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(HTA)

#### **Return of Organization Exempt From Income Tax**

Open to Public

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2009 cal	endar ye	ar, or tax yea	r beginnir	ng	4/1/20	09	, ar	nd en	ding	3	/31/2	2010	_	
В	Check if ap	plicable	Please use IRS	C Name of on	ganization	Benevol	ent & Prote	ective Ord	der Elks	(Lod	ge #22	D Employ	rer ide	entification num	nber	
∐,	Address o	change	label or	Doing Busin	ness As							84 <u>-01469</u>	48		_	
الِــا	Name cha	ange	print or type.	Number and	d street (or I	PO box if mail i	s not delivered	I to street a	ddress)	Roc	om/suite	E Telepho	ne nu	ımber	_	-
<u> </u>	nitial retu	ım	See	510 East Hy	man Ave	enue						970 925-3	3516	}		
<u> </u>	Terminate	ed	Specific Instruc-	City or town	, state or co	ountry, and ZIP +	- 4									
	Amended	l retum		Aspen				co	8161	1		G Gross re	eceipt	rs \$	1,85	55,165
	Applicatio	on pending	FN	lame and addr	ess of prin	cipal officer					H(a) Is t	his a group re	etum i	for affiliates?	Yes	X No
			Brian O	Neil, Secreta	arv Asnei	n Benevolen	t & Protecti	ve Order	Flks #22	24 5					Yes	No.
		mpt status		01(c) ( 8			7		527	-7 0				see instructions		
		·		) (C) ( B	) ◀ (inse	it 110.)	4947(a)(1	or _	] 52/				•	'		
		: ► N/A				<del></del>	<del>_</del>		··· - p·-		H(c) Gro	oup exemption	n nun	nber ▶ 1156		
K F	orm of or	rganization		orporation	Trust	Association	Other 1	<u> </u>	L	Year	of forma	tion 198	38	M State of leg	al comicile	CO
P	art I		mmary			·										
	1	Briefly d	lescribe '	the organiza	tion's mis	ssion or most	t significan	activities	s: Char	ity						
															· - · · · · · · · · · · · · · · · · · ·	
Activities & Governance																
Ĕ				<u></u>										- <b></b>	<b></b> .	
ŏ	2	Check th	his box	▶ if the	organiza	ition disconti	nued its op	erations	or dispos	sed o	of more	than 25%	6 of i	its net asset	S.	
<b>3</b>	3	Number	of voting	g members o	of the gov	erning body	(Part VI, lin	ne 1a) .						3		864
jes	4	Number	of indep	pendent votin	ng membe	ers of the go	verning bo	dy (Part \	/I, line 1I	b) .				4		864
Š	5	Total nu	mber of	employees (	(Part V, lie	ne 2a) .    .   .								5		20
Ac	6	Total nu	mber of	volunteers (	estimate	if necessary)	)						Г	6	-	
				elated busine										7a		
				usiness taxat										7b		
												Prior Year		Cı	irrent Year	
	8	Contribu	utions an	nd grants (Pa	ert VIII, lin	e 1h)										
Revenue	9	Program	n service	e revenue (Pa	art VIII, lir	ne 2g) .   .   .							37,0	040		41,328
δ	10	Investme	ent inco	me (Part VIII	, column	(A), lines 3,	4, and 7d)						130,2	200		5,037
ĕ	11	Other re	venue (l	Part VIII, colu	umn (A),	lines 5, 6d, 8	c, 9c, 10c,	and 11e	)	. [		^	104,8	393	96	31,654
	12	Total reve	enue—ad	dd lines 8 throu	ugh 11 (mu	ust equal Part	VIII, column	(A), line 1	2)				62,3	347		08,019
	13			lar amounts								3	362,2	234		24,273
	14	Benefits	paid to	or for memb	ers (Part	IX, column (	A), line 4)			. [			33,7	749		32,414
ø	15	Salaries	, other c	compensation	n, employ	ee benefits	(Part IX, co	lumn (A)	, lines 5-	-10)			21,7	747		40,515
Expenses	16a	Professi	ional fun	ndraising fees	s (Part IX	<u>, column (A)</u>	line_11e) .			. [						
ē	b	Total fur	ndraising	g expenses (	Part IX, ro	olumn\(D); fi	ne 25) 🕨							1		
ũ	17	Other ex	kpenses	(Part IX, col	u <del>mn (Å),</del>	lines-1-1a-1-1	id-111f-24f	)					339,4	496	23	30,153
	18	Total ex	penses.	Add lines 13	3, 17 (mu	st equal Part	JX, columi	n (A), line	25)			7	757,2	226	52	27,355
	19	Revenue	e less ex	xpenses. Sub	otract line	18 from line	142 C	,				(	394,8	379		30,664
Net Assets or Fund Balances				1.	1						Begin	ning of Curr	ent Ye	ear E	nd of Year	
seta	20	Total as	sets (Pa	art X, line 16)	00	DEN. M	i <del>1.</del>					4,5	501,4	405	4,97	77,949
t As	21	Total lial	bilities (f	Part X, line <sup>t</sup> 2	6)							2	261,2	213	25	57,090
žž	22	Net asse	ets or fu	nd balances.	Subtract	line 21 from	line 20 .					4,2	240,1	192	4,72	20,859
Pa	irt II		nature		_											
				of perjury, I dec												
0		and t	belief, it is t	true, correct, and	complete I	Declaration of pr	eparer (other	han officer)	is based or	n all ır	nformatio	n of which pr	epare	r has any knowl	edge	
0			T	3	M. 1							ì	1	20-10		
Sig	ın	-   ▶ -	<u> </u>	nian C	Mey	<del></del>								<u> 26-10</u>		
F 2010	re		Signature		ian O	·N-1	1000	e Sec	-tary	,		Dat	e			
			Type			14th	roay	750	veres y						_	
ĭ	d parer's	Pren	arer's L	nnt name and titl	E	A -		Date		Ton	eck if		16	renarere identif	iana numba	
ح Pai	d	signa		11.	( )			Date		set		_		Preparer's identif see instructions)	ying numbe	Л
	namer	<u> </u>		<u> </u>	1			6/25	5/2010		nployed	<b>►</b> X	[`			
	Parer s Only		s name (or	• 1/2	avid J. bla	aybaugh, CP	Α					EIN	<b></b>			
$\overline{z}$	e Only		f-employed ess, and Zi	3),	<del></del>	n Drive, Suite		alt. CO 8	1621			Phone no	<b>▶</b> 0	70 927-350		
				eturn with the								I I HOHE HO	- 3			<u> </u>
									s)	· .		<u> </u>		<u> </u>	Yes	No
FOT	Privacy	y Act and	Paperwo	ork Reduction	n Act Notic	ce, see the se	parate inst	ructions.							Fo m <b>99</b> 0	<b>J</b> (2009)

