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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A	For the 2013 calen	dar year, or tax year beginning 4/01 , 2013, and ending	3/3	1	2014
		Check if applicable	C		D Employer identi	
		Address change	BENEVOLENT & PROTECTIVE ORDER OF ELKS		22-1811	073
		Name change	GARFIELD LODGE #2267		E Telephone numb	
		Initial return	68 LANZA AVENUE		973-772	-5771
		Terminated	GARFIELD, NJ 07026-3536	ŀ		••••
		Amended return		1	G Gross receipts	104,267.
		Application pending	F Name and address of principal officer		group return for sub	
			SAME AS C ABOVE	H(b) Are all s	ubordinates included ttach a list (see ins	
	Ī	Tax-exempt status		it 'No,' a	ttach a list (see ins	tructions) — —
	J	Website: ► N/		H(c) Group e	xemption number	1156
	ĸ	Form of organization	X Corporation Trust Association Other ► L Year of formation	n 1964	M State of I	egal domicile NJ
	Pa	R Summar	V		 -	
			be the organization's mission or most significant activities FRATERNAL	J/SOCIA	L/CHARITA	BLE
<u> </u>	ايو					
2014	Governance		~~~~~			
E)	등	<u>. </u>				
€- =€[્ટ્ર	2 Check this both3 Number of volume	ix ► ☐ If the organization discontinued its operations or disposed of moi iting members of the governing body (Part VI, line 1a)	re than 25		
1-	≪ಠ		dependent voting members of the governing body (Part VI, line 1b)		3 4	9
OCT	ies.		of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
	Activities		of volunteers (estimate if necessary)		6	0
	¥	7 a Total unrelate	ed business revenue from Part VIII, column (C), line 12		7a	32,443.
		b Net unrelated	business taxable income from Form 990-T, line 34		7 b	60.
SCANNED				Pr	ior Year	Current Year
GO.	<u>a</u>		and grants (Part VIII, line 1h)		2,020.	420.
40	<u>=</u>	-	rice revenue (Part VIII, line 2g)		17,881.	28,105.
	Revenue		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		192.	144.
	_		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	23,710. 43,803.	31,973. 60,642.
			milar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	4,230.	3,493.
			to or for members (Part IX, column (A), line 4)	1	4,250.	3,433.
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	}	1,450.	1,450.
	Expenses		fundraising fees (Part IX, column (A), line 11e)	ļ	1,100.	1,130.
	ĕ		sing expenses (Part IX, column (D), line 25)			
	잛		es (Part IX, column (A), lines 11a-11d, 11f-24e)		F1 100	40.714
			es Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	51,120.	42,714.
			expenses Subtract line 18 from line 12		56,800.	47,657.
	8 8	15 Neveride less		Pogrania	-12,997. of Current Year	12, 985. End of Year
	a g	20 Total assets	Part X, line 16) RECEIVED	beginning	201,508.	210,468.
	Not Assets		s (Part X, line 26)		9,596.	5,571.
	훈	22 Net assets or	fund balances Subtract line 27 from tipe 20 3 2014	-	191,912.	204,897.
	Pa	ત ી Signatur			131,312.	204,057.
				ne best of my	knowledge and belo	ef. it is true, correct, and
	comp	lete Declaration of prepa	ctare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of the property of any knowledge			
		 (Ath John Explorationer		9120114	
	Sig	n °	re of officer	Date	, ,	
	Hei		Anthony Schrank Exalted Roler			
			print name and title			
		Print/Type p	reparer's name Preparer's significant Date		Check If	PTIN
	Pai		M. VARGO RONALD M. VARGO 1979/1	9 !	self-employed	P01065927
		parer Firm's name				
	US	Only Firm's addre				-2972561
			CLIFTON, NJ 07013-2022		Phone no (973	
	May	the IRS discuss th	is return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2013) (

BAA	TEEA0102L 07/02/13			Form	990	(2013)
(Expenses \$ 4 e Total program service expenses ►	including grants of \$) (Re	evenue \$)	
4 d Other program services (Describe in		^				_
		. 	_ _		-	·
						
