elks is a major sponso ARC Special Stars, offering sports and recreational activities to children and adults with mental and physical disabilities.	or or
	This year the Lodge also participated in the Sebring Bicentennial Parade and was a cosponsor of the National Guard	••
	Mobilization Ceremony.	
	•	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶	
-TC	i arai bi agi aiti doi tido dyboliada ir	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	<u>Ļ</u> _	<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	<b>/</b> _	ļ
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<b>✓</b>
•	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,	<del>-</del>	$\vdash$	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			,
	Part III	_5_		<b>/</b>
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 D, Part I	_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<del> </del>	<b>✓</b>
4	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>_</b>		<del>'</del>
	complete Schedule D, Part III	8		✓
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		Ĭ	١,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	<b>✓</b>
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	227- 14	<b>∀</b> 8640 - 1
	VII, VIII, IX, or X as applicable.		DEE	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	200	-41. m <sup>2</sup> -2.2	##3.5L*J
	complete Schedule D, Part VI	11a	✓_	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L .	<b>/</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
Ť	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	ا ا		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	<b>✓</b>
, <b>_</b> u	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	<del></del>		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>✓</b>
13	ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1-10		<del>ا</del>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
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)			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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	✓	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Forr	ท 990	(2012)

Part	Checklist of Required Schedules (continued)			
21	Did the expeniention report more than \$5,000 of greats and other assistance to any government or organization.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	-	<b></b> -	<u> </u>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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? If "Yes," complete Schedule J			<b>,</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	-
2-14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		ĺ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a			<u> </u>	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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-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	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
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		Ì	,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		~
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ĺ	
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		<u> </u>
٠.	Part I	31		V
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		~
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	00		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		!	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	ļ	
_	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			<b> </b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	<del> </del>	-
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	3840 m	Bay C	\$5.71
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ru:	7.1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	33333
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<b>5.1</b>	A SUP I
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		22	Fre
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a	11 80000	<b>/</b>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	HAL.	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	<del> </del>	<u> </u>
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\vdash$	├
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	├	<del>                                     </del>
_	gifts were not tax deductible?	6b	<b>/</b>	l
7	Organizations that may receive deductible contributions under section 170(c).		47.272	F 3514
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	32 n/9/8866
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>  </b>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	درشي ۵۰	- Halleton was in
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	112		1770
	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	Yaw I	4.55
9	Sponsoring organizations maintaining donor advised funds.	0	<b>₩</b>	Belleville.
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:	141.75	7 F **** *	N. N. Sark
а	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 . 10b			1
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3 3	dx.85%
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	W.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	SP\$SP5	isi irika
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the approximation in linear and to come available to althoughts.	Sate		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	100 Mar. 1	#F 1#
u	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodulo O	14E		<del></del>

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
0	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
Secti	on A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year		163	110
та	Enter the number of voting members of the governing body at the end of the tax year	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	
-	one or more members of the governing body?	7a	-	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7.	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<del> </del>	<del>                                     </del>
0	the year by the following:	1		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	ļ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	~	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	~	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	-	
	describe in Schedule O how this was done	12c	V	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	<u> </u>
b	Other officers or key employees of the organization	15b	~	<u> </u>
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
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?	46-		<del></del>
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	-	<b>/</b>
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.55	<b>-</b>	1
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inte	rest p	oolicy,
00	and financial statements available to the public during the tax year.	£.1	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > Love Pink Lodge Secretary 2618 Kenilworth Blvd Sebring Et 339870, 863-385-8647	or the	9	
	STANDARD TO THE TOTAL PROPERTY OF THE STANDARD S			

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Pan	0	•

Form	ggn	(2012)

Part VII	Compensation of Officers, Directors,	<b>Trustees, Key Employees</b>	, Highest Compensated	Employees, and
	Independent Contractors			

