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DLN: 93492159001060

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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)

▶ 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

Open to Public Inspection

			organization may have to use a co			urements	,			
		applicable	r tax year beginning 04-01-2009 C Name of organization	, and ending	03-31-2010	D Emplo	ver i	dentification number		
	ddress change Please BENEVOLENT & PROTECTIVE ORDER OF					-				
Γ_{N}	Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite F Tele						23-7130211 E Telephone number			
	Initial return PO BOX 314						·			
┌┰	erminat	ed See		. ===			(801) 298-1631		
_	mended	Instruc-	City or town, state or country, and BOUNTIFUL, UT 840110314	d ZIP + 4		F Group Numbe		ption ► 1156		
A	pplicatio	on pending tions.	,			Nambe	-1	F 1130		
+ Se	ection .		ons and 4947(a)(1) nonexemp ompleted Schedule A (Form 99		G Accounting me Other (specify		Cas	sh 🔽 Accrual		
I W	ebsite:	: ▶ N⁄A			H Check ►		_	iization		
			ne)— 501(c)(8) ◄ (ınsert no)	4947(a)(1) or 52	7 Is not require			0-EZ, or 990-PF)		
		_	ıs not a section 509(a)(3) supp							
			m 990 return is not required, b							
L Add	d lines 5	b, 6b, and 7b, to line 9 to d	determine gross receipts, if \$500,000 o	or more, file Form 990 instea	d of Form 990-EZ	► \$		81,209		
Pa	art I	Revenue, Exper	nses, and Changes in Ne	et Assets or Fund B	Balances (See the II	nstructio	ns fo			
	1	Contributions, gifts, g	grants, and similar amounts rec	erved			1	14,412		
	2	Program service reve	nue including government fees	and contracts			2			
	3	Membership dues and	lassessments				3			
	4	Investment income					4	66,797		
	5a	Gross amount from sa	ale of assets other than invento	ory	5a					
a)	b		asıs and sales expenses .		5b					
Ĭ.	, c		ale of assets other than invento	ory (Subtract line 5h fron			5c			
Revenue	6	, ,	ctivities (complete applicable p		·	—				
	_	r	ncluding \$ _of contributions							
	a		cluding \$ _or contributions		1 - 1					
		reported on line 1)			6a					
	Ь	Less direct expenses	s other than fundraising expens	ses	6b					
	С	Net income or (loss) f	from special events and activit	ies (Subtract line 6b fro	m line 6a)		6с			
	7a	Gross sales of invento	ory, less returns and allowance	es	7a					
	Ь	Less cost of goods s	old		7b					
	С	Gross profit or (loss)	from sales of inventory (Subtra	act line 7b from line 7a)			7c			
	8	Other revenue (descr	ıbe 🟲			, [8			
	9	•	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	3	•	·	9	81,209		
	10		nounts paid (attach schedule)				10	· · · · · · · · · · · · · · · · · · ·		
		Benefits paid to or for				<u> </u>	-			
	11	·				 	11			
. 6	12		ensation, and employee benefit			-	12			
Expenses	13		other payments to independen			•	13	1,750		
	14	Occupancy, rent, utili	ities, and maintenance .				14	18,345		
Ë	15	Printing, publications,		15						
	16	Other expenses (desc	cribe 🟲 🎏)	16	64,635		
	17		ines 10 through 16			▶	17	84,730		
<u> </u>	18	Excess or (deficit) for	r the year (Subtract line 17 fror	m line 9)			18	-3,521		
NetAssets	19	Net assets or fund ba	lances at beginning of year (fro	om line 27, column (A)) i	(must agree with					
Ą.		end-of-vear figure rep	ported on prior year's return)				19	202,735		
<u>₹</u>	20		assets or fund balances (attac	h explanation)		<u> </u>	20			
		-	lances at end of year Combine	•		. +	-	199,214		
Da	21				00		21			
Рa	rt II	parance Sneets	—If Total assets on line 25, co	oiumn (6) are \$1,250,00	o or more, file Form S	99U INST	eaa o	1 FORM 99U-EZ		
		(See th	he instructions for Part II)	Γ	(A) Beginning of yea	ar	(B	End of year		
22	Cash.	, savings, and investme	·			453 22	Ė	31,155		
	•	and buildings			115,			115,049		
24		r assets (describe 🟲 🏝]	· · · · · · · · · · · · · · · · · · ·		455 24		54,339		
25		assets		<u> </u>	202,			200,543		
		liabilities (describe	••••••••••••••••••••••••••••••••••••••	· · · · , }	<u> </u>	222 26		1,329		
			<u></u>			20	<u> </u>	1,323		