					-	·
					- 	· -
					- - -	
		. 			<u>-</u>	·
4 c (Code) (Expenses \$	including grants of \$) (Revenue	\$)
				·		
		- -				
				- 		
						-
, (ryhenses 4	micidaling grants of P		٧			—'
4b (Code) (Expenses \$	including grants of \$) (Revenue	Ś)
					-	
			- -			
						
ORGANIZATION IS EXEMPT.	·			- - -		
	<u> </u>	OCAL PROJECT	S FOR	<u>WH</u>	CH_	THE_
	LUB ACTIVITIES FOR FUNDRAISING TO AI					· '— — —
4a (Code) (Expenses \$	48,723. including grants of \$) (Revenue	\$		-)
others, the total expenses, and rever	nue, if any, for each prògram service reported					
Section 501(c)(3) and 501(c)(4) organize	service accomplishments for each of its three largest pro- cations and section 4947(a)(1) trusts are required to report the	ogram services, as r e amount of grants ar	neasure nd alloca	ea by e tions to	expen	ses
If 'Yes,' describe these changes on S						
-	ng, or make significant changes in how it conducts, any p	rogram services?		Yes	X	No
If 'Yes,' describe these new services	on Schedule O		Ш	163	Δ	NO
2 Did the organization undertake any sign Form 990 or 990-EZ?	nificant program services during the year which were not listed	d on the prior		Yes	X	No
FRATERNAL/SOCIAL/CHARIT	ABLE					
1 Briefly describe the organization's m						
Check if Schedule O contains	a response or note to any line in this Part III					
	Service Accomplishments		0110.	<u> </u>		-9
LOLUI 330 (5012) BENEAOTEMI & L	KOIECIIVE OKDEK OF ELKS	22-1	RITO	3	r	′age ∠

			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		- -
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part 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		X
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		_ X
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, VII, VIII, IX, or X as applicable		,	*
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	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
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		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	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	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
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
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		_ x
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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u></u>

Form 990 (2013) BENEVOLENT & PROTECTIVE ORDER OF ELKS Partive Checklist of Required Schedules (continued)

			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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: 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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	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		1
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)	j		
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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
	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	ļ	X
ı	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	1 990	(2013

Form 990 (2013) BENEVOLENT & PROTECTIVE ORDER OF ELKS Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Check if Schedule O contains a response or note to any line in this Part V				П
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		:	
(gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1	1 c		X
ments, filed for the calendar year ending with or within the year covered by this return	2 a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment		2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:	structions)	. 4	1	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar ⁹	3 a	Х	
b 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	Х	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country ▶				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	Inancial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	eartly for goods and	7.0		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 a		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	was required to file	/ D		
Form 8282?	vas required to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	!:		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file if as required?	Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, h	ng organizations. Did the ave excess business			
holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter		30		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	-		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedul	e O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ь			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		
BAA TEEA0105L 07/02/13		Form	990 (2013)

Form 990 (2013)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 SEE SCHEDULE O 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? SEE SCHEDULE O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a X **b** Each committee with authority to act on behalf of the governing body? 8ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? 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 13 Did the organization have a written whistleblower policy? 13 Х X 14 Did the organization have a written document retention and destruction policy? 14 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 Х 15 a Х **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

TAXPAYER 68 LANZA AVENUE GARFIELD NJ 07026-3536 973-772-5771

BAA

TEEA0106L 07/02/13

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check the bound author the argonization are any related associated any author of fear director as trustees

