

# 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



# 

Department of the Treasury

# **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)

Soonsoning 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

_		the 2009 calend	dar veer	or tay yo	ar beginning		4-1	2000	and ending		3-31	, 20 10
_					of organization		4-1	, 2005,	and ending	D E		
Ē	_	k if applicable: ess change	Please use IRS	l .	-	- O-d6 F	U # 4000				-	fication number
<u> </u>	₹ .	ess criange e change	label or label or						341779			
Ė	₹ .	return	print or type.		•	DOX, II HEBI IS II	iot delivered to street	address)	Room/suite	E relet	hone numb	
	Term	inated	See	P.O. Box							616-8	42-0970
	Amer	nded return	Specific Instruc-	City or to	wn, state or count	y, and ZIP + 4				F Gro	up Exemp	tion
	Appli	cation pending	tions.	Grand H	aven, MI 49417					Nun	nber 🕨	1156
	• 5	Section 501(c)(3	) organiz	zations ar	nd 4947(a)(1) no	nexempt ch	aritable trusts mu	st attach	G Acco	unting M	ethod:	Cash Accrual
			a cor	mpleted S	chedule A (For	m 990 or 990	)- <i>EZ</i> ).		Othe	r (specify	) ▶	
_		<del></del>							H Chec	k ▶ 🗸	if the orga	nization is not
1	Web	osite: ▶									_	dule B (Form 990,
J	Tax-	exempt status	(check o	nly one) –	- 7 501(c) ( 8	) <b>◀</b> (insert r	no.) 4947(a)(1)	or		Z, or 99		<b>( ,</b>
K	Chec						ing organization and					than \$25 000 A
							tion chooses to file	_	-	_		
ī						<del></del>	0 or more, file Form	<del> </del>			\$	139236.45
	Part					·	ssets or Fund		<del></del>			
	_				s, and similar a						1	879.28
	- 1		_	_			and contracts				2	0,0,20
	- 1	_								• •	3	8655.00
	- I				essments						<del></del>	6033.00
						 	· · · · · ·				4	· · · · · · · · · · · · · · · · · · ·
	'				f assets other							
								_5b				
es.	<b>.</b>						y (Subtract line 5				5c	
Ö	일 (					arts of Schedu	le G). If any amount is	_	i <b>ng,</b> check here	<u>-</u>		·
≥	<b>₽</b>	a Gross rev	enue (no	ot includi	ng \$		of contribution:	s , ,				, `
3	٣	reported of		•				6a		5471.00		
SCANNED					er than fundra:			6b		7773.77		•
Ö		c Net incom	ne or (los	ss) from s	special events	and activition	es (Subtract line (	6b from I	ine 6a)		6c	27697.23
S		<b>7a</b> Gross sale	es of inv	entory, le	ess returns and	d allowance	s	7a	6	0529.67		
Ęρ		<b>b</b> Less: cost	t of goo	ds sold				7b	2	7842.33		
_		c Gross pro	fit or (lo	ss) from	sales of invent	ory (Subtrac	ct line 7b from lin	ie 7a) .			7c	32687.34
9	8	3 Other reve	enue (de	escribe 🟲	See Schedu	le # 1				)	8	23701.50
7		Total reve	enue. A	dd lines	1, 2, 3, 4, 5c, 6	c, 7c, and 8	3				<b>-9</b>	93620.35
- 2010	10								<b>FCEIV</b>	ED.	10	
5	1.										UI	
	g   12	2 Salaries, o	other co	mpensat	ion, and emplo	yee benefit	s	m			32 33	27168.49
	sesuedx:	3 Profession	nal fees	and othe	r payments to	independe	s	18 . I	AUG 162	וטוט	<b>43</b>	181.78
	B 14				and maintenar						94	17668.13
Ĺ	Ĭ 1:								COEN	LIT	15	2146.57
	10				► See Sched				CDEN,	<u> </u>	16	47838.87
	17										17	95003.84
_	14						line 9)				18	(1383.49)
	Net Assets						from line 27, col					(1303.43)
-					d on prior year							273744.54
•	5 2	=	_	-		•					19	213144.34
2	2 2						h explanation) .				20	070004.05
	Part						e lines 18 through nn (B) are \$1,250				21	272361.05
	ı art	u Dalaile	C Office		ne instructions			,000 or i		ginning of		
	~~	0		•								(B) End of year
	22 ~~										24.05 22	14273.71
	23	Land and buil	_						·		20.77 23	
	24	Other assets	•						_)		50.00 24	
	25	Total assets							·		94.82 25	
	26				Accounts Pay		<del></del>		_)		50.28 26	
	27	Net assets of	r fund b	palances	(line 27 of cold	սmn (B) <b>mu</b>	st agree with line	21) .	.	2737	44.54 27	272361.05