Part III Statement of Program S	-	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt processions of the principles of the principles of the procession of the procession of the procession of the principles of the principles of the principles of the procession of the principles of the procession of the proce	(c) (c) (s) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)			
THE BENEVOLENT AND PROTECTIVE OF SERVE THE PEOPLE AND COMMUNITIES ELKS CARE AND ELKS SHARE		10.11.10.1 others 7			
Describe what was achieved in carrying out describe the services provided, the number	anner,				
program title 28 PUBLIC SERVICE IS AN INTEGRAL PA ELKS CREATE AND PARTICIPATE IN MA				Ν,	
DEMONSTRATE THAT ELKS CARE - ELKS FOUNDATION PROVIDES MORE THAN 3 SENIORS HOOP SHOOT THE YEARLY EL BOYS AND GIRLS AGES 8 THROUGH 13 THROUGH DISTRICT, STATE AND REGIO	SHARE SCHOLARSHIPS 65 MILLION IN COLLEG KS HOOP SHOOT FREE T THE CONTEST STARTS A	EACH YEAR THE ELK E SCHOLARSHIPS TO THROW PROGRAM IS (AT THE LODGE LEVEL	S NATIONA GRADUATI OPEN TO AL AND ADVA	N G .L	
SPRING DRUG AWARENESS THE ELKS DORGANIZES EVENTS TO MAKE KIDS AN ALCOHOL, TOBACCO AND ILLEGAL DRUYOUR KNOWLEDGE YOUTH ACTIVITIES ELKS INCLUDE THE SOCCER SHOOT, THE CONTEST AND MORE VETERANS PROGISERVICE COMMISSION HAS PATRIOTICE	D THEIR PARENTS AWAR IGS TRY THE PROGRAM': OTHER YOUTH-ORIENTI IE ANTLERS PROGRAM, T RAMS SINCE THE EARLY	E OF THE DANGERS F S DRUG AWARENESS ED ACTIVITIES SPON HE YEARLY AMERICA DAYS OF ELKDOM, TH	POSED BY QUIZ AND T ISORED BY T NISM ESSA HE VETERAN	EST THE Y	
GREAT NATION (Grants \$)	a amount includes foreign s	ranta abaak bara	.	_ _	
(Grants \$) If this	s amount includes foreign g	grants, check here .		28a	
	s amount includes foreign g	grants, check here .	► [_ 	
30			·		
(Grants \$) If this	s amount includes foreign g	grants, check here .	🕨		
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign ç	rants, check here			
32 Total program service expenses (add line Part IV List of Officers, Directors, Trus		List each one even if not coi	mpensated (Se		s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	employee be	butions to enefit plans 8 mpensation	(e) Expense account and other allowances

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Νo
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νo
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	Yes	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 , section 4912 , section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ BONNIE CAMPBELL Telephone no	▶ <u>(80</u>	1)298	-1631
	PO BOX 314 Located at BOUNTIFUL, UT ZIP + 4	► 84	01103	14
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	No
	account)?	420		NO
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ □
	Bultha and a superior		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νo
		O	90- F7	' /2000

	i VI	All section 501(c)(3) organ 46-49b and complete the	nizations and section 4	1947(a)(1) nonexem					stions
46	Did the	e organization engage in direct	or indirect political camp	aign activities on behal	f of or in opp	osition to		Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I									
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did the	e organization make any transfe	ers to an exempt non-cha	rıtable related organıza	tion?		49a		
b	If"Yes	," was the related organization	a section 527 organizati	on?			49b		
	O Complete this table for the organization's five highest compensated employees (other than officers, directors, trus employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter								
		•	(b) Title and average	nsation from the organi		tributions to		e) Expe	ns e
(a) i		nd address of each employee more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation	a	count a rallowa	and
		number of other employees pa		sated independent cont	ractors who	each received m	nore th	an \$10	0.000
51	Complo of com	number of other employees pa ete this table for the organization pensation from the organization me and address of each indepei	on's five highest compen n Ifthere is none, enter '	None "	T	each received n		an \$10 Compen	
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Complo of com	ete this table for the organization pensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	T				
51	Comploof com	ete this table for the organization pensation from the organization	on's five highest compen If there is none, enter ' ndent contractor paid mo	re than \$100,000	T				
51	Compli of com (a) Nar	ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compen If there is none, enter ' ndent contractor paid mo ontractors each receivin	re than \$100,000 g over \$100,000 n, including accompanying s	(b) Type	e of service	(c) C	ompen	sation
51 51(d)	Comploof com (a) Nar	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization of	on's five highest compen If there is none, enter ' ndent contractor paid mo ontractors each receivin	re than \$100,000 g over \$100,000 n, including accompanying s	(b) Type	atements, and to the	(c) C	ompen	sation
51(d)	Complie of com (a) Nar	ete this table for the organization pensation from the organization me and address of each independent of other independent of the penalties of perjury, I declare the tand belief, it is true, correct, and com	on's five highest compen If there is none, enter ' ndent contractor paid mo ontractors each receivin	re than \$100,000 g over \$100,000 n, including accompanying s	(b) Type	atements, and to the	(c) C	ompen	sation
51(d)	Complie of com (a) Nar	number of other independent countries of penalties of pen	on's five highest compen If there is none, enter ' ndent contractor paid mo ontractors each receivin	re than \$100,000 g over \$100,000 n, including accompanying s	(b) Type	atements, and to the	(c) C	ompen	sation
51(d) Pleas	Complie of com (a) Nar	number of other independent c Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer ROSS CAMPBELL PRESIDENT	on's five highest compen If there is none, enter 'ndent contractor paid mo	g over \$100,000 n, including accompanying s other than officer) is based ate 100-06-08 Characters Character	chedules and ston all information Date	atements, and to the	(c) C	ompen of my knowle	sation
51(d) Pleasign Here	Complied (a) Nar	number of other independent complete the decidence of the	on's five highest compen If there is none, enter 'ndent contractor paid mo	g over \$100,000 n, including accompanying s other than officer) is based ate 100-06-08 Characters Character	chedules and ston all information Date	atements, and to the on of which prepared of the one	(c) C	ompen of my knowle	sation
51(d)	Complied of communication (a) Nar	number of other independent of and belief, it is true, correct, and com ****** Signature of officer ROSS CAMPBELL PRESIDENT Type or print name and title Preparer's Signature JUSTIN R SHAW CPA C	on's five highest compental of there is none, enter indent contractor paid model on tractors each receiving that I have examined this return plete. Declaration of preparer of the property of	g over \$100,000 n, including accompanying s other than officer) is based ate 100-06-08 Characters Character	chedules and ston all information Date	atements, and to the on of which prepared 06-08	(c) C	ompen of my knowle	sation

Additional Data

Software ID: Software Version:

EIN: 23-7130211

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CYNTHIA SHEPHERD PO BOX 314 BOUNTIFUL, UT 840110314	EXALTED RULE 0	0		
BARBARA SMITH PO BOX 314 BOUNTIFUL, UT 840110314	SECRETARY O	0		
ROSS CAMPBELL SPONS STANDARD PO BOX 314 BOUNTIFUL, UT 840110314	TRUSTEE 0	0		
GARY DYER DO BOX 314 BOUNTIFUL, UT 840110314	TREASURER O	0		
ALAN CARROLL DO BOX 314 BOUNTIFUL, UT 840110314	LEADING KNIG 0	0		

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492159001060

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number BENEVOLENT & PROTECTIVE ORDER OF **ELKS 2442** COMMERCIAL BUILDING 23-7130211 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 250.000 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 4,100 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 4.100 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ole.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		· 		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

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TY 2009 Compensation Explanation

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

Person Name	Explanation
CYNTHIA SHEPHERD	
BARBARA SMITH	
ROSS CAMPBELL	
GARY DYER	
ALAN CARROLL	

TY 2009 Other Assets Schedule

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES AND DEFERRED CHARGES	3,283	267
BUILDINGS	378,267	378,267
LESS ACCUMULATED DEPRECIATION	320,095	324,195
PERSONAL PROPERTY		
	61,455	54,339

TY 2009 Other Expenses Schedule

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

Description	Amount
COMMERCIAL BUILDING	Amount
INSURANCE	3,069
REPAIRS	7,851
TAXES AND LICENSES	6,389
UTILITIES	17,709
NON-INVESTMENT DEPRECIATION	4,100
EXPENSES	
SUPPLIES	712
OFFICE	2,249
TELEPHONE	1,806
INSURANCE	1,533
BULLETIN	200
INCOME TAXES	7,212
PER CAPITA - GRAND LODGE	1,582
PER CAPITA - STATE	424
ELKS NATIONAL FOUNDATION	1,172
SOCIAL AND COMMUNITY WELF	787
BADGES AND PINS	140
YOUTH ACTIVITIES	702
LODGE ACTIVITIES	6,266
SCHOLARSHIPS	502
HOSPITALITY	230

TY 2009 Other Liabilities Schedule

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	222	1,329
	222	1,329