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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 black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Fau Alas	2000	4	au tau waar baaiaa	ning 4/01	200	O and andin	ig 3/3	21		2009
			dar year,	or tax year beginn	ing 4/01	, 200	8, and endin	ig 3/.			fication Number
В		applicable	Please use								
	Addı	ress change	IRS label or print	BENEAOTENL			OF ELKS		_	01224	
	Nam	ne change	or type.	BEND ELKS I					E Telepho		
	Initia	al return	See specific	63120 BOYD BEND, OR 97					541-	<u>-382-</u>	-1371
	Tern	nınatıon	Instruc- tions.	DEND, OR 37	701						
	X Ame	ended return							G Gross re	eceipts \$	734,415.
	Appl	lication pending	F Name a	and address of principal	officer			H(a) Is this	a group returi	n for affil	
				AS C ABOVE			ŀ	H(b) Are all	affiliates incl	uded?	Yes No
_	Tay	exempt statu			(insert no)	4947(a)(1) or	527	If 'No,'	attach a list	(see inst	tructions)
÷				(C) (O) - (insert no)	14547 (a)(1) 01	1 327				1156
<u>,,</u>		site: N/							exemption nu		
K		f organization	Corpor	ation Trust	Association Other	er P L	Year of Formal	tion	INIS	tate of le	egal domicile
Pa	rt I	Summ									
				ganization's missio		_					
ø				CE_BROTHER							
ä				ELFARE AND E							
E											TUATE_ITSELF
્ર્		Check this bo		if the organization			sposed of mo	ore than 2	5% of its	- 1	
ಹ				bers of the govern						3	9
69				nt voting members		body (Part VI, III	ne Ib)			4	0
-				yees (Part V, line						5	8
Activities & Governance				teers (estimate if r		- 10l (O)				6	0
		_		ousiness revenue f						7a	0.
	DI	vet unrelated	busines	s taxable income f	rom Form 990-1,	line 34				7 b	•
								P	rior Year		Current Year
•				nts (Part VIII, line					49,4		37,765.
Ę	9 Program service revenue (Part VIII, line 2g)10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								108,5		102,998.
Revenue						30,7		16,347.			
<u>—</u>			-	III, column (A), lin					145,2		151,863.
		otal revenue	e – add li	nes 8 through 11 ((must equal Part	VIII, column (A),	line 12)	ļ	343,8		308,973.
	 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 								13,3	33.	26,555.
ø	15 S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								40.	127,418.
Expenses	16a F	Professional	fundraisir	ng fees (Part IX, co							
De l	Ьт	otal fundras	sına exne	nses (Part IX, colu	mn (D) lute 25/	OF III	,			Ī	,
ũ	ŀ			IX, column (A), lin	1 11 11 11 11	MEINED	1	`	242,5	70	220,153.
						imp (A) line 351	വ	 	394,3		374,126.
	19 F	Otal expells	cs. Auu II	nes 13-17 (must e s Subtract line 18	AN	1 5 2010	SO		-50,5		-65,153.
	19 5	revenue less	expense	S Subtract line to	Silgin-line 12	T & CD10	% 	 			
Net Assets or Fund Balancos					1 5000		<u>۲</u>		nning of Y		End of Year
Bala		otal assets		•	L UGD	FNIT	-1	2	2,195,2		2,025,958.
4 5	21 T	otal liabilitie	es (Part X	, line 26)					90,4		63,468.
		let assets or	r fund bal	ances Subtract lin	ne 21 from line 20)		2	2 <u>,</u> 104,7	79.	1,962,490.
Pa	ırt II	Signat	ure Blo	ck							
		Under penaltie	es of perjury,	I declare that I have exa	amined this return, incl	uding accompanying so	chedules and sta	tements, and	to the best of	f my kno	owledge and belief, it is
		true, correct, a	and complete	Declaration on prepare	(other than officer) is		on or which prepa	arer nas any	knowleage	1	
Sig	gn	- Z	UNU	en Inced	ew					1/5	5/10
He	re	Signature	of officer				,	Da	ite	,	/
			WILL	IAM FRI	EOLANDO	ER TR	EASUR	ER.			
		Type or p	rınt name an		7		<i>3.70</i> pt re	<u> </u>			
							Date	С	heck if	Pr	eparer's identifying number
Pa	id	<u> </u>			///.			1 56	elf- mployed		eé instructions)
Pre		Preparer's signature	► CEO	RGE L. WERN	μ_{D} $\mathcal{M}_{\mathcal{N}}$	_	12/4/0	2 9 "	ilipioyeu	$\sqcup_{\mathbf{N}}$	/A
pa	rer's						' -			İTA	/ 11
Ųs		Firm's name (yours if self-		NER ACCOUNT		NEEW			in ► N	1/3	
On	ıly	employed), address, and	employed). > 750 NORTH WEST FOURTH STREET							/A	1) 447 7776
		ZIP + 4			97754			P	hone no	(54)	
				with the preparer							X Yes No
RA.	A E ~ E	Drive and And.	and Dana	nuark Paduction	Ant Bloting one th	a conqueta inctri	.ctions		TEE 40110	10/00	(00 Form 990 (2008)