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

Check this box if neither the organization	n nor any rela	ited org	janiza	ation	compe	nsate	d any current officer, di	rector, or trustee	
				(C)					
(A) Name and Title	(B) Average hours per	one bo offic	x, unle	ss per	eck more son is be ctor/trus	oth an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DEBORAH ANELLO	0					1			
EXALTED RULER		†		x			0.	0.	0.
(2) JENNIFER CUEVAS	0								
LEADING KNIGHT		†		х			0.	0.	0.
(3) ANNE JEANNE RADTKE	0					1			
LOYAL KNIGHT		†		х	-		0.	0.	0.
(4) NICOLE MENDOZA	0	 		-		1			
LECT. KNIGHT	0	†		x			0.	0.	0.
(5) SHERI STANCHFIELD	0								
SECRETARY		† 1		x			850.	0.	0.
(6) ANTHONY SCHRANK	0								
TREASURER		t l		х			600.	0.	0.
(7) SUSAN ROCHINSKY	0				1	1			
CHAPLAIN		†		х			0.	0.	0.
(8) ROSE ANN MERENDINO	0								
TILER		1		х			0.	0.	0.
(9) KATHLEEN ANDREANO	0								
ESQUIRE	0	1		х			0.	0.	0.
(10) KEN BRODY	0								
TRUSTEE	0	1		х			0.	0.	0.
(11) LOUIS GALIANO	0								
TRUSTEE	0	1		x			0.	0.	0.
(12) ARTHUR ANDREANO	0								
TRUSTEE	0	Ī		x l			0.	0.	0.
(13) SUSANNE DORSEY	0								
TRUSTEE	0			x			0.	0.	0.
(14) JAMIE MACPHEE	0								
TRUSTEE				X			0.	0.	0.

Page 8

Section A. Officers, Directors, Trus		Key 	Em	_		es, a	and	Highest Com	pensated Emp	loyees (continued)
	(B)			(C Pos	-) sition			(D)	<i>(</i> E)	(5)
(A) Name and title	Average hours	box	, unle	:heck :ss pe	more erson	than is both	n an	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	per week (list any		Г		,	or/trus	_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	related organiza	ictor t	25	_	항	t con /ee)ř			organizations
	- tions below dotted	Uste	tus		8	npen				
	line)	6	8			sated				
(15)										-
(16)										
(17)										
(18)		-								
(19)		-								
(20)				_						
(21)		1								
(22)										
(23)										
(24)	-									
(25)										
1 b Sub-total	!	!					•	1,450.	0.	0.
c Total from continuation sheets to Part VII, Section	n A						•	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	those I	stad	ahov	ν <u>α</u>) ν	who	racan	ved.	1,450.	0.	O.
from the organization • 0	J (11036 1	isicu	abo	vc) v	MIIO	CCCI	veu	more than \$100,00	o of reportable com	Jensanon
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	ır, or tru <i>ındıvıdu</i>	stee, <i>al</i>	key	em/	nploy	/ee,	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum of r	eportab	le co	mpe	ensa	tion	and	oth	er compensation	from	: 1
the organization and related organizations greater such individual	than \$1	50,0	00,5	If '\	es'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper	satio	n fr	om dule	any <i>J fo</i>	unre	late ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors	· · ·									
Complete this table for your five highest compensation from the organization. Report compensation.	ated indation	epen the c	den alen	t co dar	ntra year	ctors endi	tha	at received more to with or within the or	han \$100,000 of ganization's tax yea	r
(A) Name and business addre	ss							Description (B)	of services	(C) Compensation
									_	
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization •		ited to	o the	se l	isted	abo	ve)	who received more	than	
BAA		TEEA)108L	. 11/	11/13					Form 990 (2013)

				ROTE	CTIVE ORDER	OF ELKS		22-1811073	Page 9
Par	t VI	→				. I U D- 4 \/ (11		
		Check if Schedule O	contains	a resp	onse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c c d e e f h c c d d c c d d e e d d e e		rants, and above I in lines 1a- ASSESSM	ENTS	420. Business Code	420. 23,145. 4,960.	23,145. 4,960.		
PRC	3 4 5	I Total. Add lines 2a-2f Investment income (incother similar amounts) Income from investment Royalties	_		•	28,105.	144.		
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo	25 19 (ss)	, 456 , 224 , 232		19,232.		19,232.	
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Secu	urities	(ii) Other				
OTHER REVENUE	8 a	Gross income from fund (not including \$ of contributions reporte See Part IV, line 18 Less direct expenses Net income or (loss) from	d on line	1c)	a b events				
	b	Gross income from gam See Part IV, line 19 Less direct expenses Net income or (loss) from Gross sales of inventory and allowances	om gamın	I ig activ turns		-470.	-470.		
		Less cost of goods sole Net income or (loss) fro Miscellaneous Reven	m sales	ı	a 29,584. b 16,373. Intory Business Code	13,211.		13,211.	

d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions

27,779.

