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OMB No 1545-0047 2013

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Department of the Treasury Internal Revenue Service

Open to Public

| $\overline{\Delta}$    | Fo  | r tha 2       | 013 calend      | dar year, or tax                      | Voar bogir       | oning A                                       | 1            | 20  | 12 and         | landina     | Mari           | 2 1                             | _            | 2014                      |              |             |
|------------------------|---|---------------|-----------------|---------------------------------------|------------------|---|--------------|---|----------------|-------------|----------------|---------------------------------|--------------|---------------------------|--------------|-------------|
| B                      |   |               |                 | C Name of organ                       |                  |   |              | terans Se                                     |                | ending      |                |                                 |              | , 2014<br>tification Numb |              |             |
| В                      | Chi   | eck if app    |                 | _                                     |                  | vice  | Commi        | ssion   |                |             |                | Jei                             |              |                           |              |             |
|                        | ┝   | -             | s change        | Doing Business                        |                  |   |              |   |                | T           |                |                                 | <u> 1548</u> |                           |              |             |
|                        | ⊢   | Name o        | change          | Number and st                         | eet (or PO bo    | x if mail is not deliv                        | rered to st  | reet address)                                 |                | Room/su     | ite            | E Telepho                       | one num      | ber                       |              |             |
|                        | L   | Initial re    | eturn           | 2750 N La                             |                  |   |              |   |                |             |                | (77                             | <u>3) 7</u>  | 55-4810                   | )            |             |
|                        | L   | Termina       | ated            | City or town, st                      | ate or province, | country, and ZIP                              | or foreign   | postal code                                   |                |             |                |                                 |              |                           |              |             |
|                        |   | Amend         | ed return       | Chicago                               |                  |   |              | ]   | L 60           | 614         |                | G Gross r                       | eceipts      | \$1,171,                  | 687          | •           |
|                        | Г   | Applica       | tion pending    | F Name and add                        | ess of principal | l officer                                     |              |   |                | F           | l(a) is this a | group return                    |              |                           | Yes          | XNo         |
|                        | -   | _             |                 | Robert Hennin                         | rs 2750 N        | Lakeview Av                                   | e Chi        | cado  | IL 60          | 1614        | I(b) Are all   | subordinates<br>attach a list ( | ıncluded     | 1?                        | Yes          | No          |
| ī                      | _   | Tax-exen      | npt status      | X 501(c)(3)                           | 501(c) (         |   | sert no )    | 4947(a)(1                                     |                | 527         | If 'No,' a     | attach a list (                 | see instr    | ructions)                 | _            | _           |
| Ť                      |   | Websit        | <del>'</del>    |                                       |                  | , (   | 3011110 )    | [   4047 (u)(                                 | ,              |             | Wa\ Carrie     |                                 |              | •                         |              |             |
| K                      |   |               |                 | w.elks.or                             |                  | , , <u>, , , , , , , , , , , , , , , , , </u> | 1            |   | 1              |             |                | exemption nu                    |              |                           |              |             |
| _                      |   |               | rganization     | Corporation                           | Trust X          | Association                                   | Other        |   | L Year o       | f formation | 1946           | ) M                             | State of I   | egal domicile             | DC           |             |
|                        | ärt   |               | Summar          |                                       |                  |   | <b>.</b>     |   |                |             |                |                                 |              |                           |              |             |
| 201                    |   |               |                 | e the organizati                      |                  |   |              |   |                |             |                |                                 |              | l_fundir                  |              | <u>cor_</u> |
| သာ မို                 | 3   | <u>va</u>     | rious :         | programs_                             | of the           | <u>Benevole</u>                               | <u>nt ar</u> | <u>nd Protec</u>                              | <u>tıve</u>    | Orde        | r_of_E         | <u>:1ks_0</u> :                 | t the        | <u>e USA f</u>            | o <u>r</u> . |             |
|                        |   | <u>th</u>     | <u>le bene</u>  | fit of ho                             | spitali          | zed and                                       | disak        | <u>pled_vete</u>                              | <u>rans</u>    | _and _1     | f <u>or</u> fa | milies                          | <u>of</u>    |                           |              |             |
|                        | ;   | <u>m</u> ī    | litary          | reservis                              | ts and           | <u>national</u>                               | _gua         | <u>d called</u>                               | _to_a          | ctive       | e_duty         | ' <u>-</u>                      |              |                           |              |             |
| UCI () &<br>Governance |   |               | eck this box    |                                       | organizatior     | n discontinued                                | its ope      | rations or disp                               | osed of        | more tha    | an 25% o       | f its net as                    |              |                           |              | _           |
| o#                     | s   _ ]   | 3 Nur         | mber of vot     | ing members of                        | tne govern       | ing body (Par                                 | VI, line     |   |                |             |                |                                 | 3            |                           |              | 5           |
| NAINED<br>Activities   | 3  [  |               |                 | ependent voting                       |                  |   |              |   |                |             |                |                                 | 4            |                           |              | 5           |
| ₹₹                     |   |               |                 | of individuals er<br>of volunteers (e |                  |   |              |   |                |             |                |                                 | 5            |                           | 1.05         | 0           |
| 戸草                     |   |               |                 | d business reve                       |                  |   |              |   |                |             |                |                                 | 7a           |                           | 18/          | 7,500       |
| ﴿ ~                    | 1   |               |                 | business taxab                        |                  |   |              |   |                |             |                |                                 | 7b           |                           |              | 0.          |
| Activities             | ╁   | D NC          | uniciated       | Dusiness taxabl                       | e moonie m       | Om Form 990-                                  | 1, 11116     | 34  | • •            | • • • •     |                |                                 | 7.0          |                           | / -          |             |
| ,,                     | Ι,  | <b>9</b> Cor  | atribuitiono    | and aronta (Dar                       | + \ /            | <b>L</b> \                                    |              |   |                |             |                | rior Year                       |              | Curre                     |              |             |
| e                      | 8 Contributions and grants (Part VIII, line 1h) |               |                 |                                       |                  |   |              |   |                |             |                |                                 |              | 1,1                       | 53,          | 910.        |
| Revenue                | 1   |               |                 |                                       |                  |   |              |   |                |             |                |                                 |              |                           |              |             |
| ě                      | '   |               |                 | come (Part VIII,                      |                  |   |              |   |                |             |                | 10,3                            |              |                           |              | 737.        |
| _                      | 1   |               |                 | (Part VIII, colu                      |                  |   |              |   |                |             | <u> </u>       |                                 | 152.         |                           |              | 040.        |
|                        | +   |               |                 | - add lines 8 ti                      |                  |   |              |   |                |             | 1 1            | ,162,3                          |              |                           |              | 687.        |
|                        | 1:  |               |                 | nılar amounts p                       |                  |   |              |   |                |             |                | 873,2                           | 267.         | 9                         | 53,          | 506.        |
|                        | 1.  |               |                 | o or for membe                        |                  |   |              |   |                |             |                |                                 |              |                           |              |             |
| ø                      | 1:  |               |                 | compensation,                         |                  | •   |              | , ,   | •              |             |                |                                 |              |                           |              |             |
| Expenses               | 10  | <b>6a</b> Pro | fessional fi    | undraising fees                       | (Part IX, co     | lumn (A), line                                | 11e) .       |   |                |             |                |                                 |              |                           |              |             |
| <u>ē</u>               | .   | <b>b</b> Tota | al fundraisi    | ng expenses (P                        | art IX. colui    | mn (D), line 25                               | 5) ►         |   |                | 0.          | rie 7          | 0 38 196 C                      |              | Carlos                    | ***          | 2000-       |
| ũ                      | 1   |               |                 | es (Part IX, colu                     |                  |   |              |   |                |             | 7788.7         | - 439 7                         | ····         |                           | 2.7          | 201         |
|                        | 1   |               |                 | s Add lines 13-                       |                  |   |              |   |                |             |                | 223,1                           |              |                           |              | 201.        |
|                        | 1   |               |                 |                                       |                  |   |              |   |                |             |                | ,096,3                          | -            |                           |              | 707.        |
| 8                      |   | y Rev         | venue less      | expenses Subt                         | ract line 18     | from line 12                                  | • • • •      | <u>· · · · · · · · · · · · · · · · · · · </u> | • • • •        | • • •       | ļ              | 65,9                            |              |                           |              | 020.        |
| Assets                 |   | A T.4         | -l4- <i>(</i> [ | 3                                     |                  |   |              |   |                |             | Beginnin       | g of Curre                      |              | End o                     |              |             |
| 86                     | 20  |               | •               | Part X, line 16)                      |                  |   |              |   | ·              | <u></u>     | · <u> </u>     | 699 <b>,</b> 1                  |              |                           |              | 884.        |
| Ž                      | 2   |               |                 | (Part X, line 26                      | •                |   |              | HEUL  | IVE            | .)          | <u> </u>       | 48,9                            | 55.          | 1                         | <u>17,</u>   | 588.        |
|                        | 2   |               | assets or t     | fund balances                         | Subtract line    | 21 from line                                  | 20 20.       |   |                |             |                | 650,2                           | 2-3.         | - 6                       | 30,          | 296.        |
|                        | art   |               | Signatur        |                                       |                  |   | 1+1          | CED O (                                       | 2041           | 25          |                |                                 |              |                           |              |             |
| Unc                    | ler pe  | enalties of   | perjury, I decl | are that I have exam                  | ned this return, | , including accomp                            | anying sc    | bedules and statem                            | 2.6 UTT.       | to the best | of my knowl    | edge and bel                    | ief, it is t | rue, coπect, and          | t            |             |
| com                    | nprete  | Declara       | tion of prepare | r (other than officer)                | is based on all  | information of whic                           | h přepárě    | r has any knowledo                            | e ,            | 12          | 1              |                                 |              |                           |              |             |
|                        |   |               | 64              | 11.192                                | ****             |   | A            | OGIAFI  |                | 7           | !              | 9-23                            | -14          |                           |              |             |
| Si                     | gn  |               | Signatur        | e of officer                          |                  |   | 1            | Con Table Control Copy To                     | - Alexander or | -07.        | Da             | te                              |              | -                         |              |             |
| He                     | ere   |               | Robe            | ert M Henn                            | ings             |   |              |   |                |             | Direc          | tor                             |              |                           |              |             |
|                        |   |               |                 | print name and title                  |                  |   |              |   |                |             | DIICO          |                                 |              |                           |              |             |
| _                      |   |               | Print/Type pr   | eparer's name                         |                  | Preparer's signa                              | ature        |   | Date           | e           |                | Check                           | X If         | PTIN                      |              |             |
| D-                     | id  |               | Ronald          | A Diehl,                              | CPA (            | Paul  | NU           | Diell. CPA                                    | م ا م          | /20/1       | <sub>α</sub>   | self-employe                    | - I          | P000804                   | az           |             |
|                        |   | arer          | Firm's name     | Diehl                                 | & Asso           |   | <u> </u>     |   | 103            | / 2 0 / 1   | . 7            | Jon employe                     | ~            | 1000004                   | . J.         |             |
|                        |   | Only          | Firm's addres   | . —                                   |                  |   |              |   |                |             |                | Ermin Ciki B                    |              | 400101                    | _            |             |
| - `                    | •   | ,             | i iiii s addres |                                       | Burnham          | Place   |              |   |                |             |                | Firm's EIN                      | <del> </del> | -400191                   |              |             |
| 14                     | L AL  |               | <br>            | Wheato                                |                  |   |              |   | 189            |             |                | Phone no                        | (630         |                           | <u> 376</u>  |             |
| Ma                     | ıy th   | e iRS c       | iscuss this     | return with the                       | preparer sh      | nown above? (                                 | see ins      | tructions)                                    |                |             |                |                                 |              | . X Yes                   | - 1          | No          |