	990 (2008) BENEVOLENT AND PROTECTIVE ORDER OF ELKS	93-012240	1	I	Page 2
Par					
1	Briefly describe the organization's mission				
	SEE SCHEDULE O		- -		
			- 		
	Did the organization undertake any significant program services during the year which were not listed on the				
2	Form 990 or 990-EZ?	le prior	Yes	X	No
	If 'Yes,' describe these new services on Schedule O		162	Δ	NO
3		res?	Yes	X	No
3	If 'Yes,' describe these changes on Schedule O	,cs	163	N	NO
4	·	v exnenses. Se	ction ^s	01 <i>(</i> c)	(3)
•	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to ot	hers, t	he tot	al
	expenses, and revenue, if any, for each program service reported				
4 8	a (Code) (Expenses \$ including grants of \$) (Re)
	MAINTAIN A LODGE AND CLUB FACILITIES FOR MEMBERS AS A FOCAL POINT				
	RELAXATION AND CONTRIBUTION OF FUNDS AND SERVICES TO OUR COMMUNITY				
		SED_SIGNIF	<u>IGAN</u>	<u>T</u>	
	AMOUNTS FOR CHARITABLE PURPOSE DURING THE FISCAL YEAR ENDED MARCH	<u>31, 2009.</u>			
41	b (Code: (Code: (Expenses \$ Including grants of \$) (R	evenue \$)
	CONTRIBUTE TO VARIOUS ELKS USA CHARITABLE ENDEAVORS TO BENEFIT OUR		MUNI	TY	 '
	AND OUR LARGER COMMUNITY.				
4	c (Code (Sample) (Expenses \$ Including grants of \$) (R	evenue \$			١
-,	/ (Code 1 - 4 // (Expenses 4 //) (Including grants of 4 //) (Including grants of 4 //)				—′
		-			
	•				
40	d Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B))			

 $\alpha = 2\gamma$

93-0122401 BENEVOLENT AND PROTECTIVE ORDER OF ELKS Page 3 Form 990 (2008) **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X Schedule A 2 X 2 Is the organization required to complete Schedule B. Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice X on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, 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 9 Х Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, X 11 VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the US?. 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 19 Х Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 X Schedule J 24a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d 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 b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Form 990 (2008)