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ated any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average	(do n	ot ch	Pos neck	c) ition more	e than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	office Individual		Forms emplo	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
(1) Claude Howerton	20									
Exalted Ruler		~	<u> </u>	~	<u> </u>	ļ	<u> </u>	0	0	0
(2) Joy Rink/Donna Barnhart	20		1	١.				1	}	
Secretary	<u> </u>	ļ		~	<u> </u>		<u> </u>	3447	0	0
(3) Joan Roth	20									
Treasurer (4) p			-	_	-		<u> </u>	2086	0	0
(4) Ronna Mason	15	,		<b>.</b>				_		_
Leading Knight	45	<b>-</b>	⊢	<b> </b>			-	0	0	0
(5) Angeline Green	15	,	ł	,						
Loyal Knight (6) Ralph Young	10	_	$\vdash$	۲		-	-	0	0	0
Lecturing Knight	<del> !0</del>	,		-				0	o	0
(7) Bruce Scott	10	<del>ٺ</del>	-	Ť	$\vdash$	$\vdash$	$\vdash$			<u>u</u>
1 Year Trustee	† <u>''</u>	·		_					o	0
(8) Heide Stover	10		t	Ė	_			-		
2 Year Trustee	† <del>-</del>	•	ļ	,		ļ	ļ		0	0
(9) George Quel	10						<u> </u>	<u>_</u>		
3 Year Trustee	1	•		~				0	0	o
(10)	1									
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	1			1	ĺ				
(11)										
(12)							-			
(13)	<u> </u>									
(14)										

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (	continu	ed)		
		(B)			•	C) Ition		-			<b>-</b>			
	(A) Name and title			ot ch	eck	more	than o		(D) Reportable	(E) Reportab	le		(F) mated	
	Name and title	Average hours per					is both or/trust		compensation	compensation	1	amo	ount of	
		week (list any hours for	유悥	Ins	₽	8	a E	<u>p</u>	from the	related organization	ons		ther ensatio	ก
		related	direc	it ct	Officer	y en	jhest ploy	Former	organization	(W-2/1099-N		froi	m the	
		organizations below dotted	ð ₽	onal		Key employee	ee con		(W-2/1099-MISC)				nization related	
		line)	Individual trustee or director	Institutional truste		99	npen				į	organ	izations	s
			•	itee			Highest compensated employee							
(15)						$\vdash$		-			-	•		
1.97														
(16)														
			<u> </u>											
(17)			·								1			
44.5								_						
(18)														
(19)			ļ								-			
3		l	1											
(20)														
(21)			}		ĺ									
(00)		<u> </u>	<u> </u>	$\vdash$	ļ	-				<del> </del>				
(22)		<del> </del>												
(23)	*			Н	-							-		
3==1		<b></b>												
(24)														
(25)			ļ								ļ			
1b	Sub-total	L	L	نـــا	L			<u> </u>	F500					
C	Sub-total	 VII. Sectio	n A	•	•		•	<b>&gt;</b>	5533		0			0
ď	Total (add lines 1b and 1c)	•						<b>•</b>	5533		0			
2	Total number of individuals (including but	not limited	to th					e) w	•	•	00,000	of		
	reportable compensation from the organ	zation ► N	one											
_	Did the appropriation list any former of	d											Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete or any comp</i>								oloyee, or nigh	iest compe	nsated	.3		~
4	For any individual listed on line 1a, is the									ensation fr	om the			<u> </u>
	organization and related organizations													
	ındıvidual			-			-					4		٧
5	Did any person listed on line 1a receive of											1		
<u> </u>	for services rendered to the organization	? If "Yes," c	compl	ete	Scr	nedu	ile J 1	or s	such person	<u> </u>	٠,	5		~
Section 1	on B. Independent Contractors  Complete this table for your five highest	nomponent	od in	100	ond	ont.		oot.	ore that recent	nd mare the	n \$100			<del></del> -
•	compensation from the organization Rep	•		-										ах
	year.							,	,		5			
	(A)		-						(B)			(C)		
	Name and business add	ress							Description of s	ervices		Compens	ation	
								L						
								_			-			
								-						
		<u> </u>						-			-			
2	Total number of independent contractor	ors (includii	ng bu	ıt n	ot	lımit	ed to	th	ose listed ab	ove) who				
	received more than \$100,000 of compen-								None				٠,	