|     | <b>990</b> (2013) Elks National Ve   |  |  |   | <u>3-1548228</u>   | Page 2  |
|-----|--|--|--|---|--|---|
| Par | III Statement of Program Se  | vice Accomplishment  | S  |   |  |   |
|     | Check if Schedule O contains a re  | sponse or note to any line in t  | his Part III   |   |  | 📙   |
| 1   | Briefly describe the organization's mission  |  |  |   |  |   |
|     | Coordinated and provided fund<br>of the USA for the beneft<br>of military reservists an  | t of hospitalized  | and disable  | ed veterans an  |  |   |
|     |  |  | <del> </del>   | — <del>—</del> ——   |  |   |
| 2   | Did the organization undertake any signifi Form 990 or 990-EZ?   |  | -  |   | Tes  | X No  |
|     | If 'Yes,' describe these new services on S   |  |  |   |  |   |
| 3   | Did the organization cease conducting, or If 'Yes,' describe these changes on Scheol   | -  | now it conducts, any   | program services?   | · · · · · Yes  | X No  |
| 4   | Describe the organization's program servi<br>Section 501(c)(3) and 501(c)(4) organizat<br>others, the total expenses, and revenue, i   | ons and section 4947(a)(1) tr  | usts are required to   | program services, as make report the amount of g  | easured by expens<br>rants and allocation  | es<br>is to   |
| 4 a | (Code ) (Expenses \$   | 769,833. including gr  | ants of S  | 4 200 \(\)(Reve   | nue \$   | 0.)   |
| 43  | The Organization coordinated and subordinate lodges for the care centers, state Veterans States. These programs include hygiene items, clothing, magaziand recreational therapy and letevisions, entertainment sy The Organization assisted enteressist families of military resident donated nearly 1.04 million leads to the organization estimates donated nearly 1.04 million leads to the organization of military residents. | and assisted in fire benefit of hospital homes, domiciliaries, ed providing veterans ines, playing cards, eather gloves for whe stems and therapeutic rtainers that perform servists and national that through their verse benefit of the servists and servists are servists and servists and servists and servists and servists are servists and servists and servists and servists are servists and servists and servists are servists and servists and servi | ancing variou ized and disab and long-teri with refreshm tooling leathe elchair bound equipment tha ed at 120 VA m guard called eterans progra | s programs of E. led veterans in m care facilitie. ents, toiletry a r and craft kits individuals. The t benefit vetera edical centers ar to active duty in cams approximate | lks state ass<br>Veterans Admir<br>s throughout to<br>ccessories and<br>for use in occ<br>programs also<br>ns in these faid conducted pin<br>in Irag and Afo | ociations distration the United dipersonal cupational procured acilities. rograms to ghanistan. olunteers |
| 4 b | (Code )(Expenses \$  |  | Dept of Ve   | terans Affairs  | and  | 0.)   |
|     |  |  |  |   |  |   |
| 4c  | (Code)(Expenses \$   |  | 000 each to  | 125 Elks subc   |  | 0.)   |
| 4 d | Other program services (Describe in Sch  | •  |  |   |  |   |
|     | (Expenses \$   | including grants of \$   |  | ) (Revenue \$   |  | )   |
| 4 e | Total program service expenses ►   | 1,071,311.   |  | -   |  |   |

|      |   |        | 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      | Х   |            |
| 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      | ·-  | X          |
| 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      |     | Х          |
| 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 III   | 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 D, Part I  | 6      |     | Х          |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II  | 7      |     | Х          |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8      |     | Х          |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV                | 9      |     | Х          |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10     |     | 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   | * **** | *** | ****       |
| á    | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  | 11 a   |     | Х          |
| t    | 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   | 11 b   |     | Х          |
| (    | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VIII  | 11 c   |     | Х          |
| (    | I 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   |     | Х          |
|      | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e   |     | X          |
|      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11f    | 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    | Х   |            |
|      | 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   | 12 b   |     | Х          |
|      | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13     |     | Х          |
|      | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a    |     | X          |
| _ t  | 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    |     | - <u>X</u> |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15     |     | Х          |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV  | 16     |     | Х          |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17     |     | 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     |     | Х          |
| 20 a | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20     |     | Х          |
| t    | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20 b   |     |            |

| Pai  | rt IV-   Checklist of Required Schedules <i>(continued)</i>   |         |             |     |
|------|---|---------|-------------|-----|
|      |   |         | Yes         | No  |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21_     | х           |     |
| 22   | Did the organization report more than \$5,000 of grants or 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      | x           |     |
| 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  | 23      |             | X   |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25a                            | . 24a   |             | Х   |
| t    | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b     |             |     |
| C    | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c     |             |     |
| C    | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d     |             |     |
| 25 a | 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     |             | Х   |
| t    | 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   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    | . 26    |             | Х   |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27      |             | Х   |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |         | \$ \$ , , x | 3.6 |
| a    | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   |         |             | X   |
| t    | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | . 28b   |             | Х   |
| c    | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | . 28c   |             | Х   |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | . 29    |             | Х   |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30      |             | x   |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31      |             | Х   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32      |             | Х   |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33      |             | Х   |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34      | х           |     |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | · · 35a |             | Х   |
| t    | 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     | _           | i-  |
| 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      | х           |     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37      |             | Х   |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | 25      | ,,          |     |

BAA

Form 990 (2013)

|  |  | Tax Compliance |
|--|--|----------------|
|  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |

| _41        | Check if Schedule O contains a response or note to any line in this Part V   |             |   | . □            |
|------------|--|-------------|---|----------------|
|            |  |             | Yes                                     | No             |
| 1 a        | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 7 · 🜋       |   |                |
|            | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |             |   |                |
|            | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |             | - A                                     |                |
| _          | (gambling) winnings to prize winners?  | 1 c         | Х                                       |                |
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-   | DK I        | ė.                                      |                |
|            | ments, filed for the calendar year ending with or within the year covered by this return   |             | <u>*~′</u>                              | ļJ             |
| t          | 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 e-file (see instructions)  |             | -11                                     | J              |
|            | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a         |   |                |
|            | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   | 3 b         |   |                |
| 4 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         |   | X              |
| ŀ          | 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  | , ,         | , ° 4 %                                 |                |
| 5 a        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a         |   | X              |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b         |   | Х              |
|            | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c         |   |                |
|            |  |             |   | _              |
| o a        | 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              |
| Ŀ          | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |             |   |                |
|            | not tax deductible?  | 6 b         |   |                |
| 7          | Organizations that may receive deductible contributions under section 170(c).  | ,           |   | الْمُرِينَةِ ا |
| a          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  |             | all <u>a</u>                            |                |
|            | services provided to the payor?  | 7 a         |   | X              |
|            | 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 Form 8282?   | 7с          |   | X              |
| c          | If Yes, indicate the number of Forms 8282 filed during the year  | ***         |   |                |
|            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e         | , ada, 10 mar                           | <br>  X        |
|            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f         |   | X              |
|            | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899  |             |   |                |
|            | as required?   | 7 g         |   |                |
| r          | 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            | <b>%</b> .( | 35                                      |                |
|            | holdings at any time during the year?  | 8           |   | Х              |
| 9          | Sponsoring organizations maintaining donor advised funds.  | .13         | Emm.                                    |                |
| а          | Did the organization make any taxable distributions under section 4966?  | 9 a         | 7                                       | X              |
| b          | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9 b         |   | X              |
| 0          | Section 501(c)(7) organizations. Enter   |             | ,                                       |                |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   | 32          | 3                                       |                |
| t          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b   | ٠           |   |                |
| 11         | Section 501(c)(12) organizations. Enter  |             | £                                       |                |
| а          | Gross income from members or shareholders  |             | ,                                       |                |
| t          | Gross income from other sources (Do not net amounts due or paid to other sources   | [,          |   |                |
| 12-        | against amounts due or received from them)   |             |   | ]              |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12 a        |   | ļ              |
|            | Section 501(c)(29) qualified nonprofit health insurance issuers.   |             |   |                |
|            | Is the organization licensed to issue qualified health plans in more than one state?   | 12.         |   | لـــــا        |
| -          | Note. See the instructions for additional information the organization must report on Schedule O   | 13 a        |   | ļ              |
|            |  |             |   |                |
| -          | 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  | , ,         |   |                |
|            | Enter the amount of reserves on hand   | 2           |   |                |
|            | Did the organization receive any payments for indoor tanning services during the tax year?   | 14 a        |   | X              |
|            | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  | 14 b        |   |                |
|            |  |             |   |                |

| Par         | TVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes to line 8a, 8b, or 10b below, describe the circumstances. | , and  | for               |                       |
|-------------|---|--------|-------------------|-----------------------|
|             | Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  |        |                   | . X                   |
| <u></u>     | tion A. Governing Body and Management   | · · ·  | <u>· · · · · </u> | ·  ^                  |
| Sec         | tion 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   |        |                   |                       |
| ŧ           | Enter the number of voting members included in line 1a, above, who are independent 1b   | * `    | . 40%             |                       |
| 2           | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  | *      |                   | *                     |
| _           | officer, director, trustee or key employee?   | 2      |                   | X                     |
| 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      |                   | Х                     |
| 4           | Did the organization make any significant changes to its governing documents  |        |                   |                       |
|             | since the pnor Form 990 was filed?  | 4      |                   | Х                     |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's assets?  | _ 5    |                   | Х                     |
| 6           | 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?  | 7 a    | Х                 |                       |
| ŀ           | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |        |                   |                       |
|             | stockholders, or other persons other than the governing body?   | 7 Ь    |                   | X                     |
| 8           | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  | ,"     | ¥j                |                       |
|             | a The governing body?   | 8 a    | Х                 |                       |
| t           | b Each committee with authority to act on behalf of the governing body?   | 8 b    | Х                 |                       |
| 9           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  | 9      |                   | Х                     |
| Sec         | ction B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C   | ode.)             | )                     |
|             |   |        | Yes               | No                    |
| 10 a        | a Did the organization have local chapters, branches, or affiliates?  | 10 a   |                   | Х                     |
|             | operations are consistent with the organization's exempt purposes?  | 10 Ь   |                   |                       |
| 11 a        | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11 a   | X                 |                       |
| t           | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | #Y.    |                   |                       |
| 12 a        | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13   | 12 a   | Х                 |                       |
| t           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12 b   | Х                 |                       |
| C           | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in Schedule O how this was done   | 12 c   | Х                 |                       |
| 13          | Did the organization have a written whistleblower policy?   | 13     | Х                 |                       |
| 14          | Did the organization have a written document retention and destruction policy?  | 14     | X                 |                       |
| 15          | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                    |        | * · ·             | * .                   |
| a           | The organization's CEO, Executive Director, or top management official  | 15 a   | X                 | 1                     |
|             | Other officers of key employees of the organization   | 15 b   | X                 |                       |
| ·· —<br>16: | -If 'Yes' to-line 15a or 15b, describe the process in Schedule O. (See instructions).  3 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |        | ***               |                       |
|             | taxable entity during the year?   | 16 a   |                   | X                     |
|             | organization's exempt status with respect to such arrangements?   | 16 b   | <u> </u>          |                       |
|             | tion C. Disclosure  |        |                   |                       |
| 17          | List the states with which a copy of this Form 990 is required to be filed ▶ Illinois   |        |                   |                       |
| 18          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply  | for pu | iplic             |                       |
|             | Own website  Another's website  X Upon request  Other (explain in Schedule O)   |        |                   |                       |
| 19          | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year  |        |                   |                       |
|             | State the name, physical address, and telephone number of the person who possesses the books and records of the organization  | n:     |                   |                       |
| BAA         |   |        |                   | 481 <u>0</u><br>2013) |

| Form <b>990</b> (20 | 013) Elks       | National         | Veterans        | Service         | Commission         |                  | 13-1548   | 3228 | Page 7                                |
|---------------------|-----------------|------------------|-----------------|-----------------|--------------------|------------------|-----------|------|---------------------------------------|
|                     | Independen      | t Contracto      | rs              |                 |                    | ees, Highest Con | •         |      |                                       |
|                     | Check if Schedu | ule O contains a | a response or n | ote to any line | e in this Part VII |                  | . <u></u> |      | <u>                              </u> |
| Section A.          | . Officers, I   | Directors, T     | rustees, Ke     | y Employe       | es, and Highes     | t Compensated E  | mployees  |      |                                       |