Х

25a

25b

26

Form 990 (2008) BENEVOLENT AND PROTECTIVE ORDER OF ELKS

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
1	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Χ.
I	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
(Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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
BA		Form	1 990	(2008)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		,
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	_3b		
4a 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)?	4a		х
b If 'Yes,' enter the name of the foreign country. ►		Ť	'
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ 5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	_ 5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		/ §	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_/		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	`		1
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders		1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
BAA	Form	990	(2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing Body and Management						
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,	-	Yes	No		
1	a Enter the	number of voting members of the governing body	1a 9		İ			
	b Enter the	number of voting members that are independent	1 b		1			
2	2 Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business reirector, trustee or key employee?	elationship with any other	* <u>-</u>		<u>X</u>		
;	3 Did the o of officer	rganization delegate control over management duties customarily performed by or is, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		<u>x</u>		
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		_X		
Ę	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		<u>X</u>		
E	5 Does the	organization have members or stockholders?		6		<u>X</u>		
7	7a Does the governing	organization have members, stockholders, or other persons who may elect one or g body?	more members of the	7a	_	х_		
	b Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b	7 ×X	X		
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	-	erning body?		8a		<u>X</u>		
		nmittee with authority to act on behalf of the governing body?		8b	-,,	X		
9		organization have local chapters, branches, or affiliates?		9a	X			
	and bran	does the organization have written policies and procedures governing the activities of the organization?		9b	х			
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was file in Schedule O the process, if any, the organization uses to review the Form 990 .S	d? All organizations must SEE SCHEDULE O	10		X		
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	11		X		
Se	ection B.	Policies						
12		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Yes	No X		
	to conflic			12b		X		
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pose O how this is done	olicy? If 'Yes,' describe in	12c		X		
		organization have a written whistleblower policy?		13		X		
14	4 Does the	organization have a written document retention and destruction policy?		14	NO 12 10	_X_		
1!	•	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision:	3 3				
	_	anization's CEO, Executive Director, or top management official?	;	15a		<u>X</u>		
		ficers of key employees of the organization?		15b	<u> </u>	<u>X</u>		
		the process in Schedule O (see instructions)		99		1		
10	6a Did the d			¥		~ ~ 4		
	entity du	organization invest in, contribute assets to, or participate in a joint venture or simila ring the year?		16a		X		
	entity du b If 'Yes,' I		n to evaluate its participation			<u>X</u>		
Se	entity du b If 'Yes,' l in joint v status w	rring the year? has the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguar	n to evaluate its participation	* ** * **		<u> </u>		
	entity du b If 'Yes,' I in joint v status w ection C.	rring the year? has the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguare the respect to such arrangements?	n to evaluate its participation	* ** * **	~ · ·	X 		
	entity du b If 'Yes,' I in joint v status wi ection C. List the s 8 Section 6 inspection	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguare the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed NONE 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available.	n to evaluate its participation d the organization's exempt	16b	le for			
13	entity du b If 'Yes,' I in joint v status wi ection C. List the s Section 6 inspection Own	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguare the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed NONE 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available Check all that apply website Another's website X Upon request	n to evaluate its participation d the organization's exempt	16b vailab		public		
13	entity du b If 'Yes,' In joint v status wi ection C. List the s Section 6 inspectio Own Describe statemer	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguare the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed NONE 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available Check all that apply website Another's website In Schedule O whether (and if so, how) the organization makes its governing documents available to the public	n to evaluate its participation d the organization's exempt and 990-T (501(c)(3)s only) are ments, conflict of interest pole	16b vailab	nd fina	public		
13	entity du b If 'Yes,' In joint v status wi ection C. List the s Section 6 Inspection Own Posscribe statemer State the	tring the year? that the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguare the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed ► NONE 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply website Another's website X Upon request the procedure of the organization makes its governing documents.	n to evaluate its participation d the organization's exempt and 990-T (501(c)(3)s only) are ments, conflict of interest pollooks and records of the org	16b vailab	nd fina	public		

BAA

Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	ot compen	sate a	ny c	offic	er, c	directo	or, tr	ustee, or key employe	ee	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	1	tion (checl	k all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
CHRIS HERMELING								·		
EXALTED RULER	0							0.	0.	0.
STACEY HUMMEL									-	_
SECRETARY #1	30	ļ						8,683.	0.	0.
MYRTLE FARLEIGH										
SECRETARY #2	20							4,664.	0.	0.
JIM MURPHY										
LOYAL KNIGHT	0							0.	0.	0.
TERRY TRASK										
LEADING KNIGHT	0							0.	0.	0.
LEE THORSELL										
LECTURING KNIGH	0							0.	0.	0.
VICKI ENGLISH]									
SECRETARY #3	30							5,505.	0.	0.
WILLIAM FRIEDLANDER]									
TREASURER	0							0.	0.	0.
SHARON LEWIS										
TRUSTEE	0							0.	0.	0.
STAN BROCK]									
TRUSTEE	0							0.	0.	0.
ROBERT LITTLE										
TRUSTEE	0							0.	0.	0.
CRAIG BABCOCK										
TRUSTEE	0							0.	0.	0.
JUANITA HARRAH										
TRUSTEE	0							0.	0.	0.