32,443.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising ĕxpenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3,493 3,493 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,450 1,450 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal c Accounting 5,200 5,200 **d** Lobbyina e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () Advertising and promotion 421 421 Office expenses Information technology Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,863 19 Conferences, conventions, and meetings 2,863 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,351 3,351 4,147 4,147 23 Insurance 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) 11,162 11,162 a UTILITIES b LODGE ACTIVITIES_ 3,455 3,455 2,726 2,726 c MAINTENANCE <u>2,1</u>18 2,118 d STATE INCOME TAX e All other expenses SEE SCH. O 7,271. <u>7,</u>271. 47,657 47,657 0. 0. 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here > If following SOP 98-2 (ASC 958-720)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

34

BAA

32

33

34

204,897.

210,468.

Form 990 (2013)

191,912.

201,508.

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 3,976. 15,915. 2 Savings and temporary cash investments 2 69,163. 71,631. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use 14,066 8 12,970. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 369,661 b Less accumulated depreciation 10 b 262,335. 10 c 111,679 107,326. Investments - publicly traded securities. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 2,624 2,626. 16 Total assets. Add lines 1 through 15 (must equal line 34) 201,508 16 210,468. Accounts payable and accrued expenses 17 5,800 17 2,470. 18 Grants payable 18 19 Deferred revenue 1,375 19 675. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2,421 2,426. 26 Total liabilities. Add lines 17 through 25 9,596. 26 <u>5,571.</u> Organizations that follow SFAS 117 (ASC 958), check here > x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 125,778. 27 142,492. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 66,134 29 62,405 Q R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32

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_		2-1811	073	Pa	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,6	542.
2	Total expenses (must equal Part IX, column (A), line 25)	2		47,6	557.
3	Revenue less expenses Subtract line 2 from line 1	3		12,9	9 85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		191,9	<u></u> ∋12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
- TOUR	column (B))	10		204,8	<u> 397.</u>
l a	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u>_</u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	ın Schedule O		246		
2:	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 reviseparate basis, consolidated basis, or both	ewed on a	1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
ı	were the organization's financial statements audited by an independent accountant?		2	ь	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	parate		2	4
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ai review, or compilation of its financial statements and selection of an independent accountant?	udit,	2	С	х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	le	3	а	х
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3		<u> </u>
BAA			For	rm 990 ((2013)

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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 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	NEVOLENT & PROTECTIVE ORDER OF RFIELD LODGE #2267	ELKS	22-1811073
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		····
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dorare the organization's property, subject to the		donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	3	nds can be used only er purpose conferring
	impermissible private benefit?		Yes No
Par		10/ 11 5 000 5 10/1	_
		wered 'Yes' to Form 990, Part IV, line	27.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r	· • • • • • • • • • • • • • • • • • • •	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	neld a qualified conservation contribution in the fo	rm of a conservation easement on the
	adi day of the tax year		Held at the End of the Tax Year
á	Total number of conservation easements		2 a
i	Total acreage restricted by conservation ease	ments	2 b
	Number of conservation easements on a certi		2c
	Number of conservation easements included i	` `	
3	structure listed in the National Register Number of conservation easements modified, tran		2 d
3	tax year	isierica, reicasca, extinguistica, or terminatea by	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, ha	
_	and enforcement of the conservation easemen		Yes No
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, inspering \$	ecting, and enforcing conservation easements duri	ing the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Par	t Organizations Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	
1 8	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	enue statement and balance sheet works of furtherance of public service, provide,
١	If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, nerance 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, if amounts required to be reported under SFAS	nistorical treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ancial gain, provide the following
	Revenues included in Form 990, Part VIII, line		► \$
ı	Assets included in Form 990, Part X		► \$