- 1.2 Complete this table for all persons required to be listed. Benefit compensation for the calendar was ending with as within the
- 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

|                                       |  |                                |                       | (C              | ;)           |                                  |         |                                     |  |  |  |
|---------------------------------------|--|--------------------------------|-----------------------|-----------------|--------------|----------------------------------|---------|-------------------------------------|--|--|--|
| (A)<br>Name and Title                 | (B) Average hours per week (list   | one bo                         | x, unl<br>er an       | ess p<br>d a di | erson        | more the<br>is both<br>r/trustee | an<br>} | (D)  Reportable compensation from   | (E)  Reportable  compensation from       | (F) Estimated amount of other compensation               |  |
|                                       | any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee or director | Institutional trustee | Officer         | Key employee | Highest compensated<br>employee  | Former  | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | from the<br>organization<br>and related<br>organizations |  |
| (1) Paul Helsel                       | 1.00   |                                |                       |                 |              |                                  |         | .,                                  |  |  |  |
| <u>Chairman</u>                       |  | Х                              |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
| (2) James Nicholson Vice-chairman     | _1.00  | Х                              |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
| (3) Amos A McCallum Sec/Treas         | _1.00  |                                |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
|                                       | _1.00  | Х                              |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
| (5) Louis J Grillo Trustee            | _1.00  | Х                              |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
|                                       | _1.00  | Х                              |                       |                 |              |                                  |         | 0.                                  | 0.                                       | 0  |  |
|                                       | 20.00  |                                |                       | Х               |              |                                  |         | 0.                                  | 77,490.                                  | 11,459   |  |
| (8) Bryan R Klatt COO/Grand Secretary | 2.00   |                                |                       | Х               |              |                                  |         | 0.                                  | 130,750.                                 | 14,098   |  |
| (9)                                   |  |                                |                       |                 |              |                                  |         |                                     |  |  |  |
| (10)                                  |  |                                | _                     |                 |              |                                  |         |                                     |  |  |  |
| (11)                                  |  |                                |                       |                 |              |                                  |         |                                     |  | - <del></del>  |  |
| (12)                                  |  |                                |                       |                 |              |                                  |         |                                     |  |  |  |
| (13)                                  |  | _                              |                       |                 |              |                                  |         |                                     |  |  |  |
| (14)                                  |  |                                |                       |                 |              |                                  | _       |                                     |  |  |  |

| Part VII Section A. Officers, Directors, Trus   | 1   | Key      | Em             |             |                   | es, a                | anc         | l Highest Con  | pensated Emp  | loyees (continued)   |
|---|---|----------|----------------|-------------|-------------------|----------------------|-------------|--|---|--|
| (A)   | (B)<br>Average  | (do      | not c          | Pos<br>Posk | •                 | than or              | <u> </u>    | (D)  | (E)   | (F)  |
| Name and title  | hours per week (list any hours for related organiza - tions | Dox.     | unle<br>cer ar | ss pe       | rson i<br>Iirecto | s both a<br>r/truste | an          | Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|   | below<br>dotted<br>line)                                    | stee     | ustee          |             |                   | ensated              |             |  |   |  |
| (15)  |   |          |                |             |                   |                      |             |  |   |  |
| (16)  |   |          |                |             |                   |                      |             |  |   |  |
| (17)  |   |          |                |             |                   |                      |             |  |   |  |
| (18)  |   |          |                |             |                   |                      |             |  | -   |  |
| (19)  |   |          |                |             |                   |                      |             |  |   |  |
| (20)  |   | $\vdash$ |                |             |                   |                      |             |  |   |  |
| (21)  | <del>-</del>  | <u> </u> |                |             |                   |                      |             |  |   |  |
| (22)  |   | -        |                |             |                   |                      |             |  |   |  |
| (23)  |   |          |                |             |                   |                      |             |  |   |  |
| (24)  |   |          |                |             |                   |                      |             |  |   |  |
| (25)  |   |          |                |             |                   |                      |             |  |   | <u> </u>   |
| 1 b Sub-total   |   |          |                |             |                   |                      | <b>&gt;</b> | 0.   | 208,240.  | 25,557   |
| d Total (add lines 1b and 1c)   |   |          |                |             |                   |                      | ived        | 0 .<br>d more than \$100,  | 208,240.<br>000 of reportable cor   | 25,557<br>npensation   |
| Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind                    |   |          |                |             |                   |                      |             | et compensated en  |   | Yes No   |
| For any individual listed on line 1a, is the sum of reportine organization and related organizations greater that such individual | an \$150,   | 0002     | If 'Y          | ion<br>'es' | and<br>com        | other<br>plete       | cor<br>Sch  | mpensation from<br>nedule J for  |   | 4 X  |
| 5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' coi                 |   |          |                |             |                   |                      |             |  |   | . 5 - X  |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated                                       | d indepe  | nden     | t co           | ntra        | ctors             | that                 | rece        | eived more than \$   | 100,000 of  |  |
| compensation from the organization Report compens (A)   |   | r the    | cale           | nda         | r yea             | ar end               | ling        | with or within the   |   | (C)  |
| Name and business addres  | ss<br>  | _        |                |             |                   |                      | _           | Description of   |   | Compensation   |
|   |   |          |                |             |                   |                      |             |  |   |  |
|   |   |          |                |             | _                 |                      |             |  |   |  |
| Total number of independent contractors (including b \$100,000 of compensation from the organization                              | ut not lir  | nited    | to th          | nose        | liste             | ed abo               | ove)        | ) who received mo  | re than   |  |
| BAA   | <u> </u>  | TEEAC    | 108            | 11/1        | 1/13              |                      |             |  |   | Form <b>990</b> (2013)   |

|   |             | Check if Schedule O   | contains a                           | respon            | se or note to any li | ne in this l                                | Part VIII .                            |                 |  |   | <i>.</i> .  |          | L  |
|---|-------------|---|--------------------------------------|-------------------|----------------------|---|--|-----------------|--|---|-------------|----------|--|
|   |             |   |                                      | ,, ,', ,'         |                      | Total r                                     | A)<br>evenue                           | e<br>fi         | (B)<br>lated or<br>exempt<br>unction<br>evenue | (C)<br>Unrela<br>busind<br>rever        | eted<br>ess | exclu    | (D)<br>Revenue<br>uded from tax<br>der sections<br>512-514 |
| GIFTS, GRANTS<br>LAR AMOUNTS                      | 1 1         | a Federated campaigns . b Membership dues c Fundraising events d Related organizations .  |                                      | 1 a<br>1 b<br>1 c | 1,144,600.           |   |  |                 | •  | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |             |          |  |
| ONTRIBUTIONS,<br>IND OTHER SIMI                   | 1           | e Government grants (contributions)  All other contributions, gifts, g similar amounts not included a Noncash contributions include | rants, and<br>above<br>d in lines 1a |                   | 9,310.               |   |  |                 |  | ***                                     |             |          |  |
| 2 4   |             | Total. Add lines 1a-1f .  | · · · · ·                            |                   | <u> </u>             | 1,15  | 3,910.                                 | ĺ               | •  |   | Ĭ. X        | 1 2.     |  |
| 뿔   |             |   |                                      |                   | Business Code        | I .   |  |                 |  |   | 2           |          | ***  |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | 2 2         | a   |                                      |                   |                      |   |  |                 |  |   |             |          |  |
| 8   | f           | All other program service   | revenue                              |                   | <del>.</del>         |   |  |                 |  |   |             |          |  |
| Š   | ١ ,         | Total. Add lines 2a-2f  |                                      | <u> </u>          |                      |   |  | 7               | \$ %g &  | *2                                      |             | $\vdash$ | `\\ <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\             |
|   | 3<br>4<br>5 | Investment income (incluother similar amounts). Income from investment Royalties  | ding divide                          | ends, ir          | nterest and          |   | 9,737.                                 | , 2             | 0.   | . ; · ·                                 | 0.          |          | 9,737.   |
|   | 1           | •   | (ı) Re                               |                   | (II) Personal        |   |  | nâ.             | 78 78  | 2 °                                     | Sir Kiris   | ,        | 1525 15.589  |
|   |             | Gross rents   | () // (                              |                   | (ii) Personar        |   | ************************************** |                 |  |   |             |          |  |
|   |             | : Rental income or (loss)   |                                      |                   | <del></del>          | * , *                                       | · 44 1                                 | 1 1             | . A  | Security .                              | 1000        |          | **************************************                     |
|   |             |   | <del> </del>                         |                   |                      | <u>%</u>                                    |  |                 | <u> </u>                                       | <u> </u>                                | 18/38/4/52  |          |  |
|   | ۰ ۱         | Net rental income or (los   | <u>s)</u>                            |                   | <u></u>              |   |  |                 |  |   |             |          |  |
|   | 7 a         | Gross amount from sales of assets other than inventory  | (ı) Secur                            | ities             | (II) Other           | * (* \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | ***                                    | ٠٠,٠<br>ويزيو - |  |   |             |          |  |
|   | c           | Less cost or other basis and sales expenses   |                                      |                   |                      |   |  |                 |  |   |             |          |  |
|   | ١           | Net gain or (loss)  | • • • •                              |                   | · · · · · · · •      |   |  |                 |  |   |             | L        |  |
| RVENUE  | 8 a         | Gross income from fundr<br>(not including \$<br>of contributions reported   | on line 1c)                          | )                 |                      |   | 1 de s                                 |                 |  |   |             |          |  |
| OTHER REVEN                                       |             | See Part IV, line 18 b Less direct expenses . Ret income or (loss) from   |                                      | b                 |                      | 2   |  | **<br>**        |  |   |             |          |  |
| _   |             | Gross income from gamin<br>See Part IV, line 19<br>Less direct expenses .   |                                      | а                 |                      | , .   | -                                      |                 | - > 2 -  |   |             |          |  |
|   |             | · ·   |                                      |                   |                      |   | ~                                      | <b></b>         |  |   | · K / `     | <u> </u> |  |
|   |             | Net income or (loss) from<br>Gross sales of inventory,<br>and allowances  | _                                    |                   |                      |   |  |                 | ,  | ***                                     |             | ·,       | **   |
|   |             |   |                                      |                   |                      |   |  |                 |  | ,                                       | ·           |          | \$ . A   |
| -   |             | Less cost of goods sold   |                                      |                   |                      |   |  |                 |  |   |             | 3"       |  |
| - 1   | _ c         | Net income or (loss) from   | sales of I                           | nventor           | y ▶                  |   |  |                 |  |   |             |          |  |
|   |             | Miscellaneous Revenue   | 9                                    |                   | Business Code        |   |  |                 |  |   |             |          |  |
|   | 11 a        | Reimb_for_recogniti   | on suppl                             | .1es 9            | 00099                |   | 3,040.                                 |                 | 8,040.   |   | 0.          |          | 0.   |
|   | C<br>L      | All other sousses   |                                      |                   |                      |   |  |                 |  |   |             |          |  |
|   |             | All other revenue   |                                      |                   |                      |   |  |                 |  |   |             |          |  |
| l   |             | Total. Add lines 11a-11d  |                                      |                   |                      |   | 3,040.                                 |                 |  |   |             |          |  |
|   |             | Total revenue. See instru   | ictions .                            |                   | <u></u> ▶            |   | 1,687.                                 |                 | 8,040.   |   | 0.          |          | 9,737.   |
| RAA   |             |   |                                      |                   |                      |   |  |                 |  |   |             |          | <u> </u>   |