TEEA0107L 04/24/09

(A)	(B)	_		-	c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ami co oi	Estimated ount of old mpensation from the rganization and relate ganization	her on on ed
		tee	ustee			ensated						
									<u></u>			
								~				
								•				
		_										
										<u> </u>		
								10.050				
1b Total					41	<u> </u>	<u> </u>	18,852.	0			
2 Total number of individuals (including those in 1a) organization ► 0	wno reci	eive	u m	ore	unar	<u> </u>		oo in reportable d	ompensation from	n trie		
3 Did the organization list any former officer, director	or trust	ee l	kev	emr	olovi	e (or hi	ohest compensat	ed employee		Yes	N
on line 1a? If 'Yes,' complete Schedule J for such i For any individual listed on line 1a, is the sum of re	ndıvıdua portable	al e cor	mpe	nsa	tion	and	i oth	er compensation	from	3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
the organization and related organizations greater to individual		·								4		X
5 Did any person listed on line 1a receive or accrue of rendered to the organization? If 'Yes,' complete Scientific B. Independent Contractors	hedule .	for	n tre suc	om a	any erso	unre n	elate	ed organization to	r services	_ 5		χ
Complete this table for your five highest compensa- compensation from the organization	ted inde	pen	dent	cor	ntra	ctors	s tha	nt received more t	han \$100,000 of			
(A) Name and business addres	ss							Description) of Services	Comp	(C) ensatio	on
												
2 Total number of independent contractors (including compensation from the organization ► 0	those II	n 1)	who	rec	eive	ed n	nore	than \$100,000 in				

Pai	t VIII Statement of Revenue				
;		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
ANTS	b Membership dues 1b				
용질	c Fundraising events.		:		
R A	d Related organizations 1d				
₽₹	e Government grants (contributions)				
SES					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 37,765.			,	
N S	g Noncash contribns included in lns 1a-1f:. \$			ŕ	
5 7	h Total. Add lines 1a-1f	37,765.			
2	Business Code				
Z	2a MEMBERSHIP DUES & ASSESSMENTS	94,269.	94,269.		
- E	b ADVERTISING	231.	231.		
<u>چ</u> ا	c MISCELLANEOUS	8,498.	8,498.		_
SER	d				
¥	e		<u> </u>		
8	f All other program service revenue				
꾪	g Total. Add lines 2a-2f	102,998.			
	Investment income (including dividends, interest and				
	other similar amounts)	16,347.			16,347.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal		20 20 20 20 C	<u> </u>	k
	6a Gross Rents 26, 470.		* * *		} `;>* ·
	b Less rental expenses		,	,	
	c Rental income or (loss) 26, 470.		3	,	:
	d Net rental income or (loss)	26,470.			26,470.
	(2.82-2-1-1-2	20, 470.)		20,410.
	7a Gross amount from sales of assets other than inventory		,		,
	assess other than inventory				
	b Less: cost or other basis		·	, ,	ľ ·
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$	į.			,
E E	of contributions reported on line 1c)				
~	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b	<u> </u>	doe obsidiately many	**************************************	
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities.				
	See Part IV, line 19 a 361, 111.				
	b Less direct expenses b 338,159.				
	c Net income or (loss) from gaming activities	22,952.			22,952.
	10 a Gross sales of inventory, less returns				
	and allowances a 189,724.				
	b Less cost of goods sold b 87,283.				
	c Net income or (loss) from sales of inventory	102,441.	102,441.		
ŀ	Miscellaneous Revenue Business Code				
	11a	4 V D 2 - 44			
	b				
	<u></u>	_			
	d All other revenue				
	d All other revenue	·			
	C Total. Add lines 11a-11d	 · · · ·- ·			
	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	200 072	205 420	_	65 760
	10c, and 11e	308,973.	205,439.	0.	65,769.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp		(B)		(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	• • • • • • • • • • • • • • • • • • •	26,555.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	17,847.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages.	95,426.	•		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes	14,145.			
11	Fees for services (non-employees)				
á	a Management				
ŀ	Legal [
•	: Accounting	10,073.			
•	d Lobbying				
•	e Prof fundraising svcs See Part IV, In 17			*	
1	Investment management fees				
ç	g Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	31,908.			
17	Travel	·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,763.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,151.			
	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).	4	· · · · · · · · · · · · · · · · · · ·		
	a LAUNDRY	10,714.			
ı	MUSIC AND ENTERTAINMENT	10,534.			
	DUES GRAND LODGE	9,568.			
(INSURANCE	9,496.			
•	CHARITY BALL/BASKETS	9,269.			
1	All other expenses	70,677.			
25	Total functional expenses. Add lines 1 through 24f	374,126.			
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation		<u></u>		Form 990 (2008)