Parill Organizations Mainta				r Other Similar Ass		ued)
		· · · · · · · · · · · · · · · · · · ·	·			<u>ucu)</u>
3 Using the organization's acquisition items (check all that apply)	i, accession, and oth			re a significant use of its	collection	
a Public exhibition		H .	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener			6 -th - th			
4 Provide a description of the organize Part XIII			-			
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintain	ed as part of the o	rganization's collection	7	Yes	No
Part W Escrow and Custodia line 9, or reported an	I Arrangement amount on For	s. Complete if t m 990, Part X,	he organization an line 21.	swered 'Yes' to Fo	rm 990, Par	t IV,
1 a Is the organization an agent, trus	stee, custodian, or	other intermediary	for contributions or otl	her assets not included		
on Form 990, Part X? b If 'Yes,' explain the arrangement	un Part XIII and co	amplete the follows	na table		Yes	No
bili res, explain the arrangement	. III Fait Aili ailu c	implete the followi	ng table		Amount	
c Beginning balance				1 c	Amount	
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	amount on Form 99	0, Part X, line 21?		<u> </u>	Yes	No
b If 'Yes,' explain the arrangement				d in Part XIII		\dashv
Part V Endowment Funds. C	omplete if the	organization an	swered 'Yes' to Fo	rm 990, Part IV, lir	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
Provide the estimated percentag	e of the current ye	ar end balance (lin	e 1g, column (a)) held	as		
a Board designated or quasi-endowm	ient ►					
b Permanent endowment ▶	<u> </u>					
c Temporarily restricted endowmen		%				
The percentages in lines 2a, 2b,	and 2c should equ	al 100%				
3 a Are there endowment funds not in to organization by	the possession of the	e organization that a	ire held and administered	d for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	1
b If 'Yes' to 3a(II), are the related	organizations listed	l as required on So	chedule R?		3b	1
4 Describe in Part XIII the intended	d uses of the organ	nization's endowme	ent funds			
Pari VI Land, Buildings, and	Equipment.					
Complete if the organ	ızatıon answere	ed 'Yes' to Forn	n 990, Part IV, line	11a. See Form 99	0, Part X, In	ne 10.
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	ralue
1 a Land		•	36,295.		36	5,295.
b Buildings.			133,705.	133,705.		0.
c Leasehold improvements.			159,886.	90,258.	69	628.
d Equipment			27,824.	27,824.		0.
e Other			11,951.	10,548.	1	403.
Total. Add lines 1a through 1e (Colum	nn (d) must equal l	Form 990, Part X, o	column (B), line 10(c).)			7,326.
BAA				Sched	dule D (Form 99)	0) 2013

Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	
(1) Financial derivatives	(b) book value	(C) Welliou of Valuation Cost of en	u-bi-year market value
(1) Financial derivatives (2) Closely-held equity interests		-	
(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.	<u> </u>	37 / 3	
Complete if the organization answered	d 'Yes' to Form 99	N/A 0. Part IV line 11c See Form	990 Part X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or el	nd-of-vear market value
(1)	11		
(2)			· ************************************
(3)			
(4)			<u>.</u>
(5)			· · - <u></u>
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)	· · · · · · · · · · · · · · · · · · ·		
(10)			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/	A	
Complete if the organization answered	Yes' to Form 99	0, Part IV, line 11d. See Form	990, Part X, line 15.
	scription		(b) Book value
(1)			
	···		
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)	B), line 15)		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (part X) Part X Other Liabilities.			_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1		_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability			_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 1 (b) Book value	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS	orm 990, Part IV, line 1	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3)	orm 990, Part IV, line 1 (b) Book value	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) (4)	orm 990, Part IV, line 1 (b) Book value	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of hability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) (4) (5)	orm 990, Part IV, line 1 (b) Book value	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) (4) (5) (6)	orm 990, Part IV, line 1 (b) Book value	9	_ !
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) (4) (5) (6) (7)	orm 990, Part IV, line 1 (b) Book value	9	_ !
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e Add Ines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	c Other losses	2 c		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Frank III Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	d Other (Describe in Part XIII)	2 d		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	e Add lines 2a through 2d		2 e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	3 Subtract line 2e from line 1		3	
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to Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Fait XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		4 b		
Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		44.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		ne 18)	5	
line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		. <u> </u>		
	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Al	and 4, Part IV, lines 1b so complete this part to	and 2b, Part V, provide any additional inform	atıon
				- -
				