Part IX | Statement of Functional Expenses

| sec         | Check if Schedule O contains a   |  |  |  | <del></del>   |
|-------------|--|--|--|--|---|
|             |  | (A)  |  | (C)  |   |
| Do i<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | Total expenses                                   | (B) Program service expenses                     | Management and general expenses  | <b>(D)</b><br>Fundraising<br>expenses   |
| 1           | Grants and other assistance to governments   |  |  |  |   |
|             | and organizations in the United States See Part IV, line 21  | 305 670  | 205 670  | 3  | ₩.  |
| 2           | Grants and other assistance to individuals in  | 305,678.   | 305,678.   |  | ** *** **** *** *** *** *** *** *** **  |
| -           | the United States See Part IV, line 22   | 647,828.   | 647,828.   | * '%' *  |   |
| 3           | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |  |  |  | ,   |
| 4           | Benefits paid to or for members  |  |  | 8 06 100 (State) 124   | · · · · · · · · · · · · · · · · · · ·   |
| 5           | Compensation of current officers, directors, trustees, and key employees   |  |  |  |   |
| 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           | Other salanes and wages  |  |  |  |   |
| 8           | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |  |  |  |   |
| 9           | Other employee benefits  |  |  |  |   |
| 10          | Payroll taxes  | -  | <del>                                     </del> |  |   |
| 11          | Fees for services (non-employees)  |  |  |  |   |
|             | Management   |  |  |  |   |
|             | Legal  |  |  |  |   |
|             | Accounting   |  |  | 5 505  |   |
|             | Lobbying   | 5,525.   | 0.   | 5,525.   | 0.  |
|             | Professional fundraising services See Part IV, line 17   |  | Maria Cara Cara Cara Cara Cara Cara Cara         | 804300 6 3045  |   |
|             | Investment management fees   | 0.501  |  |  | _   |
|             | Other (If line 11g amt exceeds 10% of line 25, column  | 2,594.   | 0.   | 2,594.   | 0.  |
| 9           | (A) amount, list line 11g expenses on Schedule O)  | 156,694.   | 116,739.   | 39,955.  | 0.  |
| 12          | Advertising and promotion  | 14,733.  | 0.   | 14,733.  | 0.  |
| 13          | Office expenses  | 23,828.  | 0.   | 23,828.  | 0.  |
| 14          | Information technology   | 12,190.  | 0.   | 12,190.  | 0.  |
| 15          | Royalties  |  |  |  |   |
| 16          | Occupancy  |  |  |  |   |
| 17          | Travel   | 961.   | 436.   | 525.   | 0.  |
| 18          | Payments of travel or entertainment expenses for any federal, state, or local public officials   |  |  |  |   |
| 19          | Conferences, conventions, and meetings   | 20,676.  | 630.   | 20,046.  | 0.  |
| 20          | Interest   |  |  |  |   |
| 21          | Payments to affiliates   |  |  |  |   |
| 22          | Depreciation, depletion, and amortization  |  |  |  |   |
| 23          |  |  |  |  |   |
| _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) |  | · 100g (   | \$ \$5 \$ \$5 \$ \$10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | - '2' - '4' |
| а           | ·<br>  |  |  |  | <del> </del>  |
| b           | , <del>-</del>   |  |  |  |   |
| c           |  |  |  |  |   |
| d           |  | <del>                                     </del> |  |  | <u> </u>  |
| e           | All other expenses   |  |  | -  |   |
| 25          | Total functional expenses. Add lines 1 through 24e.  | 1,190,707.                                       | 1,071,311.                                       | 119,396.   |   |
| 26          | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational  | 1,130,101.                                       | 1,071,311.                                       | 119,396.   | 0.  |
|             | 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 or note to any line in this Part X . . . . . . . . (A) (B) Beginning of year End of year Savings and temporary cash investments . . . . . . . . 242,956 2 224,669. 3 80 4 21,319 1 ... 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' N. 1800 N. W. beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . 6 ASSETS 7 8 Prepaid expenses and deferred charges . . . . . . . . 9 46.661 10 a **b** Less: accumulated depreciation . . . . . . . . . . . . . . . . . 10 b 10 c Investments – publicly traded securities . . . . . 11 456,142 11 455,235 Investments — other securities See Part IV, line 11 . . . . . . 12 13 Investments - program-related. See Part IV, line 11 . . . . . . 13 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 699,178 16 747,884 17 48,955 17 117,588 18 Grants payable... 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . 21 ABILITIES Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . 26 48, 955 117,588 Organizations that follow SFAS 117 (ASC 958), check here ► | | and complete lines 27 through 29, and lines 33 and 34. ASSETS Unrestricted net assets . . . . . . . . . . . . . . 27 650,223 27 296 28 28 Permanently restricted net assets . . . . . . . . . . . . . . . . . 29 29 o R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD Capital stock or trust principal, or current funds . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . BALANCES 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances. . . . . . . . . . . . . . . . . . 33 650,223 630,296. 

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34

747,884. Form 990 (2013)

699,178

34

| For | m 990 (2013) Elks National Veterans Service Commission 13-  | 1548228     |         | Page 12             |
|-----|---|-------------|---------|---------------------|
| Pa  | rt XI Reconciliation of Net Assets  |             |         |                     |
|     | Check if Schedule O contains a response or note to any line in this Part XI   |             |         | $\square$           |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1           | 1,171   | ,687.               |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2           |         | 707.                |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3           | -19     | 0,020.              |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4           |         | ,223.               |
| 5   | Net unrealized gains (losses) on investments  | 5           |         | -907.               |
| 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  |   |             |         |                     |
| _   | column (B))   | 10          | 630     | ) <u>,296.</u>      |
| Pa  | rt:XII Financial Statements and Reporting   |             |         |                     |
|     | Check if Schedule O contains a response or note to any line in this Part XII  |             |         | □                   |
|     |   |             | Y       | es No               |
| 1   | Accounting method used to prepare the Form 990 Cash X Accrual Other   |             | N 9 3   | 703 2.37            |
|     | 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 reviewed on a separate basis, consolidated basis, or both  |             | 723     |                     |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |             |         |                     |
|     | 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 separate  |             | 3133    | CO SO M             |
|     | basis, consolidated basis, or both  |             |         | A-100 Antibiosetics |
|     | X   Separate basis  |             |         | لتنشف لخذ           |
|     | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant? | i <b>t,</b> | 2 c     | х                   |
|     | If the organization changed either its oversight process or selection process during the tax year, explain  |             | Khiji " |                     |
| •   | 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                   |
|     | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at  | udit        |         |                     |
|     | or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |             | 3 b     |                     |
| BA  |   |             | Form 99 | 0 (2013)            |

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

| Name of the organization  |  | _  |                                 |  |                      | Employe   | r identifica                   | tion number                 |                       |
|---|--|--|---------------------------------|--|----------------------|---|--------------------------------|-----------------------------|-----------------------|
| Elks National Veterans Servi  | ce_Commission  |  |                                 |  |                      | 13-1  | 54822                          | 8                           |                       |
| Part I Reason for Public Charity S  | tatus (All organizations   | must co  | omplet                          | e this r                                       | art.) S              | See inst  | truction                       | is.                         |                       |
| The organization is not a private foundation bed  |  |  |                                 |  |                      |   |                                | _                           |                       |
| 1 A church, convention of churches or   | association of churches describ  | ed in <b>se</b>  | ction 17                        | О(Ь)(1)(                                       | ۹)(i).               |   |                                |                             |                       |
| 2 A school described in section 170(b)  | (1)(A)(ii). (Attach Schedule E)  | <b>,</b>   |                                 |  |                      |   |                                |                             |                       |
| 3 A hospital or a cooperative hospital s  |  |  | 170(b)                          | (1)(A)(iii                                     | ).                   |   |                                |                             |                       |
| 4 A medical research organization oper  | _  |  |                                 |  | -                    | 1)(A)(iii)                                      | . Enter th                     | ne hospital's               | <b>;</b>              |
| name, city, and state   | ,  |  |                                 |  | , ,,                 | , , ,   |                                | •                           |                       |
| 5 An organization operated for the benderation 170(b)(1)(A)(iv). (Complete Part II.)  | efit of a college or university ow   | ned or o   | perated                         | by a gov                                       | ernmen               | ital unit d                                     | escribed                       | I in section                |                       |
| 6 A federal, state, or local government   |  |  |                                 |  |                      |   |                                |                             |                       |
| 7 X An organization that normally receive in section 170(b)(1)(A)(vi). (Comple  | te Part II)  |  | govern                          | mental u                                       | nit or fro           | om the ge                                       | eneral pu                      | ıblıc describ               | ed                    |
| 8 A community trust described in section  |  | -  |                                 |  |                      |   |                                |                             |                       |
| 9 An organization that normally receive from activities related to its exempt fu investment income and unrelated bus June 30, 1975 See section 509(a)(2 | nctions — subject to certain exi<br>iness taxable income (less sec<br><b>).</b> (Complete Part III ) | ceptions,<br>ction 511                                 | and (2)<br>tax) fror            | no more<br>n busine                            | than 33<br>sses ac   | 3-1/3% o  | fits supp                      | oort from gro               | oss                   |
| 10 An organization organized and opera  |  | _  |                                 |  |                      | J   |                                |                             |                       |
| An organization organized and opera more publicly supported organizations describes the type of supporting organizations.                               | described in section 509(a)(1  | ) or section   | on 509(a                        | functions<br>a)(2) Se                          | of, or o             | carry out<br>on 509(a                           | the purp<br>(3). Che           | oses of one<br>ck the box t | or<br>that            |
| aType I bType II  | c Type III — Function  | ally integ   | grated                          | (  | # 🗍 ː                | Type III -                                      | – Non-fu                       | inctionally in              | ntegrated             |
| e By checking this box, I certify that the other than foundation managers and section 509(a)(2).  | organization is not controlled o<br>other than one or more publicly                                  | directly or<br>supporte                                | r indirect<br>ed orgar          | tly by one                                     | e or moi<br>describ  | re disqua<br>ed in sed                          | ilified per<br>ation 509       | rsons<br>(a)(1) or          |                       |
| f If the organization received a written of check this box  | determination from the IRS that  | tıs a Typ  | e I, Typ                        | e II or Ty                                     | pe III su            | pporting  | organiza                       | ation,                      | 🛚                     |
| g Since August 17, 2006, has the organ  | ization accepted any gift or co  | ntribution   | n from a                        | ny of the                                      | followir             | ng persoi                                       | ns?                            |                             |                       |
|   |  |  |                                 |  |                      |   |                                |                             | Yes No                |
| (i) A person who directly or indirect below, the governing body of the  | e supported organization?  |  |                                 |  | • •                  |   |                                | . 11 g (i)                  |                       |
| (ii) A family member of a person de   |  |  |                                 |  |                      |   |                                | . 11 g (ii)                 |                       |
| (iii) A 35% controlled entity of a per  |  |  |                                 |  |                      | <i></i>   |                                | · 11 g (iii)                |                       |
| h Provide the following information about   | it the supported organization(s  | 5)   | _                               |  |                      |   |                                | ' <u></u>                   | L                     |
| (i) Name of supported organization (ii) EIN   | (III) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | (Iv) Is<br>organiza<br>column (I)<br>your gov<br>docum | ation in<br>Isted in<br>verning | (v) Did yo<br>the organi<br>column (i)<br>supp | zation in<br>of your | (vi) Is<br>organiza<br>colum<br>organize<br>U S | ation in<br>in (i)<br>d in the |                             | t of monetary<br>port |
|   |  | Yes  | No                              | Yes  | No                   | Yes   | No                             |                             |                       |
|   |  |  |                                 |  |                      |   |                                |                             |                       |
| (A)   |  |  |                                 |  |                      | ļ   |                                |                             |                       |
| (B)   |  |  |                                 |  |                      |   |                                |                             |                       |
| (c)   |  | _  | -                               | _<br>  |                      |   |                                |                             |                       |
| (D)   |  |  |                                 |  |                      |   |                                |                             |                       |
| (E)   |  |  |                                 |  |                      |   |                                |                             |                       |
| Total   |  |  |                                 |  |                      | ,   |                                | · · ·                       |                       |
| BAA For Paperwork Reduction Act Notice, s   | ee the Instructions for Form   | 990 or 9   | 90-EZ.                          |  |                      | Schedule  | A (Form                        | 990 or 990                  | )-EZ) 2013            |

## Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec          | tion A. Public Support  |  |   |  |   |                                   |                     |
|--------------|---|--|---|--|---|-----------------------------------|---------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2009   | <b>(b)</b> 2010                             | (c) 2011                                     | (d) 2012  | (e) 2013                          | (f) Total           |
| 1            | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')  | 969,446.   | 926,806.                                    | 1,142,704.                                   | 1,143,498.                                      | 1,153,910.                        | 5,336,364.          |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |   |  |   |                                   |                     |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |   |  |   |                                   |                     |
| 4            | Total. Add lines 1 through 3  | 969,446.   | 926,806.                                    | 1,142,704.                                   | 1,143,498.                                      | 1,153,910.                        | 5,336,364.          |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  |   |  |   |                                   |                     |
| 6            | Public support. Subtract line 5 from line 4   | Santa Sa   |   |  |   |                                   | 5,336,364.          |
| <u>Sec</u>   | tion B. Total Support   |  |   |  |   |                                   |                     |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2009   | <b>(b)</b> 2010                             | (c) 2011                                     | (d) 2012  | (e) 2013                          | (f) Total           |
| 7            | Amounts from line 4   | 969,446.   | 926,806.                                    | 1,142,704.                                   | 1,143,498.                                      | 1,153,910.                        | 5,336, <u>3</u> 64. |
| 8            | Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources   | 16,881.  | 8,521.                                      | 8,780.                                       | 10,393.   | 9,737.                            | 54,312.             |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |   |  |   |                                   | •                   |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |  |   |  |   |                                   |                     |
| 11           | Total support. Add lines 7 through 10   |  |   | re Amil                                      |   |                                   | 5,390,676.          |
| 12           | Gross receipts from related activiti-   | es, etc (see instruc   | ctions)                                     | • • • • • • • • •                            |   | 12                                | 48,373.             |
| 13           | First five years. If the Form 990 is organization, check this box and s   | for the organization for the o | on's first, second, t                       | hird, fourth, or fifth                       | tax year as a sect                              | ion 501(c)(3)                     | ▶ 🔲                 |
|              | tion C. Computation of Pu   | blic Support P   | ercentage                                   |  |   |                                   |                     |
|              | Public support percentage for 2013  |  |   |  |   |                                   | 98.99 <b>%</b>      |
|              | Public support percentage from 20   |  |   |  |   | <del> </del>                      | 98.70%              |
| 16 a         | 33-1/3% support test — 2013. If and stop here. The organization q   | the organization di<br>jualifies as a public   | d not check the bo<br>ly supported organ    | x on line 13, and th                         | ne line 14 is 33-1/3                            | % or more, check t                | his box             |
| b            | 33-1/3% support test — 2012. If the and stop here. The organization of  | he organization did<br>qualifies as a public   | I not check a box of<br>cly supported organ | n line 13 or 16a, a                          | nd line 15 is 33-1/3                            | 3% or more, check                 | this box            |
|              | 10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a   | eets the facts-and-<br>ind-circumstances'  | circumstances' tes<br>test The organiza     | st, check this box a<br>ition qualifies as a | nd <b>stop here.</b> Exp<br>publicly supported  | olain in Part IV how organization | ▶ 🗍                 |
|              | 10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-circumstances the facts-and-circumstances the facts-and-circumstances.                          | eets the 'facts-and-<br>circumstances' test  | circumstances' test.<br>t. The organization | st, check this box a<br>qualifies as a pub   | nd <b>stop here.</b> Exp<br>licly supported org | olaın ın Part IV how<br>anızatıon | the                 |
| 18           | Private foundation. If the organization   | ation did not check  | a box on line 13,                           | 16a, 16b, 17a, or 1                          | 7b, check this box                              | and see instruction               | ns ▶ 🗍              |
| BAA          |   |  |   |  | Sch   | edule A (Form 900                 | or 000 E7) 2012     |

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

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

| Sec   | tion A. Public Support  |   | _                                   |  |   |  |             |
|-------|---|---|-------------------------------------|--|---|--|-------------|
| Caler | dar year (or fiscal yr beginning in)  | (a) 2009                                  | (b) 2010                            | (c) 2011                                     | (d) 2012                                    | (e) 2013                                 | (f) Total   |
| 1     | Gifts, grants, contributions<br>and membership fees<br>received (Do not include<br>any unusual grants )   |   |                                     |  |   |  |             |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose      |   |                                     |  |   |  |             |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513  |   |                                     |  |   |  |             |
| 5     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |                                     |  |   |  |             |
|       | Total. Add lines 1 through 5  |   |                                     |  |   |  |             |
| t     | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year |   |                                     |  |   |  |             |
| C     | Add lines 7a and 7b   |   |                                     |  |   |  |             |
| 8     | Public support (Subtract line 7c from line 6)   |   |                                     |  |   |  |             |
|       | tion B. Total Support   |   | -                                   |  |   |  |             |
| Calen | dar year (or fiscal yr beginning in) 🕨  | (a) 2009                                  | <b>(b)</b> 2010                     | (c) 2011                                     | (d) 2012                                    | (e) 2013                                 | (f) Total   |
| 10 a  | Amounts from line 6   |   |                                     |  |   |  |             |
|       | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                             |   |                                     |  |   |  |             |
| 12    | Other income Do not include gain or loss from the sale of capital assets.(Explain inPart IV.)   |   |                                     |  |   |  | <del></del> |
| 13    | Total Support. (Add ins 9,10c, 11 and 12)   |   | ·                                   |  | -   |  |             |
| 14    | organization, check this box and s  | top here                                  | <u> </u>                            | hird, fourth, or fifth                       | tax year as a sect                          | ion 501(c)(3)                            | ▶ ∏         |
|       | tion C. Computation of Pul  |   |                                     |  |   | <del>-</del>                             |             |
| 15    | Public support percentage for 2013  | 3 (line 8, column (f)                     | divided by line 13                  |  |   |  | 00          |
| 16    | Public support percentage from 20   | 12 Schedule A, Pa                         | ırt III, line 15                    | <u>.</u>                                     |   |  | %           |
|       | tion D. Computation of Inv  |   |                                     |  |   |  |             |
| 17    | Investment income percentage for  |   |                                     |  | )   | 17                                       |             |
| 18    | Investment income percentage fro  |   |                                     |  |   |  | 96          |
| 19 a  | 33-1/3% support tests $-$ 2013. If is not more than 33-1/3%, check the  | the organization di                       | d not check the bo                  | x on line 14, and li<br>ion qualifies as a p | ne 15 is more than                          | n 33-1/3%, and line<br>organization      | 17          |
|       | <b>33-1/3% support tests</b> — <b>2012.</b> If line 18 is not more than 33-1/3%, or   | the organization di<br>check this box and | d not check a box stop here. The or | on line 14 or line 1<br>ganization qualifies | 9a, and line 16 is i<br>s as a publicly sup | more than 33-1/3%<br>ported organization | , and ▶ □   |
| 20    | Private foundation. If the organization   | ation did not check                       | a box on line 14,                   | 19a, or 19b, check                           | this box and see if                         | nstructions                              | ▶ 📋         |

| 40           | (Form 990 or 990-EZ) 20  | ייט Elks                         | <u>National Ve</u>               | terans Serv                        | ice Commission                                  | <u> 13-1548228</u>  | Page 4           |
|--------------|--|----------------------------------|----------------------------------|------------------------------------|---|---------------------|------------------|
| Part IVৠ     | Supplemental Info<br>or 17b, and Part III<br>(See instructions). | ormation. Pro<br>, line 12. Also | ovide the expla<br>complete this | nations require<br>part for any ad | ed by Part II, line 10<br>ditional information. | ; Part II, line 17a |                  |
|              | <b></b>  |                                  |                                  |                                    |   |                     | · <del>-</del> - |
|              |  |                                  | <del>-</del>                     |                                    |   |                     |                  |
|              |  | <b></b>                          |                                  |                                    |   |                     |                  |
|              |  |                                  |                                  |                                    |   |                     |                  |
| ~            |  |                                  |                                  |                                    |   |                     |                  |
| - <b></b>    | · <b></b>  |                                  |                                  |                                    |   |                     | ·                |
|              | ·  |                                  |                                  |                                    |   |                     |                  |
| - <b>-</b>   | <b></b>  |                                  | <b>_</b>                         | <b></b>                            |   |                     | <b>-</b> -       |
|              |  |                                  |                                  |                                    |   |                     |                  |
| <del>-</del> |  |                                  |                                  | <del></del> -                      |   |                     |                  |
|              |  |                                  |                                  | - <b></b>                          | <b></b>   |                     |                  |
|              |  |                                  |                                  |                                    |   |                     | . – – – –        |
|              |  |                                  |                                  |                                    |   |                     |                  |
|              |  |                                  |                                  | <b>-</b> -                         |   |                     | . – – – –        |
|              |  |                                  |                                  |                                    |   |                     |                  |
|              |  |                                  |                                  |                                    |   |                     |                  |
|              |  | <b></b>                          | _ <b></b>                        | - <b></b>                          | <b>-</b>  |                     | . – – – –        |
|              |  |                                  |                                  |                                    | <b></b>   |                     |                  |
| <del>-</del> |  | <del></del>                      |                                  |                                    |   |                     |                  |
|              |  |                                  |                                  |                                    |   |                     | . – – – -        |
|              |  |                                  |                                  |                                    | <u>-</u> :                                      |                     | · <del></del>    |
|              |  |                                  |                                  |                                    |   |                     |                  |
| . – – – –    |  | · <b></b>                        |                                  |                                    |   |                     |                  |
|              |  |                                  |                                  |                                    |   |                     |                  |
| . <b>-</b>   |  | <b>-</b>                         | <b>-</b>                         |                                    |   |                     | <del>_</del> _   |

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1515-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| ្រារ          | ks National Veterans Service Commission  | 13-1548228   |
|---------------|--|--|
|               | Trail Organizations Maintaining Donor Advised Funds or Other Sim   |  |
| Гат           | Complete if the organization answered 'Yes' to Form 990, Part IV, I  | ine 6.   |
|               | (a) Donor advised funds  | (b) Funds and other accounts   |
| 1             | Total number at end of year  | (a) Farias and Sinoi associates  |
| 2             | Aggregate contributions to (during year)   |  |
| _             |  |  |
| 3             | Aggregate grants from (dunng year)   |  |
| 4             | Aggregate value at end of year   |  |
| 5             | Did the organization inform all donors and donor advisors in writing that the assets held in are the organization's property, subject to the organization's exclusive legal control?   | Yes No   |
| 6             | Did the organization inform all grantees, donors, and donor advisors in writing that grant for charitable purposes and not for the benefit of the donor or donor advisor, or for any otl impermissible private benefit?  | unds can be used only ner purpose conferring Yes No  |
| Par           | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, I  | ine 7.   |
| 1             | Purpose(s) of conservation easements held by the organization (check all that apply)   |  |
|               | Preservation of land for public use (e.g., recreation or education)  | rvation of an historically important land area   |
|               | Protection of natural habitat Prese  | rvation of a certified historic structure  |
|               | Preservation of open space   |  |
| 2             | Complete lines 2a through 2d if the organization held a qualified conservation contributior last day of the tax year.  | n in the form of a conservation easement on the  |
|               |  | Held at the End of the Tax Yea   |
| a             | Total number of conservation easements   | 2a   |
| ŀ             | Total acreage restricted by conservation easements   |  |
|               | Number of conservation easements on a certified historic structure included in (a)   |  |
|               |  |  |
| •             | I Number of conservation easements included in (c) acquired after 8/17/06, and not on a his structure listed in the National Register  | storic 2 d   |
| 3             | Number of conservation easements modified, transferred, released, extinguished, or term tax year ►   | inated by the organization during the  |
| 4             | Number of states where property subject to conservation easement is located ▶  |  |
| 5             | Does the organization have a written policy regarding the periodic monitoring, inspection,   | handling of violations.  |
|               | and enforcement of the conservation easements it holds?  | Yes No   |
| 6             | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e  | asements during the year   |
| 7             | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer ►\$  | nents during the year  |
| 8             | Does each conservation easement reported on line 2(d) above satisfy the requirements o and section 170(h)(4)(B)(ii)?   | f section 170(h)(4)(B)(i)  |
| <b>9</b><br>- | In Part XIII, describe how the organization reports conservation easements in its revenue include, if applicable, the text of the footnote to the organization's financial statements that conservation easements————————————————————————————————————                                      | and expense statement, and balance sheet, and t describes the organization's accounting for      |
| Päř           | Organizations Maintaining Collections of Art, Historical Treasu<br>Complete if the organization answered 'Yes' to Form 990, Part IV, I   | ires, or Other Similar Assets.<br>ine 8.   |
| 1 a           | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reart, historical treasures, or other similar assets held for public exhibition, education, or res in Part XIII, the text of the footnote to its financial statements that describes these items. | evenue statement and balance sheet works of earch in furtherance of public service, provide,     |
| t             | b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reven<br>historical treasures, or other similar assets held for public exhibition, education, or researce<br>following amounts relating to these items.   | ue statement and balance sheet works of art,<br>th in furtherance of public service, provide the |
|               | (i) Revenues included in Form 990, Part VIII, line 1   | · · · · · · · · · · · · · · • \$   |
|               | (ii) Assets included in Form 990, Part X   | ·  |
| 2             | If the organization received or held works of art, historical treasures, or other similar asset 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>&gt;</b> \$   |
|               | Assets included in Form 990, Part X  | •  |