Fe	ILV	Dalance Speet ,					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			111,067.	1	79,769.
	2	Savings and temporary cash investments			115,369.	2	117,524.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	,	s. trus	tees, kev employees.			
		Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	L			5	
	6	Receivables from other disqualified persons (as define	ed und	ler section 4958(f)(1))		_	
٨		and persons described in section 4958(c)(3)(B) Comp	plete P	Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net		-		7	
Ĕ	8	Inventories for sale or use			12,000.	8	9,350.
Ś	9	Prepaid expenses and deferred charges			2,000.	9	2,500.
	10 a	Land, buildings, and equipment cost basis	10 a	1,793,247.			
	b	Less accumulated depreciation Complete Part VI of			The second secon		
		Schedule D	10 ь	214,994.	1,627,868.	10 c	1,578,253.
	11	Investments — publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			326,927.	15	238,562.
	16	Total assets Add lines 1 through 15 (must equal line	34)		2,195,231.	16	2,025,958.
	17	Accounts payable and accrued expenses		27,520.	17	10,227.	
	18	Grants payable				18	
	19	Deferred revenue		62,932.	19	53,241.	
Ļ	20	Tax-exempt bond liabilities			20		
AB	21	Escrow account liability Complete Part IV of Schedul			21		
I A B I L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	key employees, Complete Part II				
- 1		of Schedule L			22		
Ė	23	Secured mortgages and notes payable to unrelated the	nird pa	rties		23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25.			90,452.	26	63,468.
N E T		Organizations that follow SFAS 117, check here ▶	ar	nd complete lines			
		27 through 29 and lines 33 and 34.				.	
ASSE	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets			. =	28	
Š	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere >	X and complete			*
FUZD		lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31	
BALAZCES	32	Retained earnings, endowment, accumulated income	, or oth	ner funds	2,104,779.	32	1,962,490.
Č	33	Total net assets or fund balances.			2,104,779.	33	1,962,490.
<u>\$</u>	5 34 Total liabilities and net assets/fund balances 2,195,231. 34						
Pa	ırt X	Financial Statements and Reporting					
		<u></u>					Yes No
1	Acc	counting method used to prepare the Form 990: 🔲 0	Cash	X Accrual	Other		
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?2b Were the organization's financial statements audited by an independent accountant?2						
	c If "	Yes' to 2a or 2b, does the organization have a commit	tee tha	it assumes responsibilit	ty for oversight of the a	udıt,	
		new, or compilation of its financial statements and sele					2c
3	a As Δ	a result of a federal award, was the organization requi dit Act and OMB Circular A-133?	ired to	undergo an audit or au	idits as set forth in the	Single	3a X
		Yes,' did the organization undergo the required audit o					3b A
BA		. 55, the the organization undergo the required dutit o		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Form 990 (2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

