



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

- 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

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning Apr 1, 2009, **and ending** Mar 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
BENEVOLENT & PROTECTIVE ORDER OF ELKS #2088
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
13600 ARRINGTON ROAD
 City or town, state or country, and ZIP + 4
GRANDVIEW MO 64030

D Employer identification number
23-7185534

E Telephone number
(816) 761-8990

F Group Exemption Number ► **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) ►

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

I Website: ► **www.elks.org**

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

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 ► \$ **332,537.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
REVENUE	1 Contributions, gifts, grants, and similar amounts received									170.													
	2 Program service revenue including government fees and contracts									287,594.													
	3 Membership dues and assessments									19,331.													
	4 Investment income																						
	5a Gross amount from sale of assets other than inventory	5a																					
	b Less: cost or other basis and sales expenses	5b																					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																						
	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		25,442.																			
	b Less: direct expenses other than fundraising expenses	6b		17,143.																			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							8,299.																
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)																							
8 Other revenue (describe ► _____)																							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8										315,394.													
EXPENSES	10 Grants and similar amounts paid (attach schedule)									19,462.													
	11 Benefits paid to or for members									164,853.													
	12 Salaries, other compensation, and employee benefits									57,573.													
	13 Professional fees and other payments to independent contractors									2,000.													
	14 Occupancy, rent, utilities, and maintenance									42,581.													
	15 Printing, publications, postage, and shipping									1,818.													
	16 Other expenses (describe ► See Other Expenses Statement)									22,735.													
	17 Total expenses. Add lines 10 through 16									311,022.													
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)									4,372.													
	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)										-11,731.												
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt										2,549.													
21 Net assets or fund balances at end of year Combine lines 18 through 20										-4,810.													

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	9,526.	17,282.
23 Land and buildings	241,792.	224,348.
24 Other assets (describe ► See L-24 Stmt)	15,285.	14,400.
25 Total assets	266,603.	256,030.
26 Total liabilities (describe ► See L-26 Stmt)	278,334.	260,840.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-11,731.	-4,810.

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

Form 990-EZ (2009)

Expenses

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

28	<u>ANNUAL DINNER FOR 80-90 VETERANS</u>		
	(Grants \$ 1,787.) If this amount includes foreign grants, check here	▶ ☐	28 a
29	<u>NEEDY FAMILIES-THANKSGIVING & CHRISTMAS BASKETS SERVING APPROXIMATELY 60 FAMILIES WITH FOOD, CLOTHING, CHRISTMAS GIFTS</u>		
	(Grants \$ 8,345.) If this amount includes foreign grants, check here	▶ ☐	29 a
30	<u>SPECIAL/OTHER FUNDRAISERS</u>		
	<u>SCHOLARSHIPS TO LOCAL HIGH-SCHOOL STUDENTS, DRUG AWARENESS PROGRAM IN LOCAL SCHOOLS, MOBILE DENTAL UNIT</u>		
	(Grants \$ 7,187.) If this amount includes foreign grants, check here	▶ ☐	30 a
31	Other program services (attach schedule)		
	(Grants \$ 2,144.) If this amount includes foreign grants, check here	▶ ☐	31 a
32	Total program service expenses (add lines 28a through 31a)	▶	32

(a) Name and address

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

GARY DUNLAVY
4405 E 137TH ST
GRANDVIEW MO 64030

EXALTED RULER
70.00

0.

0.

JIM BOSLEY
17504 MONTGALL DR
BELTON MO 64012

LEADING KNIGHT	
25.00	

0.

0

AMY HUNTER
22615 S HEDEWOOD HILLS RD
PECULIAR MO 64078

LOYAL KNIGHT
25.00

0.

Q

LOIS CAVANAUGH
6404 E 129TH PLACE
GRANDVIEW MO 64040

SECRETARY	40.00
-----------	-------

900

0

ROSIE HASSELBRING
12914 VIRGINIA AVE
 KANSAS CITY MO 64146

TREASURER	60.00
-----------	-------

600

0

Part V Other Information (Note the statement requirements in the instrs 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	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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		
a 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	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
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	X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ ROSIE HASSELBRING Telephone no ▶ (816) 761-8990
 Located at ▶ 13600 ARRINGTON ROAD GRANDVIEW MO ZIP + 4 ▶ 64030

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ▶

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 ▶ ☐ **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part IV 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.

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

	Yes	No
46		X
47		X
48		X
49 a		X
49 b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

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

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 and 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.	
		Sept 2 2010 Date
	GARY DUNLAVY Type or print name and title	
	EXALTER RULER	

Paid Preparer's Use Only	Preparer's signature ▶ NANCY E CASBURN	Date 09/02/10	Check if self-employed ☐	Preparer's Identifying Number (See instructions) P002	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CASBURN AND COMPANY PC				
	1550 SW MARKET ST STE 130 LEES SUMMIT MO 64081-3132	EIN ▶ 64081-3132	Phone no ▶ (816) 554-1900		

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS #2088

23-7185534

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	NONE (total number)	
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary Combine lines 3, column (d) and line 10				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue			4,383.	4,383.
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes 100.00% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				4,383.

9 Enter the state(s) in which the organization operates gaming activities Missouri

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100.00 %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ GARY DUNLAVY

Address: ▶ 4405 E 137TH ST GRANDVIEW, MO 64030

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party:

Name: ▶

Address: ▶

16 Gaming manager information

Name: ▶

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****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 ▶ \$ _____

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

BENEVOLENT & PROTECTIVE ORDER OF ELKS #2088

Employer Identification No

23-7185534

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY	6,120.	5,953.
FURNITURE, FIXTURES & EQUIPMENT	1,795.	1,077.
UNCOLLECTED MEMBERSHIP DUES	7,370.	7,370.
Totals to Form 990-EZ, Part II, line 24	15,285.	14,400.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
CREDIT CARD	4,505.	4,505.
PAYROLL LIABILITIES	1,938.	0.
BUILDING LOAN	271,891.	256,335.
Totals to Form 990-EZ, Part II, line 26	278,334.	260,840.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation 18,162.BANK SERVICE CHARGE 825.OFFICE EXPENSE 3,748.Total 22,735.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENT	<u>2,549.</u>
Total	<u><u>2,549.</u></u>

Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
LODGE/MEMBERSHIP EXPENSE	17,030.
VISITING ELK EXPENSE	276.
MISC EXPENSE	25,778.
CLUB/BAR EXPENSES	76,641.
CLUB ROOM OPERATING EXPENSE	26,980.
MEALS EXPENSE	18,098.
ELKS MERCHANDISE	50.
Total	<u>164,853.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
OFFICER SALARY	4,543.
SALARIES & WAGES	53,030.
Total	<u>57,573.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

Description	Amount
LAND	54,275.
BUILDING	406,264.
A/D BUILDING	-218,747.
Total	<u>241,792.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
LAND	54,275.
BUILDING	406,264.
A/D BUILDING	-236,191.
Total	<u>224,348.</u>

Supporting Statement of:

Form 990-EZ/Line 31, Grants & Alloc

Description	Amount
NATIONAL FOUNDATION	352.
BENEVOLENT TRUST	854.
YOUTH ACTIVITIES	850.
AMERICANISM	88.
Total	<u>2,144.</u>