Pa	Int III Statement of Program Service Accomplishments	<del>04-0140940</del>	Page Z								
1	Briefly describe the organization's mission:										
	Charity										
2	Did the organization undertake any significant program services during the year which were not listed on		· <u></u>								
_	the prior Form 990 or 990-EZ?		X No								
	If "Yes," describe these new services on Schedule O.	<u> </u>	_								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	· L Yes	X No								
	If "Yes," describe these changes on Schedule O.										
4	Describe the exempt purpose achievements for each of the organization's three largest program services.		al								
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
	and and the control of the total expenses, and revenue, it any, for each program control topolica.										
4a	(Code: ) (Expenses \$ 313,554 including grants of \$ ) (Revenue	\$	)								
	General membership meeting, conventions, community services benefitting hundreds										
	of locals(Scholarships, Food Bakets, Senior Picnics and Holiday Activities)										
			<b></b>								
	••••••										
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue										
	•••••••••••••••••••••••••••••••••••••••										
	•										
	•••••••••••••••••••••••••••••••••••••••										
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	<u> </u>	``								
		*	/								
			<b></b>								
	***************************************		·								
4d	Other program services. (Describe in Schedule O.)										
	(Expenses \$ including grants of \$ ) (Revenue \$	)									
<b>م</b> 4	Total program service expenses > 313 554										

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
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 Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	Ť		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	3		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-10		<u> </u>
••	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		24 2	
_	Schedule D, Part VI.	٠,	,	,
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	12	,	Ą
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		- 、	,
•	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.	ಟ್"	۲	* \$
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	4 )	"	14
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	•	,	-
•	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.		"	1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			` '
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	_15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122		<del>  ^-</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		х
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 line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		
Ь	Is the organization 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			1
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		<del> </del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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,	20		<del>  ^-</del>
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			i
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	Part I	31		<u> </u>
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		<del>  ^-</del>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<u> </u>
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