Employer Identification number

	VOLENT AND PROTECTIVE ORDER OF ELKS							
Part I Organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Other Similar Fur to Form 990, Part IV, line 6.	nds or Accounts Complete if						
1 Total number at end of year2 Aggregate contributions to (during year)	(a) Donor advised funds	(b) Funds and other accounts						
3 Aggregate grants from (during year)4 Aggregate value at end of year								
funds are the organization's property, subject		Yes No						
used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ner Yes No						
Part II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.						
1 Purpose(s) of conservation easements held b	y the organization (check all that apply)							
Preservation of land for public use (e.g.,	rema '	of an historically important land area						
Protection of natural habitat		of certified historic structure						
Preservation of open space								
	a qualified conservation contribution in the form	m of a conservation easement on the last day						
		Held at the End of the Year						
a Total number of conservation easements		2a						
b Total acreage restricted by conservation ease	ments	2b						
c Number of conservation easements on a cert		2c						
d Number of conservation easements included	• • • • • • • • • • • • • • • • • • • •	2d						
		\						
3 Number of conservation easements modified,	transferred, released, extinguished, or termina	ited by the organization during the taxable						
year ► Number of states where property subject to c	onservation easement is located >							
5 Does the organization have a written policy re enforcement of the conservation easement it	egarding the periodic monitoring, inspection, vio	olations, and Yes No						
6 Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements during	the year ►						
· · · · · · · · · · · · · · · · · · ·	nspecting, and enforcing easements during the							
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	n line 2(d) above satisfy the requirements of se	☐ Yes ☐ No						
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	describes the organization's accounting for						
Part III Drganizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, of wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.						
1a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or research in further							
b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, not to report in its revenue statem blic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide the following						
(i) Revenues included in Form 990, Part VIII	, line 1	. > \$						
(ii) Assets included in Form 990, Part X		<u> </u>						
2 If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following						
a Revenues included in Form 990, Part VIII, line	e 1	- \$						
b Assets included in Form 990, Part X		> \$						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008 BENEV Part III Organizations Mainta				93-012 or Other Similar Ass		Page 2 tinued)				
Using the organization's accession that apply)	on and other reco		-		ection item	ns (check all				
a Public exhibition		d Loan	or exchange programs							
b Scholarly research		e 🔛 Other								
c Preservation for future gener	ations									
Provide a description of the orgal Part XIV		·	,	. , .	se in					
5 During the year, did the organiza assets to be sold to raise funds r					Yes	No				
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrar an amount o	igements Compl n Form 990, Part	ete if organization X, line 21.	answered 'Yes' to F	orm 990), Part 				
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or of	ther assets not	Yes	No				
b If 'Yes,' explain the arrangement	ın Part XIV and	complete the follow	ıng table:							
	Amount									
c Beginning balance	c Beginning balance									
d Additions during the year				1 d						
e Distributions during the year										
f Ending balance										
2a Did the organization include an a	mount on Form	990, Part X, line 217	,		Yes	No				
b If 'Yes,' explain the arrangement	ın Part XIV									
Part V Endowment Funds Co	mplete if orga	anızatıon answer	ed 'Yes' to Form 9	90, Part IV, line 10.						
	(a) Current yea	r (b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e) Fou	r years back				
1a Beginning of year balance			ě	4. 1 1 1	* 1 % .					
b Contributions				· `	* 1					
c Investment earnings or losses				43		1862				
d Grants or scholarships						4 11 198 6				
 Other expenditures for facilities and programs 										
f Administrative expenses				·	S 9 ;	2				
g End of year balance					1					
2 Provide the estimated percentage	e of the year end	d balance held as								
a Board designated or quasi-endov	vment ►	8								
b Permanent endowment	8									
c Term endowment	8									
3a Are there endowment funds not	n the nossession	n of the organization	that are held and adm	unistered for the						
organization by	россосою	n or the organization	mar are more and add.	minotorou for the	\	es No				
(i) unrelated organizations					3a(i)					
(ii) related organizations					3a(ii)					
b If 'Yes' to 3a(II), are the related of	organizations list	ed as required on So	chedule R?		3b					
4 Describe in Part XIV the intended	d uses of the org	janization's endowm	ent funds							
Part VI Investments—Land, B	uildings, and	Equipment. See	e Form 990, Part >	(, line 10.						
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation		ok Value				
1 a Land			228,341.	* ^		228,341.				
b Buildings			1,509,216.	186,619.	1,:	322,597.				
c Leasehold improvements	c Leasehold improvements									
d Equipment			45,589.	25,855.		19,734.				
e Other			10,101.	2,520.		7,581.				
Total. Add lines 1a-1e (Column (d) she	ould equal Form	990, Part X, column	(B), line 10(c))	•	1,	578,253.				
BAA				Sched	ule D (For	m 990) 2008				