Schedule **D** (Form 990) 2013

BAA

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2013 older of nego noisegen

Employer identification number

OMB No 1545-0047

Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS 22-1811073 GARFIELD LODGE #2267 FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER ALL MEMBERS ARE APPROVED FOR MEMBERSHIP AND EACH HAS AN EQUAL VOTE ON ALL DECISIONS. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY LODGE MEMBERS ELECT THE BOARD OF TRUSTEES. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS LODGE MEMBERS VOTE TO APPROVE THE DECISIONS OF THE BOARD OF TRUSTEES. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS MEMBERSHIP APPROVES THE PREPARATION OF THE FORMS TO BE FILED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DOCUMENTS AVAILABLE UPON WRITTEN REQUEST

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

BENEVOLENT & PROTECTIVE ORDER OF ELKS GARFIELD LODGE #2267

22-1811073

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	FUNDRAISING
ALARM		1,322.	1,322.		
BADGES & PINS		32.	32.		Ţ
GRAND LODGE DUES		1,888.	1,888.		
LICENSES		1,371.	1,371.		
MISCELLANEOUS EXPENSE		1,948.	1,948.		
PUBLICITY/NEWSPAPERS		100.	100.		
RAFFLE EXPENSES					
STATE ASSOCIATION DUES		236.	236.		
STATE CONVENTION		100.	100.		
SUPPLIES		65.	65.		
TELEPHONE		209.	209.		
	TOTAL	\$ 7,271.	\$ 7,271.	\$ 0.	\$ 0.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

BENEVOLENT & PROTECTIVE ORDER OF ELKS GARFIELD LODGE #2267

Identifying number 22-1811073

	GARLIEL	TODGE #2.	201					Z-10110/3
	ss or activity to which this form relate	es						
	M 990/990-PF			470				
<u>Par</u>	Note: If you have ar	ense Certain I av listed property.	Property Under Sec. . complete Part V before	ction 1/9 e vou complete :	Part I			
1	Maximum amount (see ins			- J			1	
2	Total cost of section 179 p	•	service (see instruction	s)			2	
3	Threshold cost of section 1		•	•	ns)		3	
4	Reduction in limitation Sul	· · · -		•	,		4	
5	Dollar limitation for tax year		from line 1 If zero or I	ess, enter -0- It	f married	filing		
	separately, see instructions			1.0.			5	
6	(a)	Description of property		(b) Cost (busines	ss use only)	(c) Elected co	ost	
								_
_	Listed property. Cotor the	amazint frama lina	20		7			
	Listed property Enter the a Total elected cost of section			(c) lines 6 and	لـــــــا		8	
	Tentative deduction Enter			(c), inles o and	,		9	
	Carryover of disallowed de-			562			10	
	Business income limitation		=		ro) or line	5 (see instrs)	11	
	Section 179 expense deduc				e 1 <u>1</u>		12	
	Carryover of disallowed de				▶ 13			
	Do not use Part II or Part							<u> </u>
Peri	Special Deprecial	ation Allowan	ce and Other Depre	eciation (Do n	ot include	listed property) (See	instructions)
14	Special depreciation allows	ance for qualified	property (other than lis-	ted property) pla	aced in se	rvice during the		
	tax year (see instructions)						14	
	Property subject to section		n				15	
	Other depreciation (including						16	
<u> Leu</u>	MACRS Deprec	iation (Do not ii			s_)			
17	MAODO de la		Section				1 4 7	2 251
	MACRS deductions for ass			_			17	3,351.
18	If you are electing to group a asset accounts, check here		n service during the tax y	ear into one or m	ore genera	¹ ►□		
			in Service During 2013	Tax Year Using	the Gene	ral Depreciation	n Svst	em
	(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	-,	(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Conven	tion Metho	d	deduction
19 a	3-year property							
b	5-year property							
С	7-year property							
	10-year property							
е	15-year property							
f	20-year property							
_	25-year property		<u></u>	25 yrs		S/I		
h	Residential rental			27.5 yrs	MM	-, -		
	property			27.5 yrs	MM	-,-		
i	Nonresidential real			39 yrs	<u> </u> MM	-,-		
	property				MM			
		Assets Placed in	Service During 2013 T	ax Year Using t	he Altern			stem
	Class life					S/I		
	12-year			12 yrs		S/I		
	40-year			40 yrs	MM	S/I		
	Summary (See in					— —— -	Г	
	Listed property Enter amo]	21	
ソフ								
_	Total Add amounts from line 12, the appropriate lines of your return	lines 14 through 17, li Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line 21 Enter he	ere and on		22	3 351
	Total Add amounts from line 12, the appropriate lines of your return For assets shown above an	n Partnerships and S	corporations — see instruction	าร	ere and on		22	3,351.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545 0172

2013

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► See separate instructions.

BENEVOLENT & PROTECTIVE ORDER OF ELKS

Identifying number

	GARFIEL	D LODGE #22	267				22	-1811073
Busine	ess or activity to which this form relate	s						
REN	ITAL ACTIVITY - AP							·
Par	Election To Exponent Note: If you have an	ense Certain I by listed property,	Property Under Sec complete Part V before	c tion 179 e you complete F	Part I			
1	Maximum amount (see inst	ructions)					1	
2	Total cost of section 179 pr	operty placed in	service (see instruction	s)			2	
3	Threshold cost of section 1	79 property befor	e reduction in limitation	n (see instruction	s)		3	
4	Reduction in limitation Sub	otract line 3 from	line 2 If zero or less, e	enter -0-			4	
5	Dollar limitation for tax yea separately, see instructions		from line 1 If zero or I	ess, enter -0- If	married	filing	5	
6		Description of property		(b) Cost (business	use only)	(c) Elected co	st	
	· · · · · · · · · · · · · · · · · · ·							:
7	Listed property Enter the a	amount from line	29		7			
8	Total elected cost of section	n 179 property A	dd amounts in column	(c), lines 6 and 7	7		8	
9	Tentative deduction Enter	the smaller of lin	ie 5 or line 8				9	
10	Carryover of disallowed dea		•				10	
11						e 5 (see instrs)	11	
	Section 179 expense deduc						12	
	Carryover of disallowed de				1 3			:
	: Do not use Part II or Part	·-	· · · · · · · · · · · · · · · · · · ·				-	
Pa	Special Deprecia	ation Allowan	ce and Other Depr	eciation (Do no	ot includ	e listed property) (See	instructions)
14	Special depreciation allows	ance for qualified	property (other than lis	ted property) pla	ced in s	ervice during the		
	tax year (see instructions)						14	
	Property subject to section		า				15	
	Other depreciation (including						16	<u> </u>
	MMACRS Deprec	iation (Do not a	nclude listed property)	(See instructions	;)			
Pa	mAons Depice							
			Section	on A			1.2	1 005
17	MACRS deductions for ass	ets placed in serving assets placed in	Section vice in tax years beginn	on A ing before 2013		ral	17	1,005.
17	MACRS deductions for ass If you are electing to group a asset accounts, check here	ets placed in serv ny assets placed in	Section vice in tax years beginn a service during the tax y	on A ing before 2013 ear into one or mo	ore gener	▶ 📗		
17	MACRS deductions for ass If you are electing to group a asset accounts, check here Section B	ets placed in serviny assets placed in	Section vice in tax years beginn in service during the tax y	on A Ing before 2013 ear into one or mo Tax Year Using	ore gener	eral Depreciatio		em
17	MACRS deductions for ass If you are electing to group a asset accounts, check here	ets placed in serv ny assets placed in	Section vice in tax years beginn a service during the tax y	on A ing before 2013 ear into one or mo	ore gener	eral Depreciation (f)	n Syste	
17 18	MACRS deductions for ass If you are electing to group a asset accounts, check here Section B (a)	ets placed in serviny assets placed in - Assets Placed (b) Month and year placed	Section rice in tax years beginn a service during the tax y in Service During 2013 (C) Basis for depreciation (business/investment use	on A Ing before 2013 ear into one or mo Tax Year Using (d)	the Gen	eral Depreciation (f)	n Syste	em (g) Depreciation
17 18	MACRS deductions for ass If you are electing to group a asset accounts, check here Section B (a) Classification of property	ets placed in serviny assets placed in - Assets Placed (b) Month and year placed	Section rice in tax years beginn a service during the tax y in Service During 2013 (C) Basis for depreciation (business/investment use	on A Ing before 2013 ear into one or mo Tax Year Using (d)	the Gen	eral Depreciation (f)	n Syste	em (g) Depreciation
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17 18 19 a 19 a 19 a 19 a 19 a 19 a 19 a 19 a	MACRS deductions for ass If you are electing to group a asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 110-year property 215-year property 225-year property	ets placed in serviny assets placed in Assets Placed (b) Month and year placed	Section rice in tax years beginn a service during the tax y in Service During 2013 (C) Basis for depreciation (business/investment use	on A Ing before 2013 ear into one or mo Tax Year Using (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs	the Gen (e Conve	S/I M S/I M S/I	n Syste	em (g) Depreciation
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17 18 19a 19a 1 19a 19a 19a 19a 19a 19a 19a 1	MACRS deductions for ass If you are electing to group a asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C —	ets placed in service ny assets placed in service Assets Placed (b) Month and year placed in service	Section control service in tax years beginn a service during the tax years beginn a service During 2013 (C) Basis for depreciation (business/investment use only — see instructions)	on A Ing before 2013 ear into one or mo Tax Year Using (d) Recovery period 25 yrs 27.5 yrs 27.5 yrs 39 yrs Tax Year Using the	the Gen (e Conve	S/I M S/I S/I	n Syste	em (g) Depreciation deduction
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(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

If you a	re filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		► [X]			
If you a	re filing for an Additional (Not Automatic) 3-Mon	th Extension	n, complete only Part II (on page 2 of t	his form)				
Do not com	nplete Part II unless you have already been grant	ed an autom	iatic 3-month extention on a previously	filed Form 8868				
corporation request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Par With Certain Personal Benefit Contracts, which nothing of this form, visit www.irs.gov/efile and click	ot automatic) t I or Part II v nust be sent) 3-month extension of time. You can e with the exception of Form 8870, Information to the IRS in paper format (see instruc	lectronically file Form on Return for Transfers	n 8868 to s			
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no copies needed)).				
A corporation	on required to file Form 990-T and requesting an	 _			v ► □			
All other co income tax	rporations (including 1120-C filers), partnerships, returns.	, REMICs, ai	·					
	Name of exempt organization or other filer, see instructions		Enter filer's ident	lifying number, see i				
Type or print File by the	BENEVOLENT & PROTECTIVE ORDER GARFIELD LODGE #2267 Number, street, and room or suite number If a PO box, see		5	Employer identification number (EIN) 22-1811073 Social security number (SSN)				
due date for filing your	68 LANZA AVENUE							
return See instructions	City, town or post office, state, and ZIP code. For a foreign ad	dress, see instru	actions					
	GARFIELD, NJ 07026-3536							
Enter the R	eturn code for the return that this application is f	or (file a sep	parate application for each return)		01			
Application Is For		Return Code	Application Is For		Return Code			
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-B	L	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	08			
Form 4720 (ı	· 	03	Form 4720 (other than individual)		09			
Form 990-P	·	04	Form 5227		10			
	(section 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-1	(trust other than above)	06	Form 8870		12			
Telephor If the or If this is check the the exte	ension is for.	r digit Group check this b	e United States, check this box Exemption Number (GEN) ox and attach a list with the na	if this is for the whole ames and EINs of all				
until The ex	est an automatic 3-month (6 months for a corporation $11/15$, 2014 , to file the exempt orgonal extension is for the organization's return for a calendar year 20 or a tax year beginning $4/01$, 2013 tax year entered in line 1 is for less than 12 months angle in accounting period	anization re _, and endir	turn for the organization named above $\frac{3}{31}, \frac{3}{20}, \frac{14}{20}$	nal return				
nonref	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions			3a \$	0.			
tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme.	nt allowed a	s a credit .	3b\$	0.			
c Baland	ce due. Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System), See	ir payment v	vith this form, if required, by using	3c S	0.			