			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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 20			نـــــا
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
30	instructions)  Did the erganization have unrelated business gross income of \$1,000 or more during the year severed by			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		<del>  ^-</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶			. 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		*	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			İ
	Prohibited Tax Shelter Transaction?	<u>5c</u>		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١
	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	۱.,		ł
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	ļ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ti	-	<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del></del> -		
•	required to file Form 8282?	7c	ļ :	
d	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	]	li	
	benefit contract?	7€		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f	ļ	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l		
_	required?	7h	<del> </del>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		ļ	<b> </b> -
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a	l	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	J.		<del>                                     </del>
a	Initiation fees and capital contributions included on Part VIII, line 12	1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1 '	]	
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	<b>]</b>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	<u> </u>	1

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Form 990 (2009) Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body	14		
b	Enter the number of voting members that are independent	<u>4</u>		
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		,	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	<u> </u>
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	<del>  _</del> -	Х
6	Does the organization have members or stockholders?	6	X	<del> </del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			l
	of the governing body?	7a 7b	X	-
Ъ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>/b</u>	<del>  ^</del>	$\vdash$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ļ	37	
_	the year by the following.	80	- <del></del>	<b> </b>
a	The governing body?	8a	X	├
b	Each committee with authority to act on behalf of the governing body?	8b	<del>  ^</del>	<del>                                     </del>
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	9a		x
2001	tion B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>	l	1_^_
	enue Code.)			
/GV	side Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	1.55	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	<del>                                     </del>	<del>  ^`</del>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	102		
• •	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<u> </u>		
_	rise to conflicts?	12b	X	
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		X
13	Does the organization have a written whistleblower policy?	<b>—</b>		X
14	Does the organization have a written document retention and destruction policy?	14		Х
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
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	1
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	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		T	T
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	_	_	
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶			
8	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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest		
	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		
	organization: ► Sharon Miller 970 925-3	516		
	510 East Hyman #300, Aspen, CO 81611			

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

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

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.

Check this box if the organization did not compensate any current officer, director, or trustee. (C) (A) (B) (D) (E) (F) Position (check all that apply) Reportable Estimated Name and Title Average Reportable compensation compensation amount of hours per Individual trustee Institutional trustee Officer Highest compensated employee Former Key employee from from related other week directo the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) cryanization heteler has organizations Rick Head Exalted Ruler As Required Steve Saunders As Required 1st Trustee Robert Leatherman 2nd Trustee As Required Gary Quist 3rd Trustee As Required Tom Moore 4th Trustee As Required Mike Haman 5th Trustee As Required Brian O'Neil Secretary As Required Charles Ela Treasurer As Required Sharon Miller **Audit Committee** As Required

A   (a)   (b)   (c)	Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	Hig	hest	t Cor	mpensated Em	ployees (co	ontinue	ed)	rage O
Name and tits  Average bound per product (press at line apply)  Legislating the product of the	(A)												
to Total  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization services rendered to the organization services rendered to the organizations greater than \$150,000 if "Yes," complete Schedula".  Total number of individual side on limit 18, is the sum of reportable compensation from the organization services rendered to the organizations of rendered to the organization of the orga	1		Po	sition	(chec	k all ti	hat app			Reportabl	e	Estima	ited
15 Total			or d	Instr	Offic	Key	eng Hg	Fon					
1b Total			irecto	tutio	ğ	emp	lest o	룓	organization				
1b Total			מַ בַּ	nal t		loye	e ă		(W-2/1099-MISC)	<b>(</b>	/	organiz	ation
1b Total			ite	uste		"	ensa						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				L B			ē	<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	•••••												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<del></del>							<del> </del>	-				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											İ		
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	•												
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	•••••												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		· · · · · · · · · · · · · · · · · · ·					$\vdash$						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							<u> </u>				_		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									ļ				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				-		-			 				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	•••••												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<u></u>											
reportable compensation from the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee 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		<del> </del>		<u> </u>	· ·		<u></u>	<u> </u>	l	<u> </u>			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	, ,		se lis	ted a	bove	e) wl	ho re	ceiv	ed more than \$1	00,000 in			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organiza	lion >										Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former officer.	director or trust	ee. k	ev e	mplo	vee.	or h	iahe	st compensated			1.03	1.00
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								_	· ·		3		X
individual	4 For any individual listed on line 1a, is the si	ım of reportable	com	pens	satio	n an	d oth	ner c	ompensation fro	m			
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		greater than \$15	0,00	0? <i>If</i>	"Ye	s," c	ompl	lete S	Schedule J for s	uch			
services rendered to the organization? If "Yes," complete Schedule J for such person			•								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) (Description of services (Compensation)  2 Total number of independent contractors (including but not limited to those listed above) who received											ļ <u>.</u>		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received		es, complete S	cnec	iuie .	<i>i</i> tor	SUCI	ı per	son	<u> </u>	· · ·	5	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
compensation from the organization.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	<del></del>	mpensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	n \$100.000	of		·····
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received			<b>P</b> 00			<b></b>				•,	, <b>U</b> .		
Total number of independent contractors (including but not limited to those listed above) who received	·												
	Name and business	address						<u> </u>	Description of ser	vices	Com	pensation	
	<del></del>	<del></del>						╁					
	<del></del>						_	$\vdash$	·				
									-				
				ed to	tho	se lis	sted a	abov	e) who received	i ["			