|  |                   |                                 |                              |          | Commission_                 |                | <u> 13-1548</u>     |                  |            | Page 2         |
|--|-------------------|---------------------------------|------------------------------|----------|-----------------------------|----------------|---------------------|------------------|------------|----------------|
| Part III Organizations Mainta  | ining Colle       | ctions of                       | Art, Histo                   | rical    | Treasures, or               | Other          | Similar Ass         | ets (cc          | ontinu     | ed)            |
| 3 Using the organization's acquisitio items (check all that apply)           | n, accession, a   | and other reco                  | ords, check a                | any of   | the following that a        | re a sigr      | nificant use of its | collection       | on         |                |
| a Public exhibition  |                   | c                               | l Loan o                     | r exch   | ange programs               |                |                     |                  |            |                |
| <b>b</b> Scholarly research  |                   | •                               | e Other                      |          |                             |                |                     |                  |            |                |
| c Preservation for future genera   | tions             |                                 |                              |          |                             |                |                     |                  |            |                |
| 4 Provide a description of the organi<br>Part XIII.                          |                   | ·                               |                              | •        | •                           | ·              | •                   |                  |            |                |
| 5 Dunng the year, did the organization to be sold to raise funds rather that | n to be mainta    | ined as part of                 | of the organi                | zation'  | s collection?               |                | [                   | Yes              |            | No             |
| Part IV Escrow and Custodia  | mount on F        | <b>nents.</b> Con<br>orm 990, F | nplete if tr<br>Part X, line | e 21.    | ganization answ             | ered ^         | Yes' to Form        | 990, P           | art IV     | ,              |
| 1 a Is the organization an agent, truste<br>on Form 990, Part X?             |                   |                                 |                              |          |                             |                |                     | Yes              |            | No             |
| <b>b</b> If 'Yes,' explain the arrangement in                                | Part XIII and     | complete the                    | following tat                | ole      |                             |                | <del></del>         |                  |            |                |
|  |                   |                                 |                              |          |                             |                | <b>_</b>            | Amount           |            |                |
| c Beginning balance  |                   |                                 |                              |          |                             |                |                     |                  |            |                |
| <b>d</b> Additions during the year   |                   |                                 |                              |          |                             | · <u>  1 c</u> | <u> </u>            |                  |            |                |
| e Distributions during the year  |                   |                                 |                              |          |                             | . <u>1 e</u>   | ·                   |                  |            |                |
| f Ending balance   |                   |                                 |                              |          |                             |                | <u> </u>            |                  |            |                |
| 2 a Did the organization include an an                                       | nount on Form     | 990, Part X,                    | line 21?                     |          |                             |                | [                   | Yes              | L          | No             |
| <b>b</b> If 'Yes,' explain the arrangement in                                | Part XIII Che     | ck here if the                  | explantion I                 | nas be   | en provided in Part         | XIII .         |                     |                  | · · L      |                |
| Part V Endowment Funds.  | complete if t     | he organiz                      | ation ansv                   | were     | d 'Yes' to Form             | 990, P         | art IV, line 10     | ).               |            |                |
|  | (a) Current       | year                            | (b) Pnor year                |          | (c) Two years back          | (d)            | Three years back    | (e) Fo           | our years  | s back         |
| 1 a Beginning of year balance  |                   |                                 |                              |          |                             |                |                     |                  |            |                |
| <b>b</b> Contributions   |                   |                                 |                              |          |                             |                |                     |                  |            |                |
| c Net investment earnings, gains, and losses                                 |                   |                                 |                              |          |                             |                |                     |                  | -          |                |
| d Grants or scholarships   |                   |                                 |                              |          |                             | _              | ·                   | <del> </del>     |            |                |
| e Other expenditures for facilities and programs                             |                   |                                 | -··· <u>·</u>                |          |                             |                |                     |                  |            |                |
| f Administrative expenses  |                   |                                 |                              |          |                             |                |                     | 1                |            |                |
| g End of year balance  |                   |                                 |                              |          |                             | _              |                     | 1                |            |                |
| 2 Provide the estimated percentage   | of the current    | vear end hala                   | ance (line 1a                | colur    | nn (a)) held as             | <u> </u>       |                     | <u>'</u>         |            |                |
| a Board designated or quasi-endow  |                   | your ond bale                   | %<br>%                       | , colui  | iii (a)) iicid as           |                |                     |                  |            |                |
| b Permanent endowment  |                   |                                 | - "                          |          |                             |                |                     |                  |            |                |
| c Temporarily restricted endowment   |                   | %                               |                              |          |                             |                |                     |                  |            |                |
| · · ·  |                   | <del></del> ·                   |                              |          |                             |                |                     |                  |            |                |
| The percentages in lines 2a, 2b, a   |                   | ,                               |                              |          |                             |                |                     |                  |            |                |
| 3 a Are there endowment funds not in<br>organization by                      | the possession    | n of the orgar                  | nization that                | are he   | eld and administered        | d for the      | •                   |                  | Yes        | No             |
| (i) unrelated organizations  |                   |                                 |                              |          |                             |                |                     | 3a(i)            |            |                |
| (ii) related organizations   |                   |                                 |                              |          |                             |                |                     | . 3a(ii)         |            | <u> </u>       |
| b If 'Yes' to 3a(II), are the related org                                    | janizations liste | ed as require                   | d on Schedu                  | le R?    |                             |                |                     | . 3b             |            |                |
| 4 Describe in Part XIII the intended   | uses of the org   | anızatıon's ei                  | ndowment fu                  | ınds     | _                           |                |                     |                  |            |                |
| Part VI Land, Buildings, and   |                   |                                 |                              |          |                             |                |                     |                  |            |                |
| Complete if the organize   | zation answ       | ered 'Yes'                      | to Form 9                    | 90, F    | art IV, line 11a.           | See F          | Form 990, Pa        | rt X, lir        | ne 10.     |                |
| Description of property  | <u> </u>          | (a) Cost or of                  |                              |          | Cost or other pasis (other) |                | ccumulated          | (d) E            | Book va    | lue            |
| 1 a Land   |                   | 1                               |                              |          | · · · · ·                   |                | ,                   | <del></del>      |            |                |
| <b>b</b> Buildings   |                   |                                 |                              |          |                             |                |                     |                  |            |                |
| c Leasehold improvements   |                   |                                 |                              | _        |                             |                |                     |                  |            |                |
| d Equipment  |                   |                                 |                              |          | <del></del>                 |                |                     |                  |            |                |
| e Other.   |                   |                                 | <del></del>                  |          | <del></del>                 |                |                     |                  |            |                |
| Total. Add lines 1a through 1e. (Column                                      |                   |                                 | Part V colum                 | an /DI   | Ino 10/01 1                 |                |                     |                  |            |                |
| BAA  | i juj must eque   | i oiiii 990, I                  | arc A, COIUN                 | ııı (B), | , iii ie 10(C) ) · · · ·    | <u>· ·</u> · · |                     | ule <b>D</b> (Fo | nm 00/     | 0) 2012        |
| <del></del>  |                   |                                 |                              |          |                             |                | Coneut              | <del></del> (1 ( | J. 111 001 | <i>-,</i> 2013 |

| Complete if the organization answered 'Y   | es' to Form 990,                      | Part IV, line 11b. See Form                    | 990, Part X, line 12.       |
|--|---------------------------------------|--|-----------------------------|
| (a) Description of security or category (including name of security)   | (b) Book value                        | (c) Method of valuation Cost                   |                             |
| (1) Financial derivatives  |                                       |  | <u></u>                     |
| (2) Closely-held equity interests  | <del></del>                           |  |                             |
| (3) Other  |                                       |  |                             |
| (A)  |                                       |  |                             |
| (B)  |                                       |  |                             |
| (C)  |                                       |  |                             |
| (D)  |                                       |  |                             |
| (E)  |                                       |  |                             |
| (F)  |                                       |  |                             |
| (G)  | ·                                     |  |                             |
| (H)  |                                       |  |                             |
| (I)  |                                       |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶  |                                       |  |                             |
| Part VIII Investments — Program Related. Complete if the organization answered 'Y  |                                       |  |                             |
| (a) Description of investment type   | (b) Book value                        | (c) Method of valuation Cost                   | or end-of-year market value |
| (1)  | <u> </u>                              |  |                             |
| (2)  |                                       |  |                             |
| (3)  | <u> </u>                              |  |                             |
| (4)  |                                       |  |                             |
| (5)  |                                       |  |                             |
| <u>(6)</u>   |                                       |  |                             |
| <u>(7)</u><br>(8)  |                                       |  |                             |
| (9)  |                                       |  |                             |
| (10)   |                                       |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) .▶   | · · · · · · · · · · · · · · · · · · · |  |                             |
| Part IX Other Assets.  | <u>.</u> ·                            |  | 7                           |
| Complete if the organization answered 'Y   |                                       | Part IV, line 11d. See Form                    |                             |
|  | cription                              |  | (b) Book value              |
| <u>(1)</u><br>(2)  | <del></del>                           | <del></del>                                    |                             |
| (3)  |                                       |  |                             |
| (4)  |                                       |  |                             |
| (5)  |                                       |  |                             |
| (6)  |                                       |  |                             |
| (7)  |                                       |  |                             |
| (8)  |                                       |  |                             |
| (9)  |                                       |  |                             |
| (10)   |                                       |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B), III  | ne 15)                                | · · · · · · · · · · · · · · · · · · ·          | ▶                           |
| Other Liabilities. Complete if the organization answered 'Yes' to Fo   | rm 990, Part IV, line                 | 11e or 11f. See Form 990, Part X, I            | ine 25                      |
| (a) Description of liability   | (b) Book value                        | e : ,  | 4                           |
| (1) Federal income taxes (2)   |                                       | <del> </del>                                   |                             |
| (3)  | <del>-</del>                          |  |                             |
| (4)  | <del></del>                           |  |                             |
| (5)  | <del></del>                           |  | \$2 <b>6</b> 0              |
| (6)  |                                       |  |                             |
| (7)  |                                       |  |                             |
| (8)  |                                       |  |                             |
| (9)  |                                       |  | <i>ن</i> ۲                  |
| (10)   |                                       |  | r<br>. nám.                 |
| (11)   |                                       |  |                             |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  | <b>•</b>                              |  |                             |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes provided EIN 48 (ACC 740). Charlish and the house of the footnotes and the footnotes are sent | ote to the organization's fir         | nancial statements that reports the organiza   |                             |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has  | is been provided in Part X            | <u>                                       </u> | <u></u> X                   |