Par	t III Statement of Program Service Accomp	olishments (See the instru	ctions for Part III	l.)		Expenses	
What is the organization's primary exempt purpose? Franternal benefit and community service (Required for section							
Desc		(3) and 501(c)(4)					
manı	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant infor	mation for		izations and section a)(1) trusts; optional	
each	program title.				for ot		
28	National Elks Foundation, Scholarship program for g	raduating high school stude	nts. Each year				
	1000's of high school seniors are given college schol						
	(Grants \$ ) If this amount i	includes foreign grants, che	ock here	▶ □	28a		
29	Michigan Elks Major Projects, hundreds of children u			. ,		· · · · · · · · · · · · · · · · · · ·	
23	speciality camps for physically challenged children.						
	specially Camps for physically channeliged children.						
	/O				20-		
	(Grants \$ ) If this amount i	ncludes foreign grants, che		. ▶ ⊔	29a		
30			pecial needs				
	seniors graduating from high school and continuing	on to nigher education.					
		includes foreign grants, che	ECK nere	. ▶ ⊔	30a		
31	Other program services (attach schedule)				ایما		
		includes foreign grants, che		. ▶↓	31a		
_	Total program service expenses (add lines 28a th	<u> </u>		tod (Car the	32	tions for Deat N/	
Par	t IV List of Officers, Directors, Trustees, and Key	<del></del>	<del> </del>	tea. (See the			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	(e) Expense account and	
		devoted to position	enter -0)	deferred comper	sation	other allowances	
	ert Spelde	Exalted Ruler 25 Hours					
	Box 703, 15 Third St, Grand Haven, MI 49417		0		0	0	
Sher	ryl Wescott	Leading Knight 20 Hours					
P.O.	Box 703, 15 Third St, Grand Haven, MI 49417		0		0	0	
Sano	dra Kay Ledbetter	Loyal Knight 10 Hours					
P.O.	Box 703, 15 Third St, Grand Haven, MI 49417	Loyar Kilight To Hours	0		0	0	
Carr	ie Ledet	Lecturing Knight 5 Hours					
P.O.	Box 703, 15 Third St, Grand Haven, MI 49417	Lecturing Kinght 3 Hours	0		0	0	
Ann	a Currow	Sanatani 25 Haum					
P.O.	Box 703, 15 Third St, Grand Haven, MI 49417	Secretary- 25 Hours	595.00	0		0	
Davi	d Bancroft	Treasurer - 25 Hours					
P.O.	Box 703, 15 Third St, Grand Haven, MI 49417	reasurer - 25 nours	595.00		0	0	
_							
						•	
	·						
				•			
				· · · · · ·			
	······································		<u> </u>	· · · · - · · · ·			
						1	
				l			
				ļ			
		<u> </u>		<u> </u>			
						}	
	i			I		I	

Form 99	0-ĘZ (2009)		F	age 3
Part	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		<b>√</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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		✓
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		✓
_	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			,
38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	304		
39	Section 501(c)(7) organizations. Enter:	,		
a b	Initiation fees and capital contributions included on line 9	1	٠.	۲,
40a	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	700	-	
	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			4
е	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		· · · · ·
41	List the states with which a copy of this return is filed. ▶			
<b>42</b> a		616-84		5
<b>h</b>	Located at P.O. Box 703, 15 Third St., Grand Haven, MI ZIP + 4 >	494	117	
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		Yes	No
	account)?	42b		1
	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.	·		,
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:	42c	L	✓
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		. !	<b></b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
AE.	Form 990-EZ	44	ļ	✓
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	AF	<u> </u>	-
		45	LE7	(2000

Part VI

	and complete the tables for lines 50 an	17(a)(1) nonexempt cn id 51.	antable trusts mu	si ariswer questio	115 40	<del>-4</del> 90	)	
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete standards are supplied to the complete standards are supplied to the complete standards.		vities on behalf of c	r in opposition to	$\overline{}$	Yes	No	
			bodulo C. Bort II		46 47		1	
	Did the organization engage in lobbying activities				48		<b>V</b>	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
							7	
	Complete this table for the organization's five hi				<b>49b</b> truste	es an	d kev	
	employees) who each received more than \$100,							
•	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expensount a allowa	ise ind	
NA								
					ļ			
				<del>                                     </del>				
	Total number of other employees paid over \$100	0.000		<u></u>	<u> </u>			
	, and the same and a same and a same			<del></del>				
51 	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	n. If there is none, enter	"None."	ype of service	(c) Cor			
NA								
				1				
				· · · · · · · · · · · · · · · · · · ·			<del></del>	
				ł				
d	Total number of other independent contractors of	each reconsing over \$100	0.000 ▶	<b>.</b>				
ď	Total humber of other independent contractors of	each receiving over \$100	J,000					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration							
Sign		2		0//				
Here				7/13/10				
	Signature of officer	4		Date '				
		o B						
	Type or print name and title		10.	Owners of setting	mbor /C-		ntions!	
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nur	ilder (Se	e irisiTUC	,uUTS)	
Prepar	er's Firm's name (or		employed ▶ L	<u>-1</u>		-		
Use Or				EIN ▶				
May th	ne IRS discuss this return with the preparer show	n above? See instruction		Phone no. ►	Yes	$\Box$	No	
							(2009)	

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue 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. ➤ See separate instructions.

OMB No 1545-0047

2009

Employer identification number Benevolent & Protective Order of Elks # 1200 38 0341779 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations g Special fundraising events Phone solicitations d In-person solicitations 2a Did the organization have a 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? Ves 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. (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (i) Name of individual (ii) Activity (or retained by) fundraiser listed in col. (i) custody or control of contributions? (or retained by) organization from activity or entity (fundraiser) 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. Michigan

Pa	rt II	Fundraising Events. Commore than \$15,000 on Fe					eporte	ed .
		more than \$13,000 off	(a) Event #1  Beer Tent  (event type)	(b) Event #2 Activities (event type)	(c) Other events (total number)	(d) Tota (add col (	l events a) throug (c))	gh
Revenue	1 2 3	Gross receipts Less: Charitable contributions	12966.00	3784.59			167	50.59
	4	minus line 2)	12966.00	3784.59			167	50.59
	5	Noncash prizes						
Ses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment		2000 50			404	
	9	Other direct expenses Direct expense summary. Ad				(	101	<del>77.77</del> )
	11 rt II	Net income summary. Comb	ine line 3, column (d), a he organization ansv	nd line 10		or report		72.82 ore
<u> </u>		11411 \$10,000 011 1 01111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col (a) th		
Revenue	1	Gross revenue		25439.00	7066.00	- Co. (a)	-	05.00
nses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						<del></del>
Direc	4	Rent/facility costs			_			
	6	Other direct expenses .  Volunteer labor	☐ Yes% ☐ No	7247.00  ☑ Yes 100 % □ No	0			47.00
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		(	724	7.00)
	8	Net gaming income summary	/. Combine line 1, colur	nn d, and line 7				58.00 No
9 a	ls '	ter the state(s) in which the o	•	_		9.		
b	) If " 	No," explain:						
10a b		ere any of the organization's of Yes," explain:		•		ar? 10	)a	1
11 12		es the organization operate g			a nadasukus4t	1	1	1
14	for	the organization a grantor, be med to administer charitable		a trust or a member of		entity 1	2	1

Sched	dule G (Form 990 or 990-EZ) 2009				P	age \$	3
					Yes		-
13 a	Indicate the percentage of gaming activity operated in:  The organization's facility	13a	100 % %				
14	Enter the name and address of the person who prepares the organization's gaming, and records:		al events books				
	Name ▶ David Bancroft						
	Address P.O. Box 703, Grand Haven, MI 49417						
15a	Does the organization have a contract with a third party from whom the organization revenue?	ation r	eceives gaming	15a		✓	}
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		and the				
С	If "Yes," enter name and address of the third party:					:	
	Name ▶						-
	Address ▶						-
16	Gaming manager information:						
	Name ▶ David Bancroft						
	Gaming manager compensation ▶ \$0						
	Description of services provided ▶ Treasurer						
	✓ Director/officer ☐ Employee ☐ Independent contracto	r					

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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 ▶ \$

Mandatory distributions:

17a

### Benevolent And Protective Order of Elks #1200 Scheduel #2

Description	Amount		
Advertising	\$	244.64	
Association Dues	\$	3,002.80	
Activities	\$	1,241.10	
ATM	\$	2,692.50	
Bank Charges	\$	160.19	
Building Fund	\$	289.00	
Cash Shortage	\$	587.88	
Casual Labor	\$	433.38	
Donation	\$	730.00	
Elks National Foundation	\$	950.55	
Insurance	\$	3,143.33	
License & Permits	\$	780.00	
MEA Major Projects	\$	592.50	
Michigan Elks Assn Calenders	\$	583.00	
Miscellaneous	\$	206.00	
Office Expense	\$	771.79	
Office Supplies	\$	3,116.38	
Payroll Taxes	\$	4,088.71	
Property Taxes	\$	7,792.42	
Sales Tax	\$	2,099.27	
Secretary Fees	\$	2,695.00	
Supplies Operating	\$	3,152.22	
Taxes & Penalties	\$	6,914.81	
Treasurer Fees	\$	1,571.40	
	\$	47,838.87	

# Benevolet and Protective Order of Elks #1200

Schedule #1

Other Revenue

Description	Amount						
Michigan Elks Calendar Sales	\$	12.00					
Michigan Elks Association Major Proje	\$	1,095.00					
Miscellaneous Revenue	\$	3,550.26					
Parking Revenue	\$	13,226.24					
Insurance	\$	505.37					
	\$	1,528.04					
Fund Raising	\$	3,784.59					
_	\$	23.701.50					