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# SCANNED SEP 1 3 2010

932001 02-04-10

Department of the Treasury Internal Revenue Service

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

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047 Open to Public Inspection

A	For the	2009 ca	lendar year, or tax year beginning APR 1, 2009 and ending	MAR 31, 2010	
В	Check if	Please	C Name of organization	D Employer identifi	cation number
- 1	applicable	use IRS	BENEVOLENT & PROTECTIVE ORDER	' '	
Г	Addres	s label or	OF ELKS #964		
F	Name change	type	Doing Business As	┨ 01-0	027741
F	Initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
=	return Termin	Specific	397 CIVIC CENTER DRIVE		623-9623
늗	lated  Amend	Instruc- led tions		G Gross receipts \$	2,287,768.
H	lreturn ∏Applica	a-	City or town, state or country, and ZIP + 4  AUGUSTA, ME 04330		
_	Ition pendin	9 -		H(a) Is this a group re	Yes X No
		C A M	ne and address of principal officer.SUSAN PREW IE AS C ABOVE	for affiliates?	
				H(b) Are all affiliates inc	
			us: X 501(c) (8 ) ◀ (insert no) 4947(a)(1) or 527		list. (see instructions)
			W.MAINEELKS.ORG/AUGUSTA.HTML		n number ▶ 1156
_				ir of formation: 1903	A State of legal domicile: ME
P	art I	Summ		AME MUE DOTA	OTDIDG OF
ė	1	Briefly de	scribe the organization's mission or most significant activities TO INCULC	ATE THE PRIN	CIPLES OF
ă			TY, JUSTICE, BROTHERLY LOVE AND FIDELITY	<del></del>	
& Governance	1		s box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its net as	
Š			of voting members of the governing body (Part VI, line 1a)	3	5
ಷ	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	5
es	5	Total num	ber of employees (Part V, line 2a)	5	18
ξ	6	Total num	ber of volunteers (estimate if necessary)	6	50
Activities	7a	Total gros	ss unrelated business revenue from Part VIII, column (C), line 12	7a	45,726.
_	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	24,716.
	1			Prior Year	Current Year
<u> </u>	8	Contribut	ions and grants (Part VIII, line 1h)	67,979.	67,919.
en	9 1	Program:	service revenue (Part VIII, line 2g)		
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,611.	951.
а	11 4	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,466.	262,721.
	12	Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,056.	331,591.
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	29,376.	18,363.
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		
Ś	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,524.	19,753.
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		
ĝ	Ь.		draising expenses (Part IX, column (D), line 25)		
ŵ	17		<del>xenses (Part-IX, co</del> lumn (A), lines 11a-11d, 11f-24f)	294,314.	301,274.
	18	REC	eases Aderlines 13-17 (must equal Part IX, column (A), line 25)	342,214.	339,390.
	19	Revenue	less expenses (5) btract line 18 from line 12	-63,158.	-7,799.
25				Beginning of Current Year	End of Year
Net Assets or		Total assi	6 2010 C ets (Part X, line 46)	904,513.	894,068.
Æ	] 2	Total-liab	httes (Part X, line 26)	217,423.	205,698.
髻	22_	Net asset	s-or fund balances. Subtract line 21 from line 20	687,090.	688,370.
P	art II	Signa	ture Block	<del></del>	
_	•		alties of perjury, I declare that I have examined this return, including accompanying schedules and statements te Declaration of preparer (other that officer) is based on all information of which preparer has any knowledg		ge and belief, it is true, correct.
		and comple	the Decide ation of prepare (differ that different spaces of all minimation of which prepare has any knowledge		
Sig	าก		Ousan J Plus	1 /-20	ט/-ט
He		Sigi	nature of officer	Date	
		<b>L</b> SU	JSAN PREW, TREASURER		
		Тур	e or print name and title		
D-1		Preparer'	S Date Date	Check if Prepar	er's identifying number structions)
Pai		signature	06/25/10   e	mployed 🕨 🔲	<i>,</i> 
	parer's	Firm's nam yours if	° ALBIN, RANDALL & BENNETT, CPA'S	EIN ►	
US	e Only	self-employ	ved). 14 MAIN STREET, SUITE 300		
		address, ar ZIP + 4	AUBURN, MAINE 04210	Phone no. ▶ 2	07-784-5739
Ma	v the IF	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964 01-0027741 Page 2 Form 990 (2009) Part III | Statement of Program Service Accomplishments SEE SCHEDULE O FOR CONTINUATION Briefly describe the organization's mission TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY: TO RECOGNIZE A BELIEF IN GOD: TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD FELLOWSHIP; TO PERPETUATE Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported ) (Revenue \$ 4a (Code ) (Expenses \$ including grants of \$ THE LODGE, THROUGH ITS MEMBERSHIP, DEVOTES COUNTLESS VOLUNTEER HOURS AND DONATES FINANCIAL ASSISTANCE TO VARIOUS CHARITABLE, EDUCATIONAL, WELFARE, DISASTER RELIEF, AND PATRIOTIC ENDEAVORS. (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