| Schedule D (Form 990) 2013 Elks National Veterans Service Comm   | nissı                | ion 13   | 3-1548228      | g Page 4      |
|--|----------------------|--|----------------|---------------|
| Part XI Reconciliation of Revenue per Audited Financial Statement  | s Wit                | h Revenue per Ro                               | eturn.         |               |
| Complete if the organization answered 'Yes' to Form 990, Part I  |                      |  |                |               |
| 1 Total revenue, gains, and other support per audited financial statements   |                      |  | . 1            | 1,168,186.    |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12   |                      |  | × 500000       |               |
| a Net unrealized gains on investments  | 2 a                  | -907.  | 3.             |               |
| b Donated services and use of facilities   | 2 b                  |  | - * ·          |               |
| c Recoveries of prior year grants  | 2 c                  |  | - L            |               |
| d Other (Describe in Part XIII )   | 2 d                  |  | - 4            |               |
| e Add lines 2a through 2d  |                      |  | . 2 e          | -907.         |
| 3 Subtract line 2e from line 1   |                      |  | . 3            | 1,169,093.    |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1  |                      |  |                | <del></del>   |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                   | 2,594.   |                |               |
| b Other (Describe in Part XIII )   |                      |  | -              |               |
| c Add lines 4a and 4b  | <u></u>              |  | . 4c           | 2,594.        |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                      |  | . 5            | 1,171,687.    |
| Part XII Reconciliation of Expenses per Audited Financial Statemen   |                      |  |                | <u> </u>      |
| Complete if the organization answered 'Yes' to Form 990, Part  |                      |  |                |               |
| 1 Total expenses and losses per audited financial statements   |                      |  | . 1            | 1,188,113.    |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25   |                      |  | 7              | <del>``</del> |
| a Donated services and use of facilities   | 2 a                  |  | *,             |               |
| <b>b</b> Pnor year adjustments   | 2 ь                  |  | -              |               |
| c Other losses   | 2 c                  |  | - *            |               |
| d Other (Describe in Part XIII )   | 2 d                  | <del></del>                                    |                |               |
| e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  |                      |  | . 2 e          |               |
| 3 Subtract line 2e from line 1   |                      |  | . 3            | 1,188,113.    |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1  | 1                    |  | 8.5            | 1/100/1100    |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4 a                  | 2,594.   |                |               |
| <b>b</b> Other (Describe in Part XIII )  | 4 b                  |  |                |               |
| c Add lines 4a and 4b  |                      |  | . 4c           | 2,594.        |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | . <u></u>            | <u> </u>                                       | . 5            | 1,190,707.    |
| Part XIII Supplemental Information.  |                      |  |                |               |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete the state of the st | /, lines<br>his part | 1b and 2b, Part V,<br>t to provide any additio | nal informatio | 'n            |
| Sch D, Part X, Ln 2 The Commission is exempt from Federal inc  | o <u>me</u> t        | <u>axes under Sect</u>                         | 10n 501(c      | )(3)_of_the_  |
| Internal_Revenue_Code_and_similar_state_i  | ncom                 | e_tax_laws Th                                  | e_Commıss      | 10n 1s also   |
| classified as an entity that is not a private for  | <u>oundat</u>        | t <u>ion within the me</u>                     | aning of S     | ect1on 509(a) |
| and contributions to the Commission qualify  | f <u>or</u> c        | <u>harıtable tax ded</u>                       | ductions_b     | y_the_donor.  |
|  | - <del>-</del> -     |  |                |               |
| The Commission must recognize the financ   | <u>ial s</u>         | statement_impact                               | t_of_any       | tax_benefit_  |

TEEA3304 10/02/13

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<u>associated with tax positions taken or expected to be taken in its tax return unless it is </u>

more-likely-than-not the position will be sustained upon examination by a taxing authority.

Schedule D (Form 990) 2013

| Quiedule D (Form 990) 2013 EIKS National Veterans Service Commission | 13-1548228            | Page 5           |
|--|-----------------------|------------------|
| PartiXIII Supplemental Information (continued)                       |                       |                  |
| Any interest and penalties associated with the tax position wou      | ld also be recognized | <u>l in the </u> |
| financial statements   |                       |                  |
| financial statements   |                       |                  |
|  | sitions for the year  | r ended          |
|  |                       |                  |
| March 31, 2014 and determined there were no matters that wo          | uld reguire recognit  | <u>tion in </u>  |
| the financial statements or that may have any effect of              | on its tax-exempt     | status.          |
| As of March 31, 2014, the Commission's tax returns for 201           | 1 through the curres  | nt year _        |
| remain open and subject to examination by the Internal E             | Revenue Service and   | <u>state</u>     |
|  | t_nor_is_any_audit_r  | pending.         |
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| SCHEDULE I<br>(Form 990)  | S G G  | Grants and Oth<br>overnments, a | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. | o Organizations<br>the United Starm 990, Part IV, line 21 | s,<br>ites<br>or 22.                                  |  | OMB No 1545-0047 ·                 |
|---|--|---------------------------------|--|---|---|--|------------------------------------|
| Department of the Treasury<br>Internal Revenue Service  | ► Information about                            |                                 | <ul> <li>Attach to Form 990.</li> <li>Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>   | D.<br>uctions is at <i>www.irs</i> .g                     | ov/form990.   |  | Open to Public Inspection          |
| Name of the organization  Files National Veterans Servi   |  |                                 |  |   |   | Employer identification number         | cation number                      |
| Parti 以 General Information on Grants and Assistance  | rants and Assist                               | lance                           |  |   |   | 770407                                 | 0.7                                |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?   | to substantiate the a<br>grants or assistance? | mount of the grants c           | r assistance, the grantee  | s' eligibility for the grants                             | s or assistance, and                                  |  | X Yes No                           |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  | ocedures for monitor                           | ing the use of grant f          | unds in the United States  |   |   |  | _                                  |
| Rantills Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answer Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | nce to Governm<br>or any recipient th          | ents and Organ                  | nd Organizations in the United States. Complete if the organization answered 'Yes' to ived more than \$5,000. Part II can be duplicated if additional space is needed.           | ed States. Comple<br>I can be duplicated                  | ite if the organizati                                 | on answered 'Ye is needed.             | s, to                              |
| (a) Name and address of organization     or government  | (b) EIN  | (c) IRC section if applicable   | (d) Amount of cash grant   | (e) Amount of non-cash assistance                         | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) Dept_of_Veterans Affairs<br>2121_North Ave_111K)<br>Grand Junction CO 81501   |  | Govt entity                     | .000.9   |   |   |  | Winter sports                      |
| (2) Dept_of_Veterans_Affairs13000_Bruce_B_Downs_Blyd_Tampa_FL_33612   |  |                                 | 6,000.   |   |   |  | Wheelchair dam                     |
| (3) Dept_of_Veterans_Affairs<br>1 Jefferson_Barracks_Dr_<br>St_Louis_MO_63125   |  |                                 | 5,741.   |   |   |  | Golden age gam                     |
| (4) Dept_of_Veterans Affairs<br>-4801_Veterans Drive<br>St Cloud MN 56303   | - —— -   | Govt entity                     | .000.9   |   |   |  | ye ay                              |
| 15) Dept_of_Veterans_Affairs<br>601_Highway_6 W<br>Iowa City IA 52246   |  | 1                               | 6,000.   |   |   |  |                                    |
| (6) Dept_of_Veterans_Affairs<br>3350_LaJolla_Village_Dr_<br>San Diego CA 92161  |  | Govt entity                     | 6,000.   |   |   |  |                                    |
| 7.  |  |                                 |  |   |   |  |                                    |
| 8   | <u></u>  |                                 |  |   |   |  |                                    |
|   | and government orga                            |                                 | listed in the line 1 table   |   |   |  | 9                                  |
| 3 Enter total number of other organizations listed in the line 1 table.   | s listed in the line 1 ta                      | able                            |  |   |   |  | 0                                  |
| SAA TOF Paperwork Reduction Act Notice, see the instructions for Form 990.  | See the Instruction                            | S TOF POUT 99U.                 |  | TEEA3901 07/12/13   | 17/12/13  | Schedu                                 | Schedule I (Form 990) (2013)       |

|Parill | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 | Part III can be duplicated if additional space is needed. Elks National Veterans Service Commission Schedule 1 (Form 990) (2013)

Schedule I (Form 990) (2013) Tolletries & misc items Description of non-cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Playing cards Leather goods Entertainment Grants are awarded to support events for the benefit of disabled veterans. These events are presented by the Department of Veterans Affairs and other exempt Volunteers are given a monthly allowance to purchase refreshments, tolletry The volunteers provide the Organization with a monthly accounting of their (e) Method of valuation (book, FMV, appraisal, other) \_miscellaneous items for use by hospitalized or disabled veterans. Funds \_accessories\_and\_personal\_hygiene\_items,\_clothing,\_magazines,\_and organizations that are dedicated to serving disabled veterans. \_therapeutic\_equipment\_that\_benefit\_veterans\_in\_these\_facilities\_ \_are\_also\_used\_to\_procure\_televisions,\_entertainment\_systems\_and Book 4,432. Book 79,359. Book Book 548,352. 15,685. (d) Amount of non-cash assistance (c) Amount of cash grant See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA 300,000 40,000 65,000 4,792 (b) Number of recipients 2 Playing cards distributed to vets 3 Leather goods distributed to vets 4 Entertainment activities for vets Amenities benefiting vets (a) Type of grant or assistance Pt\_III, Line Pt\_I\_Line\_2 S 9

Schedule I (Form 990) - Part IV - Supplemental Information (continued)
Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

|                | activities and use of funds. This reporting and other annual survey reports are the basis for the Organization's estimate of the number of veterans served.   |
|----------------|---|
| Pt III, Line 2 | The Organization procured donations of playing cards and distributed 40,000 decks to hospitalized and disabled veterans.  |
| Pt III, Line 3 | The leather program encompases processing donated animal hides into leather, manufacturing leather craft kits, and purchasing leather gloves. The kits and tooling leather are used in occupational and recreational therapy. The gloves are provided to wheelchair bound veterans. |
| Pt III, Line 4 |   |