Form 9	90 (2012	<u> </u>						Page <b>9</b>
Part	VIII	Statement of Reve						_
		Check if Schedule O	contains a resp	onse to any ques	tion in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns	s <b>1a</b>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	56211				
A A	С	Fundraising events .		5444				
ia g	d	Related organizations		1000				
Si H	e	Government grants (con		1				
utio	f	All other contributions, gi and similar amounts not inc						
불충	~	Noncash contributions include						
Contributions, Gifts, and Other Similar Ar	g	Total. Add lines 1a-1		<b>•</b>	62655			
	- "	Total: Add lines to 1		Business Code	62055			
Program Service Revenue	2a	Membership Dues and	Fees		40851	40851		
Re	b	Lodge Member Activiti			41838	41838		
/ice	С							
Sen	d							
æ	е							
ogr.	f	All other program ser						L
<u>~</u>	g	Total. Add lines 2a-2			82689			
	3	Investment income and other similar amo		_				
	4		other similar amounts)		35			35
	5							
		rioyanioo	(i) Real	(ii) Personal				
	6a	Gross rents	4193					-
	b	Less: rental expenses	1875	3				
	С	Rental income or (loss)		В				
	_ <b>d</b> i	Net rental income or	` <del></del>		2318	2318		ļ
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less: cost or other basis						
	"	and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		<u>'</u> ▶			· · · ·	
		J						
Other Revenue	8a	Gross income from fundraising						
Ş.	1	events (not including \$	5445					
8		of contributions reported on line 1c						
Je j	١.	See Part IV, line 18 a						
ō		Less: direct expenses			40050			40050
		Net income or (loss) f Gross income from ga		events .	12659			12659
				303269				
	ь	Less: direct expenses	_	269159	1 }			
	С	Net income or (loss) f			34110			34110
	10a	Gross sales of in						
		returns and allowance	-	128023		j		
	b	Less: cost of goods s		60905				
	С	Net income or (loss) f			67118	67118		ļ
	40-	Miscellaneous F	revenue	Business Code				
	11a			<u></u>				<del> </del>
	b			-				<u> </u>
	ď	All other revenue .						<del>-</del>
	e	Total. Add lines 11a-		•				
	12	Total revenue. See II	nstructions	🛌	261584	152125		46804

Part IX Statement of Functional Expenses

Sectio		Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a respon-							
	t include amounts reported on lines 6b, 7b, , 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	17161						
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	5195						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	61326						
9	Other employee benefits	2534						
10	Payroll taxes	6463						
11	Fees for services (non-employees):							
а	Management							
b	Legal	250						
C	Accounting							
đ	Lobbying							
e f	Professional fundraising services. See Part IV, line 17 Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	93						
13	Office expenses	9311						
14	Information technology							
15	Royalties							
16	Occupancy	66164						
17	Travel	3098						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	2578						
20	Interest	267						
21	Payments to affiliates	10384						
22	Depreciation, depletion, and amortization .	21960						
23	Insurance	930						
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.)							
а	Lodge Member Activities	49282	<del></del>					
b	Operating Supplies	5856						
c	Lodge Newsletter	3261						
d	Community Activities	2842						
e	All other expenses Licenses; Over/Short	2058						
25_	Total functional expenses. Add lines 1 through 24e	271013			•			
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 following SOP 98-2 (ASC 958-720)							