Other program services. (Describe in Schedule O.) (Expenses \$

including grants of \$

) (Revenue \$

Total program service expenses ► \$

Page 3

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Par	t IV   Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			l
	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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v	
_	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	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.  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.			
•	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
404	Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12A X			
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	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	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	Х	1

20

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		res	140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ŀ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	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		
25a	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	$\vdash$	
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	056		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? 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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			v
0.4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O.L	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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		X
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		X
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	$oxed{oxed}$	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 (	2000
		1 01111	200 (	-003)

FOIIII	990 (2009) OF BLRS # 904 01-0027	<u>/41</u>	<u> </u>	age 🔾
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
-			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 1b 0	]		
С	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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	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 O	3b	Х	
	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. ▶			
	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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		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?	7c		X
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1 !		

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

OF ELKS #964 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

Sec	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	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
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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?			v
а	The organization's CEO, Executive Director, or top management official	15a	- <del>-</del> -	<u>X</u>
D	Other officers or key employees of the organization	15b	_X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a	-	
	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	SUSAN PREW C/O BPOE #964 - 207-623-9623	•		
	397 CIVIC CENTER DRIVE, AUGUSTA, ME 04330			

## 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(ct	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GARY COOPER		_	_		<u> </u>		F	-	<u> </u>	
TRUSTEE	7.50	x				1		0.	0.	0.
ROBERT PEKINS	, , , ,	<u> </u>				<del>                                     </del>	$\vdash$			<del></del>
TRUSTEE	7.50	x						0.	0.	0.
EDWARD BOUDREAU							T			
TRUSTEE	7.50	Х			İ			0.	0.	0.
MICHAEL MICHAUD							T			-
TRUSTEE	7.50	Х			l			0.	0.	0.
DAN BOURGOIN						Г	Г			
TRUSTEE	7.50	Х			ĺ			0.	0.	0.
DANIEL HOWLETT							Γ			
EXALTED RULER	7.50			X				0.	0.	0.
STEVEN GILBERT										<del>,</del>
LEADING KNIGHT	7.50			X			L	0.	0.	0.
RALPH COLFER								_	_	_
LOYAL KNIGHT	5.00			X		_		0.	0.	0.
LORI HOWLETT										_
LECTURING KNIGHT	5.00		<u> </u>	X	<u> </u>	Ļ	<u> </u>	0.	0.	0.
RUSSELL SOUTHER	1 00		l	,,		ļ			_	_
TILER	1.00	<u> </u>	<u> </u>	Х	<u> </u>	⊢	┞	0.	0.	0.
PAUL DOYON INNER GUARD	1.00			x		İ		0.	0.	^
DAVE KAPLAN	1.00	_	├	₽	├	⊢	┝	0.	<u> </u>	0.
CHAPLAIN	1.00			x				0.	0.	0.
ROBERT KITTREDGE	1.00	_	$\vdash$	<u> </u>	┝	┢	⊢	•		<u></u>
ESQUIRE	1.00			x		l		0.	0.	0.
ROBERT DRISKO	1.00	$\vdash$	$\vdash$		<del>                                     </del>	┢	┢	<del></del>		
SECRETARY	20.00			х				8,000.	0.	0.
SUSAN PREW		$\vdash$	┢	-	I	H	┢	3,000		
TREASURER	20.00			X				8,000.	0.	0.
		-	_	-		$\vdash$	$\vdash$		_	