84-0146948

Part	: VIII	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
হা ম	1a	Federated campaigns		1a					
E a	b	Membership dues		1b			,		}
gifts, grants ilar amounts				1c					Į.
E E	C	Fundraising events							ţ
gi	d	Related organizations		1d			,		,
ns, Im	е	Government grants (contributions)		1e		* '			
tio r s	f	All other contributions, gifts, grants	and					•	ì
the ibu		similar amounts not included above		1f	_	· ,			į
ntr d o	g	Noncash contributions included in I	ines 1a-1f: \$	;					, ,
Contributions, gand other simils	h	Total. Add lines 1a-1f			•				
					Business Code		······································	`	
Ě	2a	Membership dues and assessment	e		813000	41,328	41,328		
BVE		••••••		•	013000	71,020	71,320		<del></del>
e) DE	b							<del></del>	
Σİ	С						-		
Sei	d								
톭	е								<u> </u>
Program Service Revenue	f	All other program service revenue .							l
Ę	g	Total. Add lines 2a-2f				41,328		*	
	3	Investment income (including divide							
	•	other similar amounts)				90,863			90,863
						90,003			90,003
	4	Income from investment of tax-exer	•						
	5	Royalties			<u> </u>				
			(ı) Real		(ii) Personal	, , , ,	/	<	* ^ * '
	6a	Gross Rents	643	671				, t i i i	* * *
	b	Less rental expenses	236	076	3	*	· ** *	, <del>1</del>	, ;
	С	Rental income or (loss)	407					*	
	d	Net rental income or (loss)				407,595			407,595
	_	Gross amount from sales of	(ı) Secuntie		(ii) Other	101,000		* * - *	107,1000
	, 4	assets other than inventory	242		<del> </del>	٠.,		•	
	<b>L</b>	Less: cost or other basis		070	<del>' </del>			`	
i	D								/
		and sales expenses	328		<del>-</del>	`			į
	С	Gain or (loss)	-85	,826					- <del>  </del>
	d	Net gain or (loss)	• •		<u> </u>	-85,826			-85,826
45	8a	Gross income from fundraising				•			
Ž		events (not including \$							]
Æ		of contributions reported on line 1c	).						
ě		See Part IV, line 18		а					1
Ë	h	Less: direct expenses		ь					
Other Revenu		Net income or (loss) from fundraisi		5	•			<del></del>	<u> </u>
Ò			_		· · · · · ·				
	уа	Gross income from gaming activitie							
		See Part IV, line 19							
	b	Less: direct expenses		b			···		
	С	Net income or (loss) from gaming a	ctivities		, ▶_				
	10a	Gross sales of inventory, less							
		returns and allowances		а	187,500				
	b	Less: cost of goods sold		b		8 I			l i
		Net income or (loss) from sales of i		-		-95,068	<del></del>	<del></del>	-95,160
	┈	Miscellaneous Revenue			Business Code	33,000		<del> </del>	-55,100
	44-		Paine // casa		900099	650 260			650,000
		Stock & Investments - Unrealized C		•		650,268		<del>                                     </del>	650,268
		Other Income	·		900099	-1,141			-1,141
	С							ļ	<del> </del>
	d	All other revenue							
	е	Total. Add lines 11a-11d				649,127			
	12	Total revenue. See instructions .			▶	1,008,019	41,328		966,599