Form 990 (2012) Part X Balance Sheet

	, X	Check if Schedule O contains a response to	any question i	n this Part X	(		<u> </u>
		Oncok ii Ochodalo o comalio a respenso te	- unity queensiin	1	(A)		(B)
				İ	Beginning of year		End of year
	1	Cash-non-interest-bearing		🗆	67031	1	44709
	2	Savings and temporary cash investments			11547	2	142385
	3	Pledges and grants receivable, net		•		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and		<b>-</b>			
	-	trustees, key employees, and highest co				1	
						5	
	6	Loans and other receivables from other disqualified pers	ons (as defined un	der section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), ar	•			1	
		sponsoring organizations of section 501(c)(9) volur					
S		organizations (see instructions) Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			9836	8	8896
	9			T	1666	9	2171
	10a	Land, buildings, and equipment: cost or		Ī			
		other basis. Complete Part VI of Schedule D	10a	839489			
	b	Less: accumulated depreciation	10b	527375	334074	10c	312114
	11	•				11	
	12	Investments-other securities. See Part IV, line	11	[		12	
	13	Investments-program-related. See Part IV, line	11	[		13	
	14	Intangible assets				14	· -
	15	Other assets. See Part IV, line 11	1324	15	1324		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	[	425478	16	511599
	17	Accounts payable and accrued expenses			3648	17	2916
	18	Grants payable		18			
	19	Deferred revenue		[	54824	19	31562
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability. Complete	Part IV of Sched	ule D .		21	
es	22	Loans and other payables to current and for					
≣		trustees, key employees, highest compen		I.			
Liabilities		disqualified persons. Complete Part II of Schedu		+		22	
	23	Secured mortgages and notes payable to unrela	•			23	119544
	24	Unsecured notes and loans payable to unrelated	-		· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			58472	26	154022
တ္က		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		e and			
2	~~			ŀ			
<u>=</u>	27	Unrestricted net assets			358915		349024
ă	28 29	Temporarily restricted net assets				28	
Ę	29	Permanently restricted net assets			8091	29	8553
Ē		complete lines 30 through 34.	Joj, Check Here P	anu			Į.
Ö	30	-			· · · · · · · · · · · · · · · · · ·	30	
ĕ	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	<del> </del>
et'	33	Total net assets or fund balances			267006	<del>                                     </del>	257577
Ž	34	Total liabilities and net assets/fund balances			367006	<del></del>	357577
	<u> </u>	TOTAL HADIILIES AND HEL ASSELS/TUND DAIA ICES .		<u> </u>	425478		511599

Page	1	2
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Part	XI Reconciliation of Net Assets				
`	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26	1584
2	Total expenses (must equal Part IX, column (A), line 25)	2		27	1013
3	Revenue less expenses. Subtract line 2 from line 1	3			9429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36	7006
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		35	757 <u>7</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	· · ·	<u></u>	<u></u>	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain ır	n ,	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		. 2a		<u>/</u>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	. <b>2b</b>		/ / / / / / / / / / / / / / / / / / /
С	☐ 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 organization of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	•		2	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ir	n <b>3a</b>		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e 3b		
			Form	990	(2012)

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

BPOE Sebring #1529 59-0233010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 . . 2a 2b Total acreage restricted by conservation easements . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? . . ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 . . . . . . . . . \$\_\_\_\_\_ Assets included in Form 990. Part X

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Page	4

Part	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follo	wing that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expl	ain how t	hey further	the ore	ganızatıon's exe	mpt purpose in Part
_	XIII		<b></b>		L			I
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	is of art,	nistoricai ti	reasure	s, or other simil	
Dout								
Part	line 9, or reported an amoun				anization	answe	red res to re	omi 990, Part IV,
1a	Is the organization an agent, trustee,				or contribut	tions o	r other assets n	int
ıa	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					·		
	ii res, explain the arrangement iii r	are Am and comp	oto the re	mowning a	ubic.			Amount
С	Beginning balance					10	:	
ď	Additions during the year					10		
e	Distributions during the year					16	•	
f	Ending balance					11	r	
2a	Did the organization include an amoun							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
Par								
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years bad	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses		<u> </u>					
d	Grants or scholarships		ļ					
е	Other expenditures for facilities and		1		į			
	programs		<del> </del>		<u> </u>			·
f -	Administrative expenses		ļ					<del>                                     </del>
g	End of year balance     Provide the estimated percentage of t	bo ourront voor o	nd bolone	o (line 1 e	ookuma /a	N bold		
2	Board designated or quasi-endowmen			e (iine 1g	j, column (a	i)) neiu	as.	
a b			70					
	Permanent endowment ► Temporarily restricted endowment ►	70						
•	The percentages in lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			zation tha	at are held	and ac	lministered for t	he
	organization by:		_					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses							
Part								
	Description of property	(a) Cost or o (investr			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land				95037	drug vi	All in the state	95037
b	Buildings			1	544098		343310	200788
С	Leasehold improvements			ļ				
d	Equipment	•	_		200354		184065	16289
<u>e</u>	Other	:		<u> </u>				<del> </del>
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part	X, columr	n (B), line 10	D(c).)	▶	312114

## SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name c	of the organization					Employer identific	cation number
BPOE	Sebring #1529					59-	0233010
	Eundraining Activities	. Complete if the	ne organiza	ation answ	vered "Yes" to Fo	rm 990, Part IV,	line 17.
Par	Form 990-EZ filers are	•	-				
1	Indicate whether the organizati	on raised funds	through any	of the follo	owing activities. Ch	eck all that apply.	
а	☐ Mail solicitations				on of non-governm		
b	b ☐ Internet and email solicitations f ☐ Solicitation of government grants						
С	☐ Phone solicitations		g [	] Special f	fundraising events		
d	d						
2a	Did the organization have a wr	itten or oral agre	ement with	any individ	dual (including offic	ers, directors, trus	tees
	or key employees listed in Forn	n 990, Part VII) o	r entity in c	onnection v	with professional fu	ndraising services'	? 🗌 Yes 🔲 No
b	If "Yes," list the ten highest pai			draisers) pı	ursuant to agreeme	ents under which th	ne fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.				
					·		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		1	Yes	No			
1					1		
2							
			<u> </u>				
3							
4							
			<del> </del>				
5							
			<del> </del>	-			
6		1		1	1		
7		+		<del> </del>			<del> </del>
•							
8		<del></del>		<del> </del>			
ŭ		[					
9		-	<u> </u>	<del> </del>			
•				1			
10							
				İ	ĺ		
Total	<u> </u>			▶		. <u>-</u>	
3	List all states in which the org	anization is regis	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.						
			•••••				•••••
						<b></b>	
						•••••	
	·			·			
			<b></b>				

Pa	ırt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
		ground ground and	(a) Event #1  Canisters @ Bingo (event type)	(b) Event #2  Lunch Club Wed  (event type)	(c) Other events  9 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1	Gross receipts	5444	9665	17040	32149
8	2	Less: Contributions	5444			5444
	3	Gross income (line 1 minus line 2)	0			26705
	4	Cash prizes				
	5	Noncash prizes				
Olrect Expenses	6	Rent/facility costs				
	7	Food and beverages		5364	8682	14046
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the	ine line 3, column (d), a	nd line 10	•	( 14046 ) 12659 reported more
		than \$15,000 on Form 9		(b) Pull tabs/instant	1	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
<u>~</u>	1	Gross revenue	280026	23243		303269
Ses	2	Cash prizes	242911	17289		260200
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	7452	1507		8959
	6	Volunteer labor	<ul><li>✓ Yes 100 %</li><li>☐ No</li></ul>	✓ Yes 100 %  □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		( 269159 )
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		34110
9	a Is	nter the state(s) in which the or the organization licensed to o "No," explain: <u>No state licens</u>	perate gaming activities	in each of these states	?	🗌 Yes 🗹 No
10		ere any of the organization's g "Yes," explain:	gaming licenses revoked	d, suspended or termina	ated during the tax year	? ☐ Yes ☑ No

Schedu	le G (Form 990 or 990-EZ) 2012 Page \$
11 12	Does the organization operate gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility
	records:  Name ► Joan Roth Treasurer  Address ► P O Box 333 Sebring FL 33871
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b c	revenue?
	Name ►
16	Gaming manager information:  Name ► Heide Stover Trustee
	Gaming manager compensation ▶ \$0  Description of services provided ▶ Coordinator
	☑ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2012

201

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

BPOE Sebring #1529	59-023010
Form 990 Part III line 4d Other Program Services	
Promoted the welfare and enhanced the happiness of our members, and encouraged good fellowship	through Lodge activities,
recognizing a belief in God and the American Spirit. Membership benefits were provided to 577 membership benefits were	ers during the year.
Form 990 Part VI line 11 Review of Form 990	
The completed 990 is first reviewed by the Auditing and Accounting Committee, who presents it at the	next Board of Directors meeting.
If approved, it is recommended to the general membership for review and approval at a regular Lodge	meeting.
Form 990 Part VI line 12 Conflicts of interest	
Conflicts of interest are defined in the Constitution and Bylaws. Members are required to discuss any	conflicts of interest that they might
be aware of at any regular meeting.	
Form 990 Part VI line 15 Process for determing compensation of Officers	
All compensation of Officers must be voted upon by the Lodge members and approved by the national	l Committee on Judiciary.
Form 990 Part VI line 19 Documents available to the public	
Governing documents, conflict of interest policy, and financial statements are in the care of the Lodge	Secretary, and will be made
available upon request.	
·····	
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