Page 8

dection A. Officers, Directors, Tit	istees, itey Li	npic	yee	.s, a	iiu i	ngi	CSL	Compensated Employ	ees (continued)				
` (A)	(B)			((	C)			(D)	(E)			(F)	
<ul> <li>Name and title</li> </ul>	Average			Pos				Reportable	Reportable		Est	imate	ed
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation			ount	of
	per	cto						from	from related			other	
	week	individual trustee or director				Ed Ed		the organization	organizations (W-2/1099-MISC	, [		ensa om the	
		stee	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)	(11 27 1033 11100	'		nızat	
		ual tru	onal		Key employee	Ee ee		, ,			_	relat	
		pwip	stut	Officer	ey em	ighes mplo,	i ii				orga	nızatı	ons
		=		L	×	Ξ. 6.	<u></u>			_		_	
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			ŀ							i			
			<u> </u>	$\vdash$		┢				十			
1b Total						▶		16,000.	(	).			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 in reportable				
compensation from the organization													0
										_	_	Yes	No
3 Did the organization list any former officer,			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				v
line 1a? If "Yes," complete Schedule J for s					<b></b>			<b>.</b>	th	├	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization		4		Х
5 Did any person listed on line 1a receive or a			-						ices rendered to	ŀ	-	-+	<u> </u>
the organization? If "Yes," complete Sched					٠,		0.00	ou organization for bore	1000 101100100 10		5		Х
Section B. Independent Contractors											-		
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	- ensaí	tion fr	om	
the organization NONE													
(A)							i	(B)		^	(C		
Name and business	address						$\dashv$	Description of s	ervices		mpen	satioi	n
							$\dashv$						
					-		┪						_
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				_									
		_					┙						
2 Total number of independent contractors (i	-	ot III	mıte	d to		se li: O	stec	d above) who received n	nore than				
\$100,000 in compensation from the organi	zation				. '					<del></del>	orm 9	ion	2000,
										<b>&gt;</b> −	curren 🛎		er ii iUl\

BENEVOLENT & PROTECTIVE ORDER Form 990 (2009) OF ELKS #964 01-0027741 Page 9 Part VIII Statement of Revenue (D) Revenue (C) (B) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 67,919. 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 67,919 h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 951. 951. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 88,980. Part IV, line 18 46,467. b Less: direct expenses 42,513. 42,513. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 1,736,653 Part IV, line 19 1,621,200 b Less, direct expenses 115,453. 115,453. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 362633 and allowances 288510. b Less. cost of goods sold 74,123. 28,397. 45,726. c Net income or (loss) from sales of inventory

Business Code

900099

30,632.

30,632.

331,591.

30,632.

216,995.

b

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

Miscellaneous Revenue

MISCELLANEOUS REVENUE

45,726.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	. All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	13,063.			
2	Grants and other assistance to individuals in	<u> </u>			
	the U.S. See Part IV, line 22	5,300.			
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	16,000.			
6	Compensation not included above, to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,260.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,493.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	4,480.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	5,890.			
13	Office expenses	38,717.			
14	Information technology	3,538.			
15	Royalties	Ì			
16	Occupancy	96,680.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,649.			
20	Interest	_			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,907.			
23	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.)				
а	REPAIRS & MAINTENANCE	47,653.			
b	PER CAPITA	18,493.			
С	MISCELLANEOUS	14,033.			
d	FED & STATE UBIT	4,633.			
е	ALARM SERVICE	3,601.			
f	All other expenses		_		
25	Total functional expenses. Add lines 1 through 24f	339,390.			
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 campaign and fundraising solicitation				