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPCHISCS	general expenses	expenses
·	organizations in the U.S. See Part IV, line 21				\ 
2	Grants and other assistance to individuals in				·
	the U.S. See Part IV, line 22	224,273	224,273	`	
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	32,414	32,414		
5	Compensation of current officers, directors,				
	trustees, and key employees	36,850		36,850	
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,665		3,665	
11	Fees for services (non-employees):				
а	Management				
b	Legal	19		19	·
С	Accounting	1,225		1,225	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees	20,526		20,526	
g	Other				
12	Advertising and promotion	5 400		5 400	
13	Office expenses	5,406		5,406	<del> </del>
14	Information technology				<del></del> -
15	Royalties			. , ,	
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,922		9,922	
20		9,922		9,922	
20 21	Interest	<del>- · · ·</del> ·			<del></del>
22	Depreciation, depletion, and amortization	47,058	·	47,058	
23	Insurance	47,000		41,000	
24	Other expenses. Itemize expenses not			<del>, , , , , , , , , , , , , , , , , , , </del>	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				ia.
	5% of total expenses shown on line 25 below )				j
а	See Schedule Attached	145,997	56,867	88,779	
b					
Ç					
þ					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	527,355	313,554	213,450	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization			ļ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising			İ	
	solicitation				

**Balance Sheet** Part X (A) (B) Beginning of year End of year 21.664 12.926 2 3,155,327 2 3,771,517 3 3 Accounts receivable, net . . . . . . . . . . . . . 4 120,034 4 76,292 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Inventories for sale or use . . . 16,539 8 12,939 Prepaid expenses and deferred charges . . . 4,311 9 2,757 Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 10b 1,183,530 Less accumulated depreciation . . . . 10c 1,101,518 b Investments—publicly traded securities . . 11 11 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 4,977,949 16 4,501,405 16 86,822 17 17 81,716 58,250 18 59,500 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 116,141 25 115,874 26 Total liabilities. Add lines 17 through 25 . . . . . . 261,213 257,090 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 4.240.192 27 4,720,859 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 4,240,192 33 4,720,859 Total liabilities and net assets/fund balances . . . . . . . 4,501,405 34 4,977,949 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3b

#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number Benevolent & Protective Order Elks (Lodge #224) 84-0146948 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds 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 advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation. 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) . . . . 2c C d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

_		•
۲a	ge	4

Pari	Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures, or	Othe	er Similar A	ssets (c	ontinu	ied)
3	. Using the organization's acquisition.	. accession. and o	ther recor	ds. ched	ck any of the fo	llowin	o that are a s	ionifican	ł	
	use of its collection items (check all			,	,		.g		-	
а	Public exhibition	,,	d $\square$	Loan	or exchange pr	ograr	ns			
ь	Scholarly research		e 🗍	Other		_				
С	Preservation for future genera	ations								
4	Provide a description of the organiza		and expla	in how t	hey further the	orga	nization's exe	mpt purp	ose in	
5	During the year, did the organization assets to be sold to raise funds rath								es [ ]	No
Part		rangements. Co	omplete i	f the org	ganization ans					
1a										
ь	included on Form 990, Part X?.  If "Yes," explain the arrangement in							_	es []	No
_	ves, explain are arrangement in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Amount		
С	Beginning balance					1c				
d	Additions during the year					_				
e	Distributions during the year									
f	Ending balance									
	<del>-</del>				•					
2a	Did the organization include an amo		Paπ X, III	ie 21 ? .				Y	es 🔀	No
	b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
Part	Endowment Funds. Com								<u> </u>	
		(a) Current year	(b) Pno	r year	(c) Two years ba	ick (	d) Three years ba	ck (e) Fo	sur ye	back
1a	Beginning of year balance				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_ <del>.</del>			
b	Contributions						·-· · · · · · · · · · · · · · · · · · ·			
C	Net investment earnings, gains,	,						1		1
	and losses				,					
d	Grants or scholarships				٠, ١					
е	Other expenditures for facilities							,		1
	and programs					ľ			<u>.</u>	}
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	f the vear end bal	ance held	as:				•		
а	Board designated or quasi-endowm	· .								
b	Permanent endowment								-	
C	Term endowment ▶									
3a	Are there endowment funds not in the	 he nossession of t	he organi	zation th	at are held and	d adm	inistered for t	he		
•	organization by:	no possession or t	o organii		iat are note and				Yes	No
	(i) unrelated organizations							3a(i)		-110
	(ii) related organizations					•		3a(ii)		<del></del>
	If "Yes" to 3a(ii), are the related organizations:									<b></b>
b 4	Describe in Part XIV the intended us		•					3b		
4 Port						V 1im	2 10			
Part										
	Description of investment	(a) Cost or ot (investm			st or other s (other)	• •	cumulated reciation	(d) Bo	ook valu	
1a										
Ь	Buildings		,150,241				753,847		39	<u>6,394</u>
C	Leasehold improvements									
d	Equipment				1,686,922		1,136,201	<del></del>	55	0,721
<u>e</u>	Other	<u> </u>								
Tota	I. Add lines 1a through 1e (Column (	d) must equal For	m 990. Pá	rt X. co	lumn (B), line 1	O(c).)	▶ ∐		1.10	1.515

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI \*Total revenue (Form 990, Part VIII, column (A), line 12) . . . 1,008,019 2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . 2 527,355 3 3 480,664 4 Net unrealized gains (losses) on investments . . . . 4 5 Donated services and use of facilities 5 6 Investment expenses. 6 7 7 8 Other (Describe in Part XIV.) 8 9 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 480.664 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2b 2c Recoveries of prior year grants . . . . C 2d Add lines 2a through 2d. 2e e 3 Subtract line 2e from line 1 . . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b. . . . 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. ×. 2a 2b h ę. 2c 2d Other (Describe in Part XIV.) d Add lines 2a through 2d . . . . . . . . . . . . . e 2e Subtract line 2e from line 1 . . . . . . . 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

	Benevolent & Protective Order Elks (Lodge #224)	84-0146948
Schedule D (Form		Page 5
Part XIV	Supplemental Information (continued)	
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	'	
		······································
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		-
		•

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection
---------------------------

ž (h) Purpose of grant or assistance Yes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 84-0146948 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations. the selection criteria used to award the grants or assistance?. **General Information on Grants and Assistance** (c) IRC section if applicable Benevolent & Protective Order Elks (Lodge #224) Enter total number of other organizations (P) EIN 1 (a) Name and address of organization or government Part ! Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule 1 (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Use Part IV and Schedule I-1 (Form 990) If additional space is needed	990) IT additional	space is needed			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				:	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	ete this part to pro	vide the information	required in Part I, lin	e 2, and any other additional information.	ional information.
					Schedule I (Form 990) 2009