Schedule D (Form 990) 2008 BENEVOLENT AND PRO			93-012	2401 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, Iır	ne 12. I	N/A	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		ļ <u></u>		-
		ļ		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.)	 	12)		
Part VIII Investments-Program Related (See		ine (3)	N/A	
(a) Description of investment type	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion set value
			oost or cha or year man	
		-		·
				
		-		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13)				
Part IX: Other Assets (See Form 990, Part X,	line 15)			
(a) De	scription	•		(b) Book value
BONDS				
MUTUAL FUNDS				238,562.
			_	
				222 562
Total. Column (b) Total (should equal Form 990, Part X, co			>	238,562.
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
				
THE ALL STREET				
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u> </u>			
In Part XIV, provide the text of the footnote to the organiza	ition's financial stateme	ents that repo	orts the organization's liabil	ity for uncertain tax

Page 3

Schedule	D (Form 990) 2008 BENEVOLENT AND PROTECTIVE ORDER OF		-012	2401	Page 4
Part X		inancial Statements	T	N/A	
	al revenue (Form 990, Part VIII,column (A), line 12)		ļ		
	al expenses (Form 990, Part IX, column (A), line 25)		ļ		
3 Ex	ess or (deficit) for the year. Subtract line 2 from line 1				
4 Ne	unrealized gains (losses) on investments				
5 Do	nated services and use of facilities				
6 Inv	estment expenses				
7 Pri	or period adjustments				
8 Oth	er (Describe in Part XIV)				
9 Tot	al adjustments (net) Add lines 4-8			· <u>-</u>	
	ess or (deficit) for the year per financial statements. Combine lines 3 and 9				
Part X	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn	N/A	
1 Tot	al revenue, gains, and other support per audited financial statements		1		
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12.				
a Ne	unrealized gains on investments	2a	l		
b Do	nated services and use of facilities	2b			
c Re	coveries of prior year grants	2c			
	er (Describe in Part XIV)	2d			
e Ad	d lines 2a through 2d.		2e		
	otract line 2e from line 1		3		
	ounts included on Form 990, Part VIII, line 12, but not on line 1				
	estments expenses not included on Form 990, Part VIII, line 7b	4a			
	er (Describe in Part XIV)	4b			
	d lines 4a and 4b		4c		
	al revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5		
	II Reconciliation of Expenses per Audited Financial Stateme		Retu	rn N/A	
	al expenses and losses per audited financial statements	ins will expenses per	1	14,21	
	ounts included on line 1 but not on Form 990, Part IX, line 25		<u> </u>		
	nated services and use of facilities	2a			
		2b			
	or year adjustments				
	ses reported on Form 990, Part IX, line 25	2c			
	ner (Describe in Part XIV)	2d			
	d lines 2a through 2d		2e		
	otract line 2e from line 1	1 1	3		
	ounts included on Form 990, Part IX, line 25, but not on line 1:	_			
	estments expenses not included on Form 990, Part VIII, line 7b	4a			
	ner (Describe in Part XIV)	4b	<i></i>		
	d lines 4a and 4b		4c		
	al expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5		
Part X	V Supplemental Information			<u>. </u>	
Complet line 4, P	e this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art III, lines 1a and 4, Part IV,	, lines	1b and 2b, Par	t V,
	·				
		·			
	·				
				- 	
					-

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
_		
	·	
		-
		 -
	·	
		_
		- <i>-</i>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Must be co or 19, and	mpleted by org d by organization	ganization ons that e	s that ans nter more	wer 'Yes' to Form 990, than \$15,000 on Form	Part IV, lines 17, 18, 990-EZ, line 6a.	Open to Public Inspection
Name of the organization	BENEVOLENT AN	ID PROTECT	TVE OR	DER OF	ELKS	Employer identifica	ition number
	SEND ELKS LOI					93-012240	1
Part I Fundrais	sing Activities.	Complete if	the orga	ınızatıon	answered 'Yes' to	Form 990, Part IV,	line 17.
1 Indicate wheth	er the organization	raised funds th	rough any	of the foll	owing activities Check	all that apply	
Mail solicit	ations				Solicitation of non-	government grants	
Email solic	itations				Solicitation of gove	rnment grants	
Phone solu	citations				Special fundraising	events	
In-person s	solicitations						
2a Did the organiz employees liste	zation have written o ed in Form 990, Par	or oral agreement or VII) or entity	ent with ar in connec	ny individu tion with p	al (including officers, di rofessional fundraising	rectors, trustees or key services?	Yes X No
b If 'Yes,' list the compensated a	e ten highest paid in at least \$5,000 by th	idividuals or en ne organization	tities (fund Form 990	draisers) p DEZ filers a	ursuant to agreements are not required to com	under which the fundra plete this table	iser is to be
(i) Name of or entity (f	f ındıvıdual undraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
						1	
		,					
						_	
Total				>			0.
3 List all states in or licensing	n which the organiz	ation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
							