Form 990 (2009)
Part X | Balance Sheet

Га	· ·	Balance Sneet	(A) Beginning of year		(B)
		Cook and the cook	43,818.		End of year 38,654.
	1 2	Cash - non-interest-bearing	108,200.	2	103,216.
	3	Savings and temporary cash investments  Pledges and grants receivable, net	100,200.	3	103,210.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	`	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ø	7	Notes and loans receivable, net		7	·
Assets	8	Inventories for sale or use	9,004.	8	12,899
Ÿ	9	Prepaid expenses and deferred charges	7,645.	9	12,899.
	10a	Land, buildings, and equipment, cost or other			-
		basis. Complete Part VI of Schedule D Less. accumulated depreciation  10a 1,516,376.  10b 813,042.			
	b	Less. accumulated depreciation 10b 813,042.	713,527.	10c	703,334.
	11	Investments - publicly traded securities	·	11	
	12	Investments - other securities See Part IV, line 11	22,319.	12	31,793.
	13	Investments · program-related. See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	904,513.	16	894,068. 40,107.
	17	Accounts payable and accrued expenses	30,601.	17	40,107.
	18	Grants payable	22 255	18	07.260
	19	Deferred revenue	32,255.	19	27,362.
	20	Tax-exempt bond liabilities	_	20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			
	200		154,567.	22	138,229.
	23	Secured mortgages and notes payable to unrelated third parties	134,307	23	130,227.
	25	Unsecured notes and loans payable to unrelated third parties  Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	217,423.	26	205,698.
		Organizations that follow SFAS 117, check here   X and complete	,		
Ø		lines 27 through 29, and lines 33 and 34.			
nce.	27	Unrestricted net assets	584,065.	27	574,040.
ala	28	Temporarily restricted net assets	103,025.	28	114,330.
ω Ω	29	Permanently restricted net assets	· <del>-</del>	29	
2		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	687,090.	33	688,370.
	34	Total liabilities and net assets/fund balances	904,513.	34	894,068.

### BENEVOLENT & PROTECTIVE ORDER

OF ELKS #964

Form 990 (2009)

01-0027741 Page 12

Part XI Financial Statements and Reporting Yes No X Accrual Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964

**Employer identification number** 01-0027741

Pai	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV,		
		(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 donor advisors	in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	_	e used only
	for charitable purposes and not for the benefit of the done		•
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the	organization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation of		storically important land area
	Protection of natural habitat	· · · —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С		structure included in (a)	2c
d	Number of conservation easements included in (c) acquire	• •	2d
3	Number of conservation easements modified, transferred		e organization during the tax
	year▶	, , <b>y</b> ,	3 · · · · · · · · · · · · · · · · · · ·
4	Number of states where property subject to conservation	easement is located >	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easemen		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecti		during the year
7	Amount of expenses incurred in monitoring, inspecting, a		<del></del>
8	Does each conservation easement reported on line 2(d) a		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservation	vation easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ		
	conservation easements		3
Pai	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116,	not to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	, education, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes the	se items.	
b	If the organization elected, as permitted under SFAS 116,	to report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education	•	·
	these items.	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>s</b>
2	If the organization received or held works of art, historical	treasures, or other similar assets for financia	al gain, provide
-	the following amounts required to be reported under SFA		· Francisco
а		•	<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
	•		·

BENEVOLENT & PROTECTIVE ORDER Schedule D (Form 990) 2009 OF ELKS #964 01-0027741 Page 2 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition а Scholarly research Other b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIV and complete the following table. **Amount** c Beginning balance 10 Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? J Yes If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 1a Beginning of year balance **b** Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as. a Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIV the intended uses of the organization's endowment funds

Part \	VI Investments - Land, Building	gs, and Equipment. Se	ee Form 990, Part X, line	10	<del></del>
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a La	and .		142,874.		142,874.
<b>b</b> Bu	uildings		1,304,890.	763,634.	541,256.
c Le	easehold improvements				<del></del>
d Ed	quipment		68,612.	49,408.	19,204.
_ e O	ther				
Total. A	dd lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colui	mn (B), line 10(c) )	<b>•</b>	703,334.

Schedule D (Form 990) 2009

Or BUNG #70'	OF	ELKS	#96
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(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year man	
Financial derivatives		-		
Closely-held equity interests				
Other				
			<u> </u>	
			-	
	_			
•				
		·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
	<del></del>	<del></del>		
		-		
<del>-</del>	· · ·			
· · · · · · · · · · · · · · · · · · ·				
		-		
			<del></del> -	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		-	<del> </del>	
Part IX Other Assets. See Form 990, Part X, lin	e 15			
	) Description			(b) Book value
•	·			
	<del>.</del>			
•				
			-	
<del>-</del>				<del> </del>
<del>-</del>				
<del>-</del>				
· · · · · · · · · · · · · · · · · · ·				<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15 l			
Part X Other Liabilities. See Form 990, Part X				
1. (a) Description of liability	,,	(b) Amount		
Federal income taxes			1	
r data monto taxes			1	
			1	
· · · · · · · · · · · · · · · · · · ·			1	
<del></del>			1	
			-	
			1	
			†	
		<del></del>	1	
	<del></del>		1	
Total (Column /h) must equal Form 900. Part V and /DV	20.25)		1	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25)		1	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964 Schedule D (Form 990) 2009 01-0027741 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments 2a 2b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b С Add lines 4a and 4b 40 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 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 XIV) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revertue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