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public

OMB No 1545-0047

Name of the organization	Employer identification number
Benevolent & Protective Order Elks (Lodge #224)	84-0146948
Bollovelenk a 11 telegrico Grad. Elle (2003) #22 //	010110010
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Item	Description of	Date Placed	Asset	Bus. Use	Cost or	Sec 179	Special	Salvage	Recovery	Recovery	Method	Conv	Prior Accum	2009	2009
Š	Property	In Service	Code	%	Other	Deduction	Allowance	Value	Basis	Period		Code	Deprec , 179 Bonus	Deprec '	Accum
1550	Building Additions	9/30/1987	R-5	100 00%	43.634				43.634	315	SUGDS	Σ W	28,657	1.385	30,042
1560R	Addns-Espnt/Shooters	9/30/1988	R-5	100.00%	581,155				581,155	315	SL/GDS	Σ	378,365	18,462	396,817
1550	Construction - Remode	3/31/1990	R-5	100.00%	39,688				39,688	315	SUGDS	Σ	23,948	1,260	- 5,208 -
1560R	560R 2nd Floor Remodel	11/1/1990	R-5	100.00%	445,389				445,389	315	SUGDS	Σ	260,317	14,141	274,458
1560R	560R 1st Floor Remodel	11/1/1990	R-5	100 00%	40,149				40,149	31.5	SL/GDS	¥	23,469	1,275	24,744
1560R	560R Basement Remodel	11/1/1990	<del>д</del> 5	100 00%	8,079				8,079	31.5	SI/GDS	Σ	4,723	257	4,980
1550	Elks Floor Remodel	2/1/1991	R-5	100.00%	990,939				626'066	315	SUGDS	Σ	571,315	31,462	602,777
1600	Extenor Building Impro	10/1/1997	R-5	100 00%	77,500				77,500	93	SL/GDS	Σ	22,768	1,987	24,755
1600	2nd Floor Office Remo	10/1/2000	R-5	100 00%	4,087				4,087	33	SL/GDS	Σ	888	105	993
1600	Bathroom Remodel	10/1/2000	R-5	100 00%	33,333				33,333	33	SUGDS	Σ	7,232	855	8,087
1600	Lodge Improvements-I	10/1/2000	R-5	100 00%	26,646				26,646	œ	SUGDS	Σ	5,777	683	6,460
1640	Commissioned Buildin	10/1/2000	R-5	100 00%	7,320				7,320	<del>3</del> 8	SU/GDS	Σ	1,590	188	1,778
1560R	2nd Floor Imrovements	10/1/2001	R-5	100 00%	32,438				32,438	ස	SL/GDS	Σ	6,205	832	7,037
1640	Refrig-Cooler (Behind	7/25/2002	F-10	100 00%	1,794		538		1,256	7	200DB	¥	1,738	26	1,794
1640	Water Softener & Dnnl	9/9/2002	F-10	100 00%	2,700		810		1,890	7	200DB	₹	2,617	83	2,700
1640	Swamp Cooler	7/30/2003	F-10	100 00%	4,375		2,188		2,187	7	200DB	È	4,083	195	4,278
1640	Kitchen Refingerator	11/17/2004	<del>Г</del>	100.00%	2,287		1,144		1,143	ς.	200DB	₹	2,222	65	2,287
1620	60" Flat Screen TV	9/12/2005	<del>Т</del>	100.00%	5,675				5,675	ഹ	200DB	<b></b>	4,695	654	5,349
	Defibrilator	1/30/2006	F-7	100 00%	2,458				2,458	ις.	200DB	<b></b>	2,034	283	2,317
	Sound System-TV	3/23/2006	Ę.	100 00%	2,981				2,981	s.	200DB	<b></b>	2,465	343	2,808
-	Air Conditioner Unit	6/8/2006	F-10	100 00%	5,971				5,971	_	200DB	È	3,359	746	4,105
1620	Folding Tables	9/13/2006	F-11	100 00%	471				471	7	200DB	<b></b>	<b>564</b>	29	323
	Piano	9/30/2006	F-1	100 00%	3,250				3,250	_	200DB	<b>≟</b> :	1,828	406	2,234
	Under Counter Cooler	10/24/2006	F-10	100 00%	1,688				1,688	_	200DB	<u>}</u>	949	211	1,160
_	Entryway Table	12/7/2006	Ή. 1	100.00%	1,230				1,230	۰,	200DB	È.	692	<del>2</del> 5	85 65 65 65
	Pool Room TV	12/20/2006	<del>-</del> :	100 00%	2,398				2,398	<b>~</b> I	200DB	È.	0,5% 0,5%	900	1,649
	Bar Stools	12/20/2006	Ţ.	100 00%	923				626	<b>~</b> r	20008	È	916	315	ξς 4 60
_	Pool Table Lights		F-10	100 00%	2,171				2,171		20008	È.	1,268	172	1,539
•	Air Compressor for Ber		F-10	100 00%	2,439				2,439	۲,	20008	¥?	95	427	1,373
	Panasonic Big Screen	•		100 00%	9,204				9,204	1 ល	20008	È	4,786	/9/'L	6,553
_	Large Extenor Trash C	_	2 :	100.00%	12,202		,		12,202	- 1	2000	<u> </u>	4,732	45.7	0,800
1620	Cnarbroller - Kitchen Sound System	7/2/2008	7 T 5 C	100 00%	4,881		2,441		2,440	- 1-	200DB	:	2,790	598 598	3,388
Listed	isted Property														
Listed	Listed property with more than 50% business use (Line 25 and 26)	an 50% busin	ess us	e (Line 25 an	d 26)										
1640	Computer	5/15/1996	д 4	100 00%	3.150				3,150	S	200DB	₹	3,150		3,150
	Computer	7/3/2002		100 00%	626		282		657	ß	200DB	Ŧ	939		626
	New Computer System		Ä	100 00%	1 676				1676	ıc;	200DB	¥	1.676		1.676
	Sound System & Com	Ξ	. w	100 00%	3,998				3,998	7	200DB	È	3,997		3,997
•	, 400	7007	•	1	297.0		660		0 484			'	0 762	ı	• 25.0
	l otal listed prop with > 50% business use	sow pusiness	es n	l	8,703		707		104,8			'	301,8		9,102
	Subtotal Listed Property	ronerty		1	9.763		282		9.481			'	9.762		9.762
				I	22.42							•			