-							
						-	
				- -			
			-				
				. – – – –	-		

	t II	G (Form 990 or 990-EZ) 2008 BENEVO Fundraising Events. Complete of reported more than \$15,000 on F				ne 18, or ater than \$5	Page 2 5,000.
	_		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total E (Add col (a)) through
R			(event type)	(event type)	(total number)	col (c	·))
REVENUE	1	Gross receipts		<u> </u>			
Ě	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)					
	4	Cash prizes					
DIRECT	5	Non-cash prizes			-		
	6	Rent/facility costs					
EXPENSES	7	Other direct expenses					
S E S		Direct expense summary Add lines 4-)	•		
Pai		Net income summary Combine lines 3 Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6	zation answered 'Y	es' to Form 990, Par	rt IV, line 19, or re	ported mor	e than
RE>E>U		\$13,000 0111 0111 990-LZ, lille 06	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ((Add col. (a col. () throuah
N E	1	Gross revenue			361,111.	36	1,111.
_	2	Cash prizes					
DIRECT	3	Non-cash prizes					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses			338,159.	33	8,159.
	6	Volunteer labor	Yes0 % No	Yes0 % No	Yes0 % X No		
	7	Direct expense summary Add lines 2 th	nrough 5 in column (d)		•	33	8,159.
	8	Net gaming income summary Combine	lines 1 and 7 in colum	ın (d)	•		2,952.
9	Ente	er the state(s) in which the organization (operates gaming activit	ies OR			YES NO
		ne organization licensed to operate gamir lo,' Explain:	ng activities in each of	these states?		9a	X
					-		
		re any of the organization's gaming licens				10a	X

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

11

Schedule G (Form 990 or 990-EZ) 2008 BENEVOLENT AND PROTECTIVE ORDER OF ELKS 93-01224	0 T	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility 13a 100.0%	_		
b An outside facility \\ \frac{13b}{\circ}	_		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name. ►			i İ
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		X
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			
Name •			
Address· ►			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$, <u>ŝ</u>		
Description of services provided	.		
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions	% % >-'		à tr
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	 	X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ►\$	<u>}</u>	<u> </u>	3M 9
SAA TEEA3703L 07/18/08 Schedule G (Form 9	190 or 9	90-EZ) 201

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S. Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

OMB No 1545-0047

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2008

Department of the Treasury Internal Revenue Service

≗ □ Yes **Employer identification number** 93-0122401 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I | General Information on Grants and Assistance BENEVOLENT AND PROTECTIVE ORDER OF ELKS Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

× Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				·			
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations				•	
3 Enter total number of other organizations	ations			-		A	
•							1000

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 93-0122401 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance BENEVOLENT AND PROTECTIVE ORDER OF ELKS (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Part IV Part III 1

BAA

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

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Name of the organization BENEVOLENT AND PROTECTIVE ORDER OF ELKS BEND ELKS LODGE # 1371	93-0122401
EXPLANATION OF AMENDED RETURN	
TO GROSS UP THE VARIOUS GRANTS REVENUE AND GRANTS PAID OUT DURI	NG THE FISCAL YEAR
ENDED_3/31/09	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE	AND FIDELITY; TO
RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE I	HE HAPPINESS OF ITS
MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTI	VATE GOOD FELLOWSHIP;
TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION; AND TO PROVID	E FOR ITS GOVERNMENT,
THE BENEVOLENT AND PROTECTIVE ORDERS OF ELKS OF THE UNITED STAT	ES OF AMERICA WILL
SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, I	EMONSTRATING THAT
ELKS CARE AND ELKS SHARE.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
	