2009

Open To Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

01-0027741

Q1	<del></del>				01 0027	7 4 4
Part I Fundraising Activities required to complete this pa	<ol><li>Complete if the organization answ irt.</li></ol>	ered "\	es" to	o Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization ra	ised funds through any of the follow	ing acti	vities.	Check all that apply	-	
a Mail solicitations	e Solicita	ation of	non-g	overnment grants		
<b>b</b> Internet and email solicitation	ns <b>f</b> Solicita	ation of	gover	nment grants		
c Phone solicitations	<b>g</b> L Specia	l fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written			-			
	Part VII) or entity in connection with			=		
b If "Yes," list the ten highest paid ind		suant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by th	e organization					
(i) Name of individual or entity (fundraiser)	I ACTIVITY I have distody I					
		Yes	No			
- Fotal	•					
3 List all states in which the organizati	on is registered or licensed to solicit	funds o	or has	been notified it is ex	empt from registrati	on or licensing
<del></del>						
<del>.</del>						<del></del>
	<del></del>					
	<del> </del>				<del></del>	
				<u>.</u>		

Schedule G (Form 990 or 990-EZ) 2009 OF ELKS #964 01-0027741 Pace Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with	gross receipts greater th	nan \$5,000						
П			(a) Event #1	(b) Event #2	(c) Other events	10	() Tota	Lavas	to	
ı		•	LOBSTER/STEA				d) Total event			
			K FEED					(add col. (a) through col. (c))		
<u>o</u>			(event type)	(event type)	(total number)		COI.	(C))		
Revenue		Construction of the constr	5,707.		83,273.			<b>9</b> 0	80.	
۳	1	Gross receipts	3,707.		05,275.	<u> </u>		0,5	00.	
	2	Less: Charitable contributions								
	3	Gross income (line 1 minus line 2)	5,707.		83,273.		8	8,9	80.	
	4	Cash prizes			250.	250			50.	
ses	5	Noncash prizes			3,484.		3,484.			
Direct Expenses	6	Rent/facility costs								
Direct	7	Food and beverages	2,059.		2,039.			4,0	98.	
	8	Entertainment	850.		6,800.	7,650			50.	
	9	Other direct expenses	765.	-	30,720.		3	$\frac{1.4}{1.4}$	85.	
		Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>•</b>	(	4	<del>5, 9</del>	67,	
		Net income summary Combine line 3, column					4	2,0	13.	
Рa	rt l		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than					
		\$15,000 on Form 990-EZ, line 6a.			,					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal ga			
Be	1	Gross revenue	633,260.	782,954.	320,438.	1	,73	6,6	52.	
ses	2	Cash prizes	541,844.	579,317.	249,530.		, 37	0,6	91.	
Direct Expenses	3	Noncash prizes						_		
Direct	4	Rent/facility costs								
	5	Other direct expenses	209,473. 43,944. 35,222. X Yes 85.00 % X Yes 85.00 %				28	8,6	39.	
	6	Volunteer labor	No No	No No	No No		_			
	7 Direct expense summary. Add lines 2 through 5 in column (d)					,65	9,3	30,		
	8	Net gaming income summary. Combine line 1	, column (d), and line 7		<b>.</b>		7	7 , 3 Yes		
9	Ent	ter the state(s) in which the organization opera	tes gaming activities. M	E		ĺ		162	No	
		the organization licensed to operate gaming ac	_				9a	х		
		No," explain.								
	_									
		ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?		10a		<u>X</u>	
b	If "	Yes," explain								
	_	· · · · · · · · · · · · · · · · · · ·								
11	Do	es the organization operate gaming activities v	with nonmembers?				11	X		
12		the organization a grantor, beneficiary or truste minister charitable gaming?	e of a trust or a member	of a partnership or other	r entity formed to		12		х	