### Form 4562

(Including Information on Listed Property)

**Depreciation and Amortization** 

OMB No 1545-0172
2009
Attachment

Internal Revenue Service (9

► See separate instructions.

Attach to your tax return.

Sequence No 67

Name(s) shown on return		vity to which this f	orm relates		Identifying num	ber	
Benevolent & Protective Order Elks (Lodge #2:					84-0146948		
Part I Election To Expense Certain	• •						
Note: If you have any listed property, co						, ,	
1 Maximum amount. See the instructions for						1	250,000
2 Total cost of section 179 property placed in							
3 Threshold cost of section 179 property before							800,000
4 Reduction in limitation. Subtract line 3 from						4	
5 Dollar limitation for tax year. Subtract line			ter -0 If mar	ried filing		_	
separately, see instructions	· · · · ·		<u> </u>	<u> </u>	· · · · · · ·	. 5	250,000
6 (a) Description of property		(b) Cos	st (business use	e only)	(c) Elected co	st	
7 Listed property. Enter the amount from line				7		_	
8 Total elected cost of section 179 property						8	
9 Tentative deduction Enter the smaller of I						9	
10 Carryover of disallowed deduction from line						10	
11 Business income limitation. Enter the small						11	
12 Section 179 expense deduction. Add lines						12	
13 Carryover of disallowed deduction to 2010.				🕨 13			
Note: Do not use Part II or Part III below for lis						·	4
Part II Special Depreciation Allowa					roperty.) (See	Instru	ictions.)
14 Special depreciation allowance for qualified		* *				ا ا	
						14	
15 Property subject to section 168(f)(1) election						15	
16 Other depreciation (including ACRS)	4 implyala liakaal			- \		16	
Part III MACRS Depreciation (Do no	t include listed		e instruction	S.)	<del></del>		
47 MACRS deductions for exacts placed in ac	nice in toy year	Section A	2000			1471	00.045
17 MACRS deductions for assets placed in se 18 If you are electing to group any assets place						17	82,015
general asset accounts, check here					▶ □		-
<del></del>						l	
Section B - Assets Placed i			1			<u>n</u>	
(a) Oleve Code or of accord	(b) Month and	1	(d) Recovery		(f)	1_	(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	eciation deduction
40 - 2	in service	(business/investment)				├	
19 a 3-year property						┼	
b 5-year property		<u> </u>	<del>                                     </del>			┼	
c 7-year property						<b>├</b> ──	
d 10-year property	_					-	
e 15-year property						├	
f 20-year property	<u> </u>		05	<u> </u>	0.7	-	
g 25-year property	<del> </del>		25 yrs.	1 41 4	S/L	-	
h Residential rental			27.5 yrs.	MM	S/L	ļ	
property			27.5 yrs.	MM	S/L	-	
i Nonresidential real		-	39 yrs.	MM	S/L	-	
property	<u> </u>	2000 T. Y	11 1 1 1 1	MM	S/L	<u> </u>	
Section C - Assets Placed in S	Service During	2009 Tax Year	Using the Al	ternative Dej		m	
20 a Class life			10		S/L	├	
b 12-year	· · · · · · · · · · · · · · · · · · ·	<b></b>	12 yrs.		S/L	<del> </del>	
c 40-year	L	L	40 yrs	MM	S/L		
Part IV Summary (See instructions.)	<del></del> ·		<del></del>	<del> </del>		164	
21 Listed property. Enter amount from line 28						21	
22 Total. Add amounts from line 12, lines 14 t	-					1	86.54=
Enter here and on the appropriate lines of y				· see instructi	ons	22	82,015
23 For assets shown above and placed in sen of the basis attributable to section 263A co		surrent year, ent	er the portion	23			,