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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **04/01/09**, and ending **03/31/10****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**Benevolent & Protective Order of
Elks No. 1526**

Number and street (or P O box, if mail is not delivered to street address)

495 Lee Street

Room/suite

City or town, state or country, and ZIP + 4

Des Plaines**IL 60016****D** Employer identification number**23-7130058****E** Telephone number**847-824-1556****F** Group ExemptionNumber **▶ 1156**

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) **▶**

I Website: **▶ www.elks.org/lodges****J** Tax-exempt status (check only one) — ☒ 501(c) (**8**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 189,417****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	111,628
	4	Investment income	4	16,645
	5a	Gross amount from sale of assets other than inventory	5a	39,197
	b	Less: cost or other basis and sales expenses	5b	41,308
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-2,111
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 3)	8	21,947	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	148,109	
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 4	10	30,287
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	10,038
	14	Occupancy, rent, utilities, and maintenance	14	42,814
	15	Printing, publications, postage, and shipping	15	6,175
	16	Other expenses (describe ▶ See Statement 4)	16	57,789
	17	Total expenses. Add lines 10 through 16	17	147,103
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,006
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	615,289
	20	Other changes in net assets or fund balances (attach explanation) See Statement 6	20	144,454
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	760,749

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	583,286	726,520
23 Land and buildings		
24 Other assets (describe ▶ See Statement 7)	149,894	136,105
25 Total assets	733,180	862,625
26 Total liabilities (describe ▶ See Statement 8)	117,891	101,876
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	615,289	760,749

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose?

Service to the community

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Fraternal organization dedicated to the service of fellow man and the community. 1,519 members served.(Grants \$) If this amount includes foreign grants, check here ☐**28a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richard Eirich	Des Plaines	Chaplain			
495 Lee St.	IL 60016	6.00	0	0	0
Don Knapp	Des Plaines	Esquire			
495 Lee St.	IL 60016	6.00	0	0	0
Dolores Dean	Des Plaines	Exalt. Ruler			
495 Lee St.	IL 60016	6.00	0	0	0
Boyan Encheff	Des Plaines	Inner Guard			
495 Lee St.	IL 60016	6.00	0	0	0
Daniel Burns	Des Plaines	Leading Knight			
495 Lee St.	IL 60016	6.00	0	0	0
Gerald Snarski	Des Plaines	Lecturing Knight			
495 Lee St.	IL 60016	6.00	0	0	0
Lawrence Kochan	Des Plaines	Loyal Knight			
495 Lee St.	IL 60016	6.00	0	0	0
Donald Bahr	Des Plaines	Secretary			
495 Lee St.	IL 60016	16.00	0	0	0
George Brown	Des Plaines	Tiler			
495 Lee St.	IL 60016	6.00	0	0	0
Dale Multerer	Des Plaines	Treasurer			
495 Lee St.	IL 60016	10.00	0	0	0
James Cusack	Des Plaines	Trustee			
495 Lee St.	IL 60016	6.00	0	0	0
George De La Mar	Des Plaines	Trustee			
495 Lee St.	IL 60016	6.00	0	0	0
Gerald Smith	Des Plaines	Trustee			
495 Lee St.	IL 60016	6.00	0	0	0
Frank Hoeft	Des Plaines	Trustee			
495 Lee St.	IL 60016	6.00	0	0	0
Ronald Zuraski	Des Plaines	Trustee			
495 Lee St.	IL 60016	6.00	0	0	0

Form **990-EZ** (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

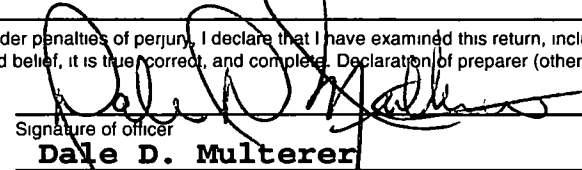
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer Dale D. Multerer Type or print name and title		Date 17/6/2010 Treasurer	
Paid Preparer's Use Only	Preparer's signature 	Date 06/18/10	Check if self-employed ☐	Preparer's Identifying Number (See instr.) P00237637
	Firm's name (or yours if self-employed), address, and ZIP + 4 AHLBECK & COMPANY 1665 Elk Boulevard Des Plaines, IL 60016-4776			EIN 36-2991500
				Phone no 847-824-4000
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No				

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership Dues and Fees	\$ 128,762
Circulation Income	-17,134
Total	<u>\$ 111,628</u>

Federal Statements

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Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Publicly Traded Securities		Purchase		Various	Various	\$ 39,197	\$ 41,308	\$	\$ -2,111
Total						\$ 39,197	\$ 41,308	\$ 0	\$ -2,111

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Elks Tooth	\$ 21,414
Other Revenue	533
Total	<u>\$ 21,947</u>

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates**

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
Grand Lodge Benevolent & Protective 2750 N. Lakeview Ave. Chicago, IL 60614	Quota support/dues	22,708
Illinois Elks State Association P.O. Box 984 Mt. Vernon, IL 62864	Quota support/dues	6,894
North District Illinois Elks 1421 S. Highland Lombard, IL 60148	Quota support/dues	685
Total		<u>30,287</u>

Federal Statements**Statement 5 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Elks Tooth Readership Costs	\$ 11,137
Expenses	
Conferences and Meetings	21,216
Supplies	4,049
Administration	5,766
Insurance	907
Public Service Activity	3,915
Support Lodge Activity	9,114
Bad Debt Expense	420
Miscellaneous	1,265
Total	\$ <u>57,789</u>

Statement 6 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Gain on Investments	\$ 144,454
Total	\$ <u>144,454</u>

Statement 7 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 420	\$ 1,120
Prepaid Expenses and Deferred Charges	789	450
Equipment	60,678	60,678
Less Accumulated Depreciation	50,815	54,406
Leasehold Improvements	159,143	163,643
Less Accumulated Depreciation	80,187	95,196
Interest Receivable	571	1,238
Due From Des Plaines Elks Club	59,295	58,578
	<u>149,894</u>	<u>136,105</u>

Statement 8 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 19,393	\$ 10,365
Deferred Revenue	97,067	90,090
Past Exalted Rulers Club	1,431	1,421
	<u>117,891</u>	<u>101,876</u>