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

Supplemental Information to Form 990 or 990-EZ

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

OMR No. 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization Employer Identification number 13-1548228 Elks National Veterans Service Commission Pt VI, Line 6 The Organization's Board of Trustees is appointed by the Grand Exalted Ruler (GER) of the Benevolent and Protective Order of Elks of the United States of America (BPOE). The GER is elected by membership of the BPOE. Pt VI, Line 7a Refer to response Pt VI-A, Line 6 Pt VI, Line 11b Members of the Board of Trustees receive a copy of Form 990 prior to its filing with the IRS. Questions and comments that arise are discussed with the Director and are resolved before the return is signed and filed. \_\_\_ Pt\_VI, Line 12c \_ The Organization maintains a written conflict of interest policy \_ that is signed by each Trustee upon joining the Board. In addition, each Trustee and the Organization's officers are required to annually review the policy and sign a conflict of interest certification to acknowledge the policy was reviewed. They are required to disclose all material facts of any actual or possible conflicts \_of\_interests by themselves or their family to the other Board members. The Board, exclusive of the interested person, determine whether a conflict of interest exists and whether it is in the <u>best interest</u> of the Organization to enter into the transaction or arrangement. The Organization utilized employees of the Benevolent and Protective Order of Elks of the United States of America (BPOE) and reimburses them for their wages and related payroll costs. The BPOE <u>maintains</u> a compensation committee that reviews annual salaries based on performance reviews and market data. Pt VI, Line 15b Refer to response Pt VI, Line 15a

| Şcnedule O (Form 990 or 99 | 90-EZ) 2013                                     | Page 2                         |
|----------------------------|---|--------------------------------|
| Name of the organization   |   | Employer identification number |
| Elks National Ve           | terans Service Commission                       | 13-1548228                     |
| Pt_VI,_Line_19             | Requests for audited financial statements, tax  | returns,                       |
|                            | and governing documents are channeled through t | he Director.                   |
|                            | In accordance with Federal disclosure requireme | nts, the documents             |
|                            | are made available on the same day if the reque | st is made in person at        |
|                            | 2750 N Lakeview Avenue, Chicago, IL or within 3 | 0 days if written              |
|                            | requests are received.                          |                                |
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Schedule R (Form 990) 2013 (g) Sec 512(b)(13) controlled entity? ŝ × ×  $\times$ (f) Direct controlling OMB No 1545-0047 2013 Yes entity Employer identification number Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity 13-1548228 (e) End-of-year assets BPOE N/A N/A (e)
Public charity status
(if section 501(c)(3)) Part I | Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. See separate instructions. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income N/A N/A Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 06/26/13 501(c)(8) Throughout US |501(c)(8) 501(c)(3) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity ЫС II (b)
Primary activity Organization Organization BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Fraternal Fraternal Charity Public 11111 Elks National Veterans Service Commission (a) Name, address, and EIN (if applicable) of disregarded entity (1) Benevolent & Protective Order of Elks of the USA İ | | | (a) Name, address, and EIN of related organization (3) Elks\_National\_Foundation\_Inc\_ 1 1 1 \_\_2750\_N\_Lakeview\_Ave - 2750 N Lakeview Ave \_ Chicago, IL 60614\_ - Chicago, IL 60614 23-3718342 1 (2) Elks\_lodges\_ Department of the Treasury Internal Revenue Service 36-0793011 Name of the organization SCHEDULE R (Form 990) 1 1 1 1 1 1 Ξ¦ 2 ල €.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2013 Part III

(i) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (k) Percentage ownership Š Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes (j) General or managing partner? ŝ (h) Percentage ownership Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportonate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002 06/27/13 Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) **e** (d)
Direct
controlling
entity (b)
Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV E € (E)  $\Xi'$ **⊗**¦ <u>ල</u>¦

Page 3

13-1548228

[RankW] Transactions With Related Organizations Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

|  |                            |                        |   | -                          | ı                |
|--|----------------------------|------------------------|---|----------------------------|------------------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |                            |                        |   | Yes   No                   | ٥                |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                    | sted in Parts II-IV?       |                        |   |                            |                  |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |                            |                        | -<br>-                                    | <u>×</u>                   | ×                |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) · · · · · · · · · · · · · · · · · · ·   |                            |                        | 1 <b>p</b>                                | ×                          | i                |
| c Gift, grant, or capital contribution from related organization(s)  |                            |                        | ع   | ×                          | $ _{\mathbf{x}}$ |
| d Loans or loan guarantees to or for related organization(s)   |                            |                        | 7   |                            | ۔ ا              |
| e Loans or loan guarantees by related organization(s)  |                            |                        | 5 6                                       |                            | د له             |
|  |                            |                        |   | V                          | دار<br>∯اح       |
| f Dividends from related organization(s)   |                            |                        |   |                            |                  |
| n Sale of assets to related organization(s)  |                            |                        | -   -                                     | <b>\ </b>                  | واہ              |
|  |                            |                        | 6<br>-                                    | × <br>                     | ایر              |
| n Purchase of assets from related organization(s)  |                            |                        | -   | ×                          | أيح              |
| Exchange of assets with related organization(s)  |                            |                        | =   | ×                          | 54               |
| July Lease of facilities, equipment, or other assets to related organization(s)  |                            |                        | 7   | ×                          | $ _{\mathbf{x}}$ |
|  |                            |                        |   |                            |                  |
| k Lease of facilities, equipment, or other assets from related organization(s)   |                            |                        | 1 k                                       | ×                          | <b>.</b>         |
| l Performance of services or membership or fundraising solicitations for related organization(s)   |                            |                        | =   | ×                          | $ _{\mathbf{x}}$ |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |                            |                        | £   | ×                          | ۱,               |
|  |                            |                        | -   | :<br> -                    |                  |
| o Sharing of paid employees with related organization(s)   |                            |                        | -   | : >                        | 1                |
|  |                            |                        | Y .4                                      | 4                          | 1.3              |
| p Reimbursement paid to related organization(s) for expenses   |                            |                        | -   | >                          | 1                |
| q Reimbursement paid by related organization(s) for expenses.  |                            |                        |   | <                          | 15               |
|  |                            |                        |   | 4                          | " اے             |
| r Other transfer of cash or property to related property in  |                            |                        |   |                            | Ί.               |
|  |                            |                        |   | <b>&lt;</b>   ?            | ۽ ايم            |
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| I the grower to gifty or the governor to see the institutions for information on who must complete this life, including covered relationships and transaction thresholds | ed relationships and tra   | insaction thresholds   |   |                            | -                |
| (a) Name of related organization   | (b) Transaction type (a-s) | (c)<br>Amount involved | (d) Method of determining amount involved | )<br>etermining<br>ivolved | CD.              |
| ר ייייין יייין וייין וייין וייין וייין וייין וייין וייין ויייין וייין וייין וייין וייין וייין וייין וייין וייין  |                            | l                      | -   | :                          |                  |
| () Elks loades   |                            | 247,737.               | Book                                      |                            | -                |
| (2) Benevolent & Protective Order of Elks of the USA   |                            | 121,042.               | Book                                      |                            | - 1              |
| (3)  |                            |                        |   |                            |                  |
| (4)  |                            |                        |   |                            |                  |
| (5)  |                            |                        |   |                            |                  |
| (9)  |                            |                        |   |                            |                  |
| <b>BAA</b> TEEA5003 06/27/13   |                            | Schedu                 | Schedule R (Form 990) 2013                | 990) 2013                  | <u>m</u>         |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| tevende) that was not a related organization. See mandenors regarding evolution to certain measurem partition in partition | Zanoli: Oce ilisa do    | novo Silipingo i silon                     |                                   |  | Squisianis                      |                                |                                     |                             |                               |        |                                |
|--|-------------------------|--|-----------------------------------|--|---------------------------------|--------------------------------|-------------------------------------|-----------------------------|-------------------------------|--------|--------------------------------|
| (a)<br>Name, address, and EIN of entity  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign | (d) Predominant income            | Are all partners<br>section<br>501(c)(3) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year | (h) Dispropor- tionate allocations? | Code V-UBI<br>amount in box | (J)<br>General or<br>managing |        | (k)<br>Percentage<br>ownership |
|  | _                       |  | lated, excluded<br>from tax under | organizatio                              | ns?                             |                                |                                     | K-1<br>Form (1065)          |                               | <br>5  |                                |
|  | _                       |  | section 512-514)                  | Yes                                      | °Z                              |                                | Yes No                              | )<br>)<br>)                 | Yes                           | ટ્ટ    |                                |
| (1)  | _                       |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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| (2)  |                         |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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| (3)  |                         |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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| (4)  |                         |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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| (5)  | _                       |  |                                   |  |                                 |                                | <u> </u>                            |                             |                               |        |                                |
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| (9)  |                         |  |                                   |  |                                 |                                |                                     |                             |                               | _      |                                |
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| (7)  | _                       |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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| (8)  |                         |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
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|  |                         |  |                                   |  |                                 |                                |                                     |                             |                               |        |                                |
| ВАА  |                         |  | 166                               | TEEA5004 06/27/13                        | 7/13                            |                                | _                                   | Schedu                      | alle R                        | orm 99 | Schedule R (Form 990) 2013     |

| Schedule R | (Form 990)   | 2013         | Elks         | Nationa                     | al Ve          | terans         | s Servic   | e Cor       | nmıssıo    | n                   | 13-        | 1548228      | Page 5     |
|------------|--------------|--------------|--------------|-----------------------------|----------------|----------------|------------|-------------|------------|---------------------|------------|--------------|------------|
| Part VII   | Supplem      | ental        | Inforn       | nation                      |                |                |            |             |            |                     |            |              |            |
|            | Provide a    | dditior      | nal info     | ormation f                  | for res        | ponses         | to questio | ns on       | Schedule   | e R (see ii         | nstruction | າຮ).         |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
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|            |              |              |              |                             |                |                |            |             |            |                     |            |              | <b></b>    |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
| _          |              |              |              |                             |                |                |            |             | _          |                     |            |              |            |
|            | . <b></b>    |              |              |                             |                |                |            |             |            | . <b></b>           |            | <del>_</del> | <b>_</b>   |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              |              |              | <del>-</del> <del>-</del> - | <b></b>        | <b>-</b> -     | <b>-</b>   |             | . <b>_</b> | <i>_</i> _ <b>_</b> |            |              | <b></b>    |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | . <b>.</b>   | <b></b>      | <b></b>      |                             | <b></b>        | <b></b> -      | <b>_</b>   |             | . <b>_</b> | <b></b>             |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | <del></del>  | <b>-</b>     | <b>-</b>     | <b></b>                     |                |                |            |             | <b></b> _  |                     |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
| <b></b>    | <b>-</b>     |              |              | <b></b> .                   |                | - <b>-</b>     | <b></b> .  |             | <b></b>    | <i></i>             |            |              | <b></b>    |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | . <b>-</b>   |              | <b>-</b>     | _ <b></b>                   |                |                | <b>-</b>   |             | <b>_</b>   | . <b>.</b>          |            | . <b></b>    | <b></b>    |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              |              | <b>-</b>     |                             |                | <b></b> -      |            |             | <b>_</b>   |                     |            | . <b></b>    | <b> </b>   |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | . <b></b>    |              | <b></b> -    | _ <b></b>                   | - <b>-</b> -   |                |            | - <b></b> - |            |                     | <b>_</b>   |              | <b></b> -  |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
| <b>_</b>   | . <b></b>    | - <b>-</b> - |              |                             |                | - <b>-</b>     |            |             | . <b></b>  | . <b></b>           |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
| _ <b>_</b> | . <b></b>    | <b>-</b>     | <del>-</del> | <b></b>                     | <b>-</b>       | - <b></b> -    |            |             | . <b>_</b> | - <b>-</b>          |            | . <b>-</b>   |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              |              |              |                             | <b></b>        | - <b></b> -    |            |             | . <b>_</b> | - <b></b>           |            | <b>_</b>     |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | <i></i>      | - <b></b> -  |              |                             |                |                |            |             | <b></b> _  | <b></b> _           |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | - <b></b>    |              |              | _ <b></b>                   | - <b>-</b>     | - <b></b>      |            |             | . <b>_</b> | - <b>-</b>          |            | . <b>- -</b> |            |
|            |              | -            | _            |                             | . —            | -              |            |             | - —        | _                   | -          |              |            |
| <b></b>    |              |              | <b>.</b>     |                             |                | - <b></b> -    |            |             | <b>_</b>   | <del>-</del>        |            | <b></b>      |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              | <b>-</b> -   | <u> </u>     |                             |                | <b></b> -      | <b></b>    | <b>-</b>    | <b></b> _  | <b></b>             |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | - <b></b>    |              | - <b></b>    | <b></b> _                   |                | <b>-</b> -     |            | <b></b>     | . <b>-</b> |                     |            |              | - <b>-</b> |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            |              | <b>-</b>     |              | _ <b></b>                   |                | - <del>-</del> |            | <b>-</b>    |            | - <b></b>           |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
|            | <del>_</del> | <del>-</del> | <b></b> -    |                             |                | <b>-</b>       |            | <b>-</b>    | . <b></b>  |                     |            |              |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |
| <b></b>    | - <b></b>    | - <b>-</b>   | <b>-</b>     |                             | - <del>-</del> | - <b></b> -    | - <b>-</b> | - <b>-</b>  |            | . <b></b>           |            | <b>-</b>     |            |
|            |              |              |              |                             |                |                |            |             |            |                     |            |              |            |

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Schedule R (Form 990) 2013

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