### BENEVOLENT & PROTECTIVE ORDER

sch	edule G (Form 990 or 990-EZ) 2009 OF ELECS #904	<u>//4</u>	<u> </u>	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in.			
а	The organization's facility 13a 100.00 %			
	An outside facility 13b . 00 %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ BRUCE FIFIELD C/O BPOE #964			
	Address ► 397 CIVIC CENTER DRIVE - AUGUSTA, ME 04330			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		х
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party  \$  If "Yes," enter name and address of the third party			
С	if "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶ BRUCE FIFIELD			
	Gaming manager compensation ▶ \$33,800.			
	Description of services provided THE BINGO MANAGER DETERMINES WHICH GAMES			
	WILL BE PLAYED EACH NIGHT AND ORGANIZES THE VOLUNTEERS TO			
	HELP WITH THE OPERATION OF THE BINGO GAMES.			
	Director/officer			
	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	[		32
	retain the state gaming license?	17a		<u>X</u>
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 80,950.			

Schedule G (Form 990 or 990-EZ) 2009

² [ × Employer identification number 01 - 0027741Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. (d) Amount of cash grant BENEVOLENT & PROTECTIVE ORDER (c) IRC section if applicable General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? OF ELKS #964 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part I Part II

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

01-0027741

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) LINE 2: THERE ARE NO PROCEDURES IN PLACE FOR MONITORING THESE GRANT FUNDS Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 USE OF GRANT FUNDS GIVEN OTHER ORGANIZATIONS IN THE U.S. 5,300. (c) Amount of cash grant (b) Number of recipients 12 (a) Type of grant or assistance PART I, ARE UNRESTRICTED SCHEDULE I, SCHOLARSHIPS

Schedule I (Form 990) 2009

### **SCHEDULE 0**

(Form 990)

OCCURS.

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964

Employer identification number 01-0027741

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 GOVERNMENT, 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, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT,
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, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A
NOT-FOR-PROFIT CORPORATION WITH MEMBERS THAT ELECT THE MEMBERS OF THE
GOVERNING BODY AND THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS THAT ARE IN GOOD
STANDING HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S
GOVERNING BODY, WHETHER PERIODICALLY, AS VACANCIES ARISE, OR OTHERWISE.
THE MEMBERS WOULD HAVE TO BE PRESENT AT THE MEETING THAT THE ELECTION

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS #964

Employer identification number 01-0027741

FORM 990, PART VI, SECTION A, LINE 7B: ALL MEMBERS IN GOOD STANDING HAVE
THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ORGANIZATION'S GOVERNING
BODY. SOME EXAMPLES OF DECISIONS THAT REQUIRE MEMBER APPROVAL IS THE
ELECTION OF THE ORGANIZATIONS GOVERNING BODY AND OFFICERS, APPROVAL OF THE
ORGANIZATION'S BUDGET, THE DECISION TO DISSOLVE THE ORGANIZATION, AND OTHER
DECISIONS.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE 990 ARE GIVEN TO THE TREASURER AND AUDIT COMMITTEE BEFORE THE 990 IS FILED. EACH OF THESE HAS A CHANCE TO REVIEW AND PROVIDE ANY INPUT ON THE 990. ANOTHER COPY OF THE 990 IS GIVEN TO THE GRAND LODGE (NATIONAL ORGANIZATION) AS WELL AS THE AREA MANAGER OF THE GRAND LODGE AUDITING AND ACCOUNTING COMMITTEE AFTER THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REQUIRES DISCLOSURES OF CONFLICTS OF INTEREST AT A LODGE MEETING.

FORM 990, PART VI, SECTION B, LINE 15B: THE GOVERNING BODY WILL REVIEW AND APPROVE ANY CHANGES TO THE COMPENSATION OF THE SECRETARY OR TREASURER (THE ONLY COMPENSATED OFFICERS OF THE ORGANIZATION). THE GOVERNING BODY WOULD THEN PRESENT THERE RECOMMENDATION AT A MEETING OF THE MEMBERS, WHERE THE MEMBERS IN GOOD STANDING WOULD BE ABLE TO VOTE ON THE GOVERNING BODY'S RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAKE

AVAILABLE ALL OF THESE DOCUMENTS TO THE PUBLIC UPON REQUEST.

### **SCHEDULE O**

Department of the Trèasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990
Complete to provide information for responses to specific questions of

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

BENEVOLENT & PROTECTIVE ORDER **Employer identification number** Name of the organization 01-0027741 OF ELKS #964 FORM 990, PART XI, LINE 2C THE PROCESS OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR.