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990

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)

2009 Open to Public

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service Apr 01, 2009, and ending Mar 31,2010 For the 2009 calendar year, or tax year beginning Please C Name of organization, number and street, city, town, state, and ZIP code use IRS B D Employer identification number applicable 44-0304955 Address change print or E Telephone number BENEVOLENT & PROTECTIVE ORDER ELKS Name change type 417-624-0048 Initial return B P O E JOPLIN 501 See Specific G Gross receipt 604629. 1802 W 26TH STREET Terminated Instruc-Joplin MO 64804 H(a) Is this a group return Amended return Application TERRY McCULLUM Name and address of principal officer: for affiliates? pending Are all affiliates included? 1635 S BLACK C JOPLIN MO 64801-H(b) lf "No", attach a list Yes No Tax-exempt status: 501(c)(8) **∢** (insert no.) 4947(a)(1) or (see instructions) 1156 Website: ► N/A H(c) Group exemption number 1899 X Corporation L Year of formation M State of legal domicile K Form of organization Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities. PERFORM CHARITABLE WORKS SUCH AS SCHOLARSHIPS, SUPPORT BOY Governance HOPSITAL PEDIATRICS, CHRISTMAS WORK, Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 4 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of employees (Part V, line 2a) 120 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 92842. 91861. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 7391 6790. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 35683. 132912. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 232544 134935. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27022 23343. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 29753 24202. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2738. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 72879 76878. 17 Other expenses (Part IX, column (A), lines 12 17 11 12 11 132392. 124423. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A) 2543. 108121. 19 Revenue less expenses Subtract line 18 from line 12 മ Ö JUL 06 **End of Year** Beginning of Year Assets or Balances 303553 466174 20 Total assets (Part X, line 16) 59054. 137079. 21 Total liabilities (Part X, line 26) OGDEN 244499. 329095 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 June 30-2610 Sign Signature of officer Here EXALTED RULER TERRY McCULLUM Type or print name and title Preparer's identifying number Check if self-employed ▶ Preparer's Date Paid ANALISA WHETSTONE 06/24/2010 P00086742 signature Preparer's 43-1553620 TURK & GILES CPAS EIN Firms name (or yours Use Only if self-employed) 417-623-8666 2026 CONNE Joplin 64804 Phone no ▶ MO

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

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

|X|. Yes Form 990 (2009)

address, and ZIP +

		& PROTECTIVE ORDER ELKS	44-0304955 Page 2
		n Service Accomplishments	
1	Briefly describe the organization's CHARITABLE WORK	FOR THE COMMUNITY	
	Did the error and adoles as	and the veer which were get	licted on
2	the prior Form 990 or 990-EZ? If "Yes," describe these new servi	ny significant program services during the year which were not	Yes X No
3	-	cting, or make significant changes in how it conducts any prog	ram services? Yes X No
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) o	nievements for each of the organization's three largest program rganizations and section 4947(a)(1) trusts are required to reposenses, and revenue, if any, for each program service reported	rt the amount of grants and
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$
	SEE SCHEDULE 1		
4b	(Code·) (Expenses \$	including grants of \$) (Revenue \$
	SEE SCHEDULE 1		
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
	SEE SCHEDULE 1		
4d	Other program services (Describ	e in Schedule O)	
→ u	(Expenses \$	including grants of \$)(Revenue	e\$)
4e	Total program service expenses		Form 990 (2009)

Par	Checklist of Required Schedules			
	1. H		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Х
_	complete Schedule A	1		$\frac{\lambda}{X}$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	
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			Х
_	Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	4.0		v
	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,		v	
_	VII, VIII, IX, or X as applicable	11	<u>X</u>	
•	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.			
0	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	1		
•	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 a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	,	X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional			
		ا مد ا	F	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		Х
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4=		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	ļ	v
	column (A), line 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	40	v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		v
	If "Yes," complete Schedule G, Part III	19 20		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		rm 990	
		10	330	(2009)

Par	t IV Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 employee's? 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 question 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 any tax-exempt bonds?	24c		
d	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		!
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
-	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified 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,			
21	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, directly or indirectly			
20	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions).			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	60 July 20 15 18 19 19 19 19 19 19 19 19 19 19 19 19 19	200		
b	Schedule L, Part IV	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family	200		
С	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32		Х
	If "Yes," complete Schedule N, Part II	32		Α
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		Х
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		v
	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	_	_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	,		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X	
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	1	rm 990	(2000)

Foi	rm 990 (2009) BENEVOLENT & PROTECTIVE ORDER ELKS 44-03	3049	55_	Page 5
Pa	art 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	-		
	······································	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1. 1	٠	1
	gaming (gambling) winnings to prize winners?	1c	X	L
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 14	۱ ۱	٠.,	ı
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1 . 1	٠,,	ı
	this return?	3a	X	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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		X
þ	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		l v
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. 7h		^
В	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,	.		1
_	have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	0- 1		ſ
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	ן טפּ		İ
10	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
a	O1035 INCOME NOM MEMBERS OF SHEEFFORDERS	-		

Form **990** (2009)

12a

b Gross income from other sources (Do not net amounts due or paid to other sources

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

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

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru			
Secti	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent	$\overline{4}$		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		T	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
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		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one of 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	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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
Secti	on 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	X	
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X	
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		_X_
	Does the organization have a written document retention and destruction policy?	14		X
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:	1	1 1	١
а	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
b	Other officers or key employees of the organization?	15b		Χ
	Describe the process in Schedule O. (see instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1 1	3,7
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1405		
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed Section 6104 required an expansion to make its Forms 1033 (or 1034 if applicable), 900, and 900 T (501(a)(3)s pally)			
10	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			
10	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
13	policy, and financial 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			
20	organization. ►ELKS LODGE 1802 W 26T JOPLIN MO 64804 417-624	-004	8	
			<u> </u>	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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."
- 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) Name and Title	(B)	(C) psition (check all that apply)				nlv)	(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TED EASLEY										
TRUSTEE	9	Х						0	0	0
KEVIN KEYS	_									
TRUSTEE	9	Х						0	0	0
GREG JOHNSON										
TRUSTEE	4	Х						0	0	0
MIKE SWEETON										
TRUSTEE	20	X						0	0	0_
DON COOK				1						
TRUSTEE	6	Х						0	0	0
TERRY MCCULLUM										
EXHALTED RULER	24			X				0	0	0
TODD HAWKINS										
LEADING KNIGHT	4			X				0	0	0
CHARLES SORENS										
LOYAL KNIGHT	15			X				0	0	0
JAKE SKOUBY										
LECTUR KNIGHT	15			X				0	0	0
BILL ANDERSON										
SECRETARY	30			X				13109.	0	0
LLOYD PARKER								_		
TREASURER	8			X				0	0	0
WYLIE BOATRIGH										
INNER GUARD	8			Х				0	0	00
RANDY ALGOOD										
ESQUIRE	9_		l	Х	L			0	0	0
RICH WILLIS										
TILER	4	<u> </u>		X				0	0	0
DAVID COX										
CHAPLAIN	7 4			X			l	0	0	0

(a) Name and title Average Position checked all that apply) Note that the provided compensation of the provided and the provided compensation of the provided com	Section A. Officers, Directors,	Trustees,	Key E	nploy	ees,	and	High	est (Compensated Emplo	yees (continued)	
hours per G of B of		1	D = + '4'	/				- I. A			
The Total	Name and title	hours per					T -		compensation	compensation	amount of
the Total		week	vidua	tutior	er	emp	nest coloye	ner			
the Total			~ =	nal t		Ş	E SO		organization	(W-2/1099-MISC)	from the
the Total		1	stee	rust		Ö	pen		(W-2/1099-MISC)		1
the Total			"	ee			sate				I
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No 3 Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						<u> </u>	-	-			organizations
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No 3 Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		1									
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from the organization		not limited t	to thos	e liste	d ab	ove) who	_		- 	
3 Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		iot iii iii iica	.003	C 1131C	u ab	010	,		Troca more and in the con-	,ooo iii ropondoo o	por.iodiiori
employee on line 1a? if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation											Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											. 3 Δ
individual										ı	
services rendered to the organization? If "Yes," complete Schedule J for such person	indıvıdual										4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation											
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation		es," comp	lete Sc	nedul	e J i	or s	ucn pe	ersoi	n	<u> </u>	
compensation from the organization. (A) Name and business address Description of services Compensation		mpensated	d inder	ende	nt co	ntra	ctors t	hat	received more than \$	100,000 of	
Name and business address Description of services Compensation	•					_		,	· · · · · · · · · · · · · · · · · · ·	·	<u>-</u>
2. Total number of independent contractors (including but not limited to those listed above) who received more than	Name and busines	s address							Description of s	ervices	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than											
2 Total number of independent contractors (including but not limited to those listed above) who received more than											
2 Total number of independent contractors (including but not limited to those listed above) who received more than								_			
	2 Total number of independent contractors (ncluding h	ut not	limited	i to t	hose	e lister	l dah	ove) who received me	ore than	

\$100,000 in compensation from the organization

Form	990 (2009) BENEVOLENT & PROTECTIVE	ORDER ELKS		44-0304	955 Page 9
		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b 65591. Fundraising events 1c Related organizations 1d Government grants (continbutions) 1e All other continbutions, gifts, grants, and similar amounts not included above 1f 27251.				
Conf	g h	Noncash contributions included in lines 1a-1f	92842.			
- Ge		Business Code				
,en	2a					
Ŗ	b -					
<u>8</u>	c ¯					
Program Service Revenue	d _					
Ē	e _					
gra	f	All other program service revenue				
<u></u>	g	Total. Add lines 2a-2f ▶				
	3	investment income (including dividends, interest, and				
		other similar amounts)	6790.	6790.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (iı) Personal	_			
	6a	Gross Rents 3532 .	_			
	ь	expenses	_			
	С	Rental income or (loss) 3532.	7 2522	2520 1		1
	d	Net rental income or (loss)	3532.	3532.		
	7a	sales of assets (II) Securities (III) Other	_			
	b	other than inventory . Less cost or other basis and sales expenses	_			
	С	Gain or (loss)	ا ٦	ĺ		1
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 26680				
<u>۲</u> ح	, h	See Part IV, line 18 a 26680 Less: direct expenses b 9731				
Ę	b c	Net income or (loss) from fundraising events	16949.	16949.		
Ū	9a	Gross income from gaming	1 203131	20313.01		
	"	activities. See Part IV, line 19 a				
	ь	Less direct expenses b	_			
	c	Net income or (loss) from gaming activities	7	2324.		15510.
	l	Gross sales of inventory, less	(SC##2)	<u> </u>		<u> </u>
		returns and allowances a 196440				
	ь	Less: cost of goods sold b 192217	(SCH #3)			
	С	Net income or (loss) from sales of inventory ▶	4223.	4223.		
		Miscellaneous Revenue Business Code	_ '	•		
	11a	DISCOUNTS	7 28.	28.		
	b	SEE SCHEDULE IC	108180.	108180.		
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶	108208.			
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	232544.	142026.	-	15510.

44-0304955

Part IX Statement of Functional Expenses

	All other organizations must complete of	olumn (A) but are not	required to complete	columns (B), (C) and (E	
Do r	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	(SCH #4)			
	organizations in the U.S. See Part IV, line 21	23343.	23343.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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	13109.			
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	6793.			
8	Pension plan contributions (include section 401(k)			Ì	
	and section 403(b) employer contributions)				
9	Other employee benefits	2304.			
10	Payroll taxes	1996.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	0.47.4			
С	Accounting	2474.		-	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4.0			
g	Other	40.			
12	Advertising and promotion	2693.			
13	Office expenses	2093.			
14	Information technology				
15	Royalties	7232.			
16 47	Occupancy	518.		-	
17 18	Payments of travel or entertainment expenses	510.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7036.			
20	Interest	1029.			
21	Payments to affiliates	12510.		-	
22	Depreciation, depletion, and amortization	1880.			-
23	Insurance	6567.			
24	Other expenses Itemize expenses not		. l		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	SEE STMT (SCH#5)	34899.			
b					
С					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	124423.	23343.		
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (000)

Part 2		Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing .			13133.	1	14532
:	2	Savings and temporary cash investments			167270.	2	181023
;	3	Pledges and grants receivable, net		[3	
4	4	Accounts receivable, net				4	137853
!	5	Receivables from current and former officers, du					
		employees, and highest compensated employee	s Comp	lete Part II of Sch. L		5	
- (6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(i	B). Complete			
		Part II of Schedule L				6	
တ္ ၁	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8974.	8	6950
۶ ۴	9	Prepaid expenses and deferred charges		[4670.	9	3741
-	10a	Land, buildings, and equipment, cost or other					
		basis Complete Part VI of Schedule D	10a	614683.			
	b	Less, accumulated depreciation	. 10b	492608.	109506.	10c	122075
-	11	Investments - publicly traded securities .				11	
-	12	Investments - other securities. See Part IV, line	11			12	
-	13	Investments - program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
•	15	Other assets See Part IV, line 11				15	•
	16	Total assets. Add lines 1 through 15 (must equa	I line 34)		303553.	16	466174
·	17	Accounts payable and accrued expenses			10605.	17	13520
-	18	Grants payable				18	
•	19	Deferred revenue			48449.	19	43329
2	20	Tax-exempt bond liabilities				20	
ທ 2	21	Escrow or custodial account liability Complete P	art IV of	Schedule D		21	
월 2	22	Payables to current and former officers, directors	s, trustee	s, key			
Liabilities		employees, highest compensated employees, ar	nd disqua	alified			
ڈ		persons Complete Part II of Schedule L				22	
2	23	Secured mortgages and notes payable to unrela	ted third	parties		23	29870
2	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	6087
2	25	Other liabilities. Complete Part X of Schedule D				25	44273
	26	Total liabilities. Add lines 17 through 25			59054.	26	137079
		Organizations that follow SFAS 117, check her	e ▶ L	and			
ري ا		complete lines 27 through 29, and lines 33 and	l 34.	1		1 1	
ပ္ကို 2	27	Unrestricted net assets			_	27	
<u> </u>	28	Temporarily restricted net assets	•			28	
B 2	29	Permanently restricted net assets				29	· · · · · · · · · · · · · · · · · · ·
בַּן		Organizations that do not follow SFAS 117, che	eck here	▶ 🛛			
<u></u>		and complete lines 30 through 34.		1			
S 3	30	Capital stock or trust principal, or current funds			<u> </u>	30	
įs s	31	Paid-ın or capıtal surplus, or land, building, or eq	uipment	fund	61180.	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or	other funds	183319.	32	329095
z ;	33	Total net assets or fund balances			244499.	33	329095.
•	34	Total liabilities and net assets/fund balances .			303553.	34	466174.

Form **990** (2009)

US990\$11

Day VI E							
Form 990 (2009)	BENEVOLENT	æ	PROTECTIVE	ORDER E	LKS	44-0304955	Page 12

Par	Financial Statements and Reporting	_		
			Yes	No
1	Accounting method used to prepare the Form 990.			
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		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u> </u>
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d	<u> </u>	└
	🛛 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	1		
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits?	. 3b_		
		Form	990	(2009)

US990\$11

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2009

Open to Public Inspection

Employer identification number

Bl	ENEVOLENT & PROTECTIVE ORDER	ELKS	4.4	4-0304955
Pa	Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	or Accou	ints.
	Complete if the organization answered ``Yes" to F	Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Fu	nds 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 done	or advisors in writing that grant funds may be	e used only	_
	for charitable purposes and not for the benefit of the dono	or or donor advisor or other impermissible pri	vate benefit?	Yes X No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to Form 99	90, Part IV, III	ne 7
1	Purpose(s) of conservation easements held by the organi	zation (check all that apply)		
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation	n of an histo	rically important land area
	Protection of natural habitat	Preservation	n of certified	historic structure
	Preservation of open space	_		
2	Complete lines 2a-2d if the organization held a qualified of	conservation contribution in the form of a con	iservation ea	sement on the last day of the
	tax year.			
				leld at the End of the Year
а	Total number of conservation easements		. 2a	
b	Total acreage restricted by conservation easements .		2b	
С	Number of conservation easements on a certified historic	structure included in (a)	. 2c	
đ	Number of conservation easements included in (c) acquire	ed after 8/17/06	2d	
3	Number of conservation easements modified, transferred,	, released, extinguished, or terminated by the	e organizatio	n during
	the taxable year ▶			
4	Number of states where property subject to conservation	easement is located 🕨		
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, reporting of	violations,	
	and enforcement of the conservation easements it holds?			∐ Yes ☒ No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements d	uring the yea	ır 🕨
7	Amount of expenses incurred in monitoring, inspecting, ar	nd enforcing conservation easements during	the year	\$
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170)(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conserve	vation easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organic	zation's financial statements that describes t	he organizat	ion's accounting for
	conservation easements			
Pa	t III Organizations Maintaining Collections		her Simila	ır Assets.
	Complete if the organization answered "Yes" to F			
1 a	If the organization elected, as permitted under SFAS 116,	•		
	treasures, or other similar assets held for public exhibition	, education, or research in furtherance of pu	blic service,	provide, in Part XIV, the
	text of the footnote to its financial statements that describe	es these items		
b	If the organization elected, as permitted under SFAS 116,			
	sures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, prov	vide the following amounts
	relating to these items:			•
	(i) Revenues included in Form 990, Part VIII, line 1		•	· s
	(ii) Assets included in Form 990, Part X			\$ <u> </u>
2	If the organization received or held works of art, historical		al gain, provi	de the following amounts
	required to be reported under SFAS 116 relating to these items			
	Revenues included in Form 990, Part VIII, line 1			* \$
b	Assets included in Form 990, Part X			5

С	Term endowment ▶ U.UU %			
3a	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(iı)		
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		Ĺ
A	Describe in Part XIV the intended uses of the organization's endowment funds			

Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (c) Depreciation (d) Book value Description of investment (a) Cost or other (b) Cost or other basis (investment) basis (other) 35,500. 35,500. 1a Land 300,683. 382,087. 81,404. b Buildings ... c Leasehold improvements 197,096. $19\overline{1,926}$. 5,170 d Equipment 122,074. Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

liability for uncertain tax positions under FIN 48

Rev 1

44-0304955

Page 3

SCHEDULE G . (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury or 19, or if the organization entered more than \$15,000 on Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization 44-0304955 BENEVOLENT & PROTECTIVE ORDER ELKS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c 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? Yes 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. Form 990-EZ filers are not required to complete this table (iii) Did fund-(iv) Gross receipts (V) Amount paid to (or (vi) Amount paid to (i) Name of individual (ii) Activity raiser have retained by) fundraiser or entity (fundraiser) from activity (or retained by) custody or listed in col (i) organization control of contributions? Yes No 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

44-0304955

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

-			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			LODGE ACTIVI (event type)	(event type)	(total number)	(Add col. (a) through col (c)
ne						
Revenue	1	Gross receipts	26,680.			26,680.
Œ	2	Less. (Charitable contributions)				
	3	Gross revenue (line 1				
		minus line 2)	26,680.			26,680.
	4	Cash prizes				
		·				
ses	5	Non-cash prizes .				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,731.			9,731.
	10	· ·	Add lines 4 through 9 in colui	mn (d)		9,731.
	11		ombine lines 3 and 10 in colum		▶	16,949.
Pa	rt II		ete if the organization answere	d "Yes" to Form 990, Part IV, II	ne 19, or reported more than	\$15,000 on Form 990-EZ
		line 6a	(a) Dinas	(h) Dull toball patent	(a) Other geming	(d) Total gamina (Add
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
 	1	Gross revenue	100,331.	45,551.	24,255.	170,137.
ses	2	Cash prizes	80,617.	31,670.	21,931.	134,218.
Direct Expenses	3	Non-cash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	20,409.	_		20,409.
			X Yes 100.0%	X Yes 100.0%	Yes 0.0 %	
	6 7	Volunteer labor	No . Add lines 2 through 5 in colu	lmn (d)	X No ▶	154,627.
	8		mary Combine lines 1 and 7 in			15,510.
						Yes No
9						
	a Is the organization licensed to operate gaming activities in each of these states? 9a X b If "No," Explain					
——————————————————————————————————————						
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						10a X
	_					
11			te gaming activities with nonme	embers?	or other entity formed to	11 X
12		tne organization a grantor, minister chantable gaming			· · · · · · · ·	12 _ X_
						

SCHEDULE O

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.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

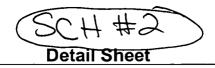
Name of the organization BENEVOLENT & PROTECTIVE ORDER ELKS	Employer identification number 44-0304955
FORM 990, PART IV, SECTION B, LINE 11	
THE TAX PREPARER COMPLETES RETURN AND THEN DELIVERS TO TH	E AUDITING AND
ACCOUNTING COMMITTEE AND BOARD OF TRUSTEES FOR REVIEW PRI	OR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19	
MADE AVAILABLE UPON REQUEST.	
	



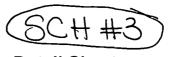
Name: BENEVOLENT & PROTECTIVE ORDER ELKS

ID: 44-0304955

Description: FORM 990 PG 2 LINES	
	Amount
LODGE ACTIVITIES INCLUDING DANCES, BINGO AND	Allount
LOTTERY ALLOW REVENUES TO ENABLE THE LODGE TO	
PERFORM CHARITABLE WORK SUCH AS SCHOLARSHIPS,	-
SUPPORT BOY SCOUTS, HOSPITAL PEDIATRICS, CHRISTMAS	
WORK, ETC	
TORCH CALLS OF TOOL . DOTHER ALL STORMS WELL BOOK TO	
LODGE SALES OF FOOD & DRINK ALLO THE MEMBERSHIP	
A PLACE TO EAT & DRINK WHILE THEY PERFORM AND	
DISCUSS THE ABOVE LISTED OBJECTIVIES	
MEMBERSHIP DUES ALLOW THE LODGE TO COLLECT MONIES	
FROM APPROXIMATELY 654 MEMBERS SO THEY CAN ACHIVE	
THE ABOVE LISTED OBJECTIVIES	
	
	-
	
	
· · · · · · · · · · · · · · · · · · ·	
	
Total	



Name: BENEVOLENT & PROTECTIVE ORDER ELKS	ID: 44-0304955
Description: FORM 990 PG 9 LINE 10A	
Type	Amount
SALES FROM BAR	170,963.
SALES FROM KITCHEN	25,477.
311220 21(01) 1(220121)	
g. 12.	
· · · · · · · · · · · · · · · · · · ·	
	_
· - -	
Total	196,440.
Total	190,440.



Detail Sheet

Name: BENEVOLENT & PROTECTIVE ORDER ELKS	ір : 44-0304955
Description: FORM 990 PG 9 LINE 10B	
Туре	Amount
COST OF SALES BAR	138,296. 53,921.
COST OF SALES KITCHEN	53,921.
	
Total	192,217.

SCHEDULE IC

DETAILS OF INVOLUNTARY CONVERSION (INLAND HURRICANE)

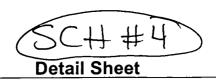
TAXPAYER: BPOE JOPLIN 501

FORM: 990, YEAR ENDED 3-31-10

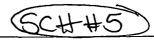
ID #: 44-0304955

On or about May 8, 2009 the above named entity experienced an inland hurricane, a form of tornado, which resulted in significant damage to certain property. Details are listed below.

 Insurance received by the entity for property loss Adjusted basis of property destroyed (see below) Realized Gain Insurance proceeds spent to replace damaged property Recognized Gain 	351,112 0 351,112 (254,117) 96,995
total insurance received less insurance received for loss of income insurance received for property loss	362,297 (11,185) 351,112
 2.) adjusted basis of property destroyed (primarily building) monies respent to restore building & components * less deferred gain adjusted basis in replacement property 	0 254,117 (254,117) 0
 total gain realized above less gain recognized above deferred gain 	351,112 (96,995) 254,117
 recognized gain from involuntary conversion recognized gain from loss of income total gain recognized shown on form 990, part VIII, line 11b shown on grand lodge report on Page 3A, other income 	96,995 11,185 108,180



Name: BENEVOLENT & PROTECTIVE ORDER ELKS	ID: 44-0304955
FORM 000 RG 10 I IND 1	
Description: FORM 990 PG 10 LINE 1	
Туре	Amount
VARIOUS ORGNIZATIONS ALL DONATIONS LESS THAN 5000	23,343.
	<u> </u>
Total	23,343.



Other Functional Expenses: Page 10, Line 24 **US 990** 2009 Management Program and General Description of the Asset Total Services Fundraising BADGES & PINS 684. BULLETIN 8,864. KEY CARD EXPENSE 1,632. 991. LICENSES & FEES DIGNITARY 380. JANITORIAL SUPPLIES 140. 45. PENALTY SUPPLIES 4,114. 2,145. LAUNDRY MISCELLANEOUS 3,375. BANK SERVICE CHARGE 218. DUES & SUBSCRIPTIONS 155. 421. PUBLICITY & PHOTOS REPAIRS & MAINTENANCE 10,848. TELEPHONE 887. 34,899.