

EXTENDED TO 11/15/12

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 "Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 "The organization may have to use a copy of this return to satisfy state reporting requirements"

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **04/01/11**, and ending **03/31/12**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BENEVOLENT &amp; PROTECTIVE ORDER OF ELKS #1300 WATSONVILLE</b>	<b>D</b> Employer identification number <b>94-0317347</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>121 MARTINELLI STREET</b>	Room/suite E Telephone number <b>831-724-2493</b>
	City or town, state or country, and ZIP + 4 <b>WATSONVILLE CA 95076</b>	F Group Exemption Number <b>◆ 1156</b>

**G** Accounting Method  Cash  Accrual Other (specify) ◆ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ◆ **N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **8** ) ◆ (insert no)  4947(a)(1) or  527

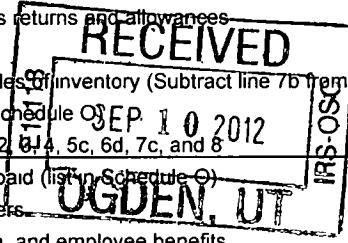
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **◆ \$ 162,649**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	20,113
	4 Investment income	4	914
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	19,366	
b Less cost of goods sold	7b	8,192	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	11,174	
8 Other revenue (describe in Schedule O)	8	122,256	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154,457	
10 Grants and similar amounts paid (list in Schedule O)	10		
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	23,625	
13 Professional fees and other payments to independent contractors	13	1,500	
14 Occupancy, rent, utilities, and maintenance	14	87,614	
15 Printing, publications, postage, and shipping	15	3,731	
16 Other expenses (describe in Schedule O)	16	82,292	
17 <b>Total expenses.</b> Add lines 10 through 16	17	198,762	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-44,305	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	372,767	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	328,462	

SCANNED SEP 27 2012



**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	250,179	22	214,506
23 Land and buildings	70,129	23	70,129
24 Other assets (describe in Schedule O)	119,599	24	128,077
25 Total assets	439,907	25	412,712
26 Total liabilities (describe in Schedule O)	67,140	26	84,250
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	372,767	27	328,462

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF THE MEMBERS.

(Grants \$ ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BERNICE TAPIZ 121 MARTINELLI STREET WATSONVILLE CA 95076	EXALTED RULER 10.00	0	0	0
WARREN ANDERSON 121 MARTINELLI STREET WATSONVILLE CA 95076	LEADING KNIGHT 10.00	0	0	0
RICK FLORES 121 MARTINELLI STREET WATSONVILLE CA 95076	LOYAL KNIGHT 10.00	0	0	0
ANGELA FLORES 121 MARTINELLI STREET WATSONVILLE CA 95076	LECTURING KNIGHT 10.00	0	0	0
LAURA ROGERS 121 MARTINELLI STREET WATSONVILLE CA 95076	SECRETARY 20.00	19,995	0	0
MERLE AVERY 121 MARTINELLI STREET WATSONVILLE CA 95076	TREASURER 20.00	1,200	0	0
ABEL CAMPOS 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 10.00	0	0	0
BETTY MCCLELLAN 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 10.00	0	0	0
RANDY MCCLELLAN 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 10.00	0	0	0
RICHARD RUELAS 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 10.00	0	0	0
JOE TAPIZ 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 10.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
38b			
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b	
39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed <input type="checkbox"/> <b>None</b>		
42a	The organization's books are in care of <input type="checkbox"/> <b>SECRETARY</b> Telephone no <input type="checkbox"/> <b>831-724-2493</b> 121 MARTINELLI STREET Located at <input type="checkbox"/> <b>WATSONVILLE</b> CA ZIP + 4 <input type="checkbox"/> <b>95076</b>		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b>		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
 Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

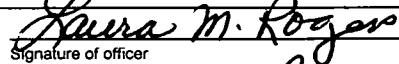
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to him.

Sign Here   
 Signature of officer  
 LAURA M. ROGERS SE  
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
John G. Holt, EA, ATA	John G. HOLT
Firm's name	A J Holt Inc
Firm's address	4209 W Magnolia Blvd Burbank, CA 91505-2726

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2011**Open to Public  
Inspection**BENEVOLENT & PROTECTIVE ORDER OF  
ELKS #1300 WATSONVILLE**Employer identification number  
**94-0317347****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MEMBERS RENT	\$ 49,942
LODGE ACTIVITIES	\$ 37,984
MISCELLANEOUS	\$ 19,538
PARKING LOT INCOME	\$ 14,552
BULLETIN	\$ 240
<b>Total</b>	<b>\$ 122,256</b>

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>BAR SALES</b>	
Supplies	\$ 92
LICENSES	\$ 1,829
REPAIRS & MAINTENANCE	\$ 1,375
JANITORIAL	\$ 16
Non-investment Depreciation	\$ 552
<b>Expenses</b>	
Office	\$ 1,412
Conferences/Meetings	\$ 7,394
DIGNITARY ENT	\$ 1,857
SUPPLIES	\$ 27
OFFICERS EXP	\$ 767
PER CAPITA GL/STATE	\$ 4,494
TELEPHONE	\$ 1,657

Name of the organization

**BENEVOLENT & PROTECTIVE ORDER OF**

Employer identification number

**94-0317347**

LODGE ACTIVITIES	\$	36,535
MEETING EXP	\$	475
LANDSCAPING	\$	3,244
YOUTH ACTIVITIES	\$	727
BADGES/PINS	\$	437
BANK CHARGES	\$	1,009
PERMITS & LICENSES	\$	788
POSTAGE	\$	507
INSTALLATION	\$	1,795
MISCELLANEOUS	\$	582
COPY MACHINE EXPENSE	\$	5,553
Non-investment Depreciation	\$	9,168
	Total \$	82,292

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Inventories for Sale or Use	\$ 5,685	\$ 6,742
Prepaid Expenses and Deferred Charges	\$ 142	\$ 812
	\$ 522,445	\$ 539,445
Less Accumulated Depreciation	\$ 408,673	\$ 418,922
	Total \$ 119,599	\$ 128,077

## Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,196	\$ 2,077
Mortgages and Notes Payable	\$ 26,750	\$ 26,500
Restricted Funds	\$ 38,194	\$ 55,673

Name of the organization

**BENEVOLENT & PROTECTIVE ORDER OF**

Employer identification number

**94-0317347****Form 990-EZ, Part III - Primary Exempt Purpose**

To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and enhance the happiness of its members; to quicken the spirit of American patriotism; to cultivate good fellowship; to perpetuate itself as a fraternal organization, and to provide for its governance, the Benevolent and Protective Order of Elks of the United States of America will serve the people and communities through benevolent programs, demonstrating that Elks Care and Elks Share.

**Form 990-EZ, Part III, Line 31 - All Other Accomplishment**

**OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF THE MEMBERS.**

Form **8868**  
(Rev. January 2012)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>BENEVOLENT &amp; PROTECTIVE ORDER OF ELKS #1300 WATSONVILLE</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-0317347</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>121 MARTINELLI STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WATSONVILLE CA 95076</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SECRETARY**  
**121 MARTINELLI STREET**

• The books are in the care of ▶ **WATSONVILLE** **CA 95076**

Telephone No ▶ **831-724-2493** FAX No ▶ **831-724-3732**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **11/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
  - ▶  calendar year \_\_\_\_\_ or
  - ▶  tax year beginning **04/01/11**, and ending **03/31/12**
- If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions