

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



## **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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	Car th	- 2000	lendar year, or tax year beginning APR 1, 2009 and ending	a M	AR 31, 2010	
_						<del></del>
В	Check if applicab	use IRS	C Name of organization		D Employer identific	cation number
	Addre	ess label or ge print or	BENEVOLENT & PROTECTIVE ORDER ELKS #575	5		
$\overline{}$	Name chan	type	Doing Business As		84-0	147000
$\vdash$	Initial		Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number	
F	Termi	' Cassifia				243-0675
F	Amer	ided tions	City or town, state or country, and ZIP + 4		G Gross receipts \$	639,750.
$\overline{}$	Appli		GRAND JUNCTION, CO 81502	Γ	H(a) Is this a group re	
	pend	ing F Nan	ne and address of principal officer		for affiliates?	Yes X No
					H(b) Are all affiliates inc	
		empt stati	us X 501(c) (8 ) ◀ (insert no )	$\neg \uparrow$	• •	list (see instructions)
		te: ► N/				n number ▶ 1156
		f organizatio				State of legal domicile: CO
	art I	Summa		100.0	101111111111111111111111111111111111111	, otato or regar commune, oo
	1		scribe the organization's mission or most significant activities. TO PROVI	TDE	SCHOLARSHT	PS, AID THE
Activities & Governance	'	-	FAMILIES, ETC.		<u> </u>	2,
nar			s box In the organization discontinued its operations or disposed of	more t	han 25% of its net as	sets
Veri	2		f voting members of the governing body (Part VI, line 1a)		3	398
Ĝ	3		f independent voting members of the governing body (Part VI, line 1b)		4	398
ංජ	4				5	10
ţies	5		ber of employees (Part V, line 2a)		<del></del>	0
ξį	6		ber of volunteers (estimate if necessary)		6	33.
Ac	7a	_	s unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.
	b	Net unreia	ited business taxable income from Form 990-T, line 34	1	Prior Year	
Revenue		O	and analy (Day) (II) lime this		43,272.	Current Year 29,817.
	8		ons and grants (Part VIII, line 1h)	-	43,412.	29,017.
		•	service revenue (Part VIII, line 2g)	-	186.	33.
Re			100 300	$\vdash$	3,587.	140,662.
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	47,045.	170,512.
	12		nue - add lines 8 through 11 (must equal Part-VIII-column (A), line-12)	+-	47,043.	170,312.
	l		d similar amounts paid (Part IX, column (A), lines (13)	-		
	14	-	aid to or for members (Part IX, column (Å), line 4)		4,324.	42,837.
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,324.	42,037.
ë	1		nal fundraising fees (Part IX, column (A), line 11e)	<b>├</b>		
×	l		raising expenses (Part IX, column (D), line 25)	-	84,213.	98,094.
_			enses (Part IX, column (A), lines 11a-11d, 11f-24f)		88,537.	140,931.
	i		enses Add lines 13 17 (must equal Part IX, column (A), line 25)	-	<41,492.	
_ 0	19	Revenue i	ess expenses Subtract line 18 from line 12	Dog:	nning of Current Year	End of Year
ts o		T 1-1	As (Dad V. line 40)	Degi	192,672.	197,125.
Sse	20		ts (Part X, line 16)	-	57,182.	8,913.
Net Assets or Fund Balances	21		ties (Part X, line 26)		135,490.	188,212.
	rt II		or fund balances Subtract line 21 from line 20		133,430.	100,212.
1 0	11 6 11	Under penalt	ties of perjury. I declare that I have examined this return, including accompanying schedules and statement	ents, and	to the best of my knowledg	e and belief, it is true, correct,
		and complet	e Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ledge		
9		/ .	Alaca Kochlas		X June	28th 2010
32条10	ו	Sin	ature of officer		Date	
Here	е		Duning Krelpler Lodge Scoreta	·VV		
0		Tybe	or print name and title			
<u>_</u>	<del></del>	7	. Date	Chec	( If Preparer	's identifying number
Paud		Preparer's signature	1 /2-10	self- emple		tructions)
		Firm's name	DAVID A. LANE, CPA	1 ampir	EIN >	
Us <u>e</u>	Only	yours if self-employe	DAVID A. LANE, CFA		CITY P	
3	arer's Only	address, and	DELTA, CO 81416		Phone no > 97	70-874-7501
<u>دی</u> <del>کی -</del>	3 2 2	ZIP + 4	this return with the preparer shown above? (see instructions)		Transition P D	X Yes No
ινιαγ	ALIE IL	10 UI3CU3S	this retain with the preparer shown above tool mandehons,			

	n 990 (2009) art III Statement o	BENEVOLE		TECTIVE ORI	DER ELKS	<u> \$575 84-01</u>	47000	Page 2		
1	Bnefly describe the org			HEDULE O FO		JATION TO HELP ELKS	BUILD			
	STRONGER CO					INVESTING IN				
	COMMUNITIES WHERE ELKS LIVE AND WORK. WE PROVIDE TOMORROW'S LEADERS,									
						LKS PLEDGE TO	NEVER			
2	Did the organization ur		ant program serv	ices during the year	which were not lis	sted on	<b>—</b>			
	the prior Form 990 or 9			•			Yes	L& No		
_	If "Yes," describe these			-h				X No		
3	Did the organization ce	-		changes in now it co	inducts, any progr	am services?	tes	LALI NO		
	If "Yes," describe these Describe the exempt p	_		organization's three	largest program s	services by expenses				
4						he amount of grants and				
	allocations to others, th					ine announce granne anno				
	<b></b>				<u> </u>					
4a	(Code	) (Expenses \$	117,434	• including grants	of \$	) (Revenue \$		)		
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4b	(Code	) (Expenses \$		including grants	of \$	) (Revenue \$				
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4c	(Code	) (Expenses \$		including grants	of \$	) (Revenue \$		)		
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						<del></del>	<del></del>			
	-					<del></del>				
A ci	Other program services	(Describe in Schod	ule O )		· · · · · · · · · · · · · · · · · · ·					
4d	(Expenses \$		ng grants of \$		) (Revenue \$	١				
4e	Total program service		117,	434.	7 γ. το το τιαο ψ					
76	, otal program service	Σ		<del> </del>			Form <b>990</b>	(2009)		

Form **990** (2009)

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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Ра	rt IV Checklist of Required Schedules (continued)	,		
	1 1		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	Ì		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	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		1	1
	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĺ
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		<u>.</u>
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	the second of th			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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_
b	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, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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		<u>X</u>
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 VI	37		<u>X</u>
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	

			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			ļ
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 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		<u> X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		İ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		v
	provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c	l	X
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l		
е	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		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		X
8	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, have excess business holdings	i	- 1	
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ł	1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
_	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them)	10.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> -</del>	
<u>b_</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<b>(</b>	200 (2	2000

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.

Sec	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body	3						
b	30							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7						
_	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				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
6	The state of the s							
7a	The state of the s							
	governing body?							
b	the second the second to the second the second by members stockholders or other persons?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
•	by the following	'						
а		8a	Х					
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		X				
Sec	tion 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	Х					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х					
11A	Do to the City of the search to the properties to request this Form 000							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
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				
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>				
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?	^						
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	] [						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		<u>X</u>				
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 the organization's							
	exempt status with respect to such arrangements?	16b						
<u>Sec</u>	tion C. Disclosure	<del></del>						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	<del></del>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor						
	public inspection indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request	mal E= :	1					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nu tinai	icial					
	statements available to the public	tio- ►						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	lion 📂	·					
	DUANE KOEHLER - 970-243-0675							
	PO BOX 1987, GRAND JUNCTION, CO 81502	Form	990 (2	חחמי				
		I VITIL	(Z	.003)				

## 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

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		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	
		힐	턃	Officer	Key	High	Former			- Organizations	
AL WEILAND EXHALTED RULER	10.00			x				7,386.	0.	0	
PHIL CARTER										<u></u>	
LECTURING KNIGHT	10.00			х				0.	0.	0	
JOHN KRIZMAN											
SECRETARY/TREASURER	15.00	_	lacksquare	X				3,024.	0.	0	
DOUG LIEHTY	10.00			x				0.	0.	0	
ESQUIRE	10.00		<del>-</del>	^		$\vdash$	_	0.		0	
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Form 990 (2009)

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2009)

\$100,000 in compensation from the organization

	irt VI	II 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	b C	Federated campaigns  Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and		·		
ontribut nd other	9	similar amounts not included above 1f 1,028.	, ,	,		,` .
<u>ٽ                                    </u>	<u>_h</u>	Total, Add lines 1a-1f	29,817.			
		Business Code				
8	2 a					
Program Service Revenue	b	·				
꺐킱	C					
e a	d					
9	е					
۱ ۵	f	All other program service revenue				
	_ q	Total. Add lines 2a-2f		,		
$\neg$	3	Investment income (including dividends, interest, and				
		other similar amounts)	33.		33.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(i) Real (ii) Personal	,			
ŀ	6 a	0.244				
ŀ	b		:			
ļ		0.244			` `	
		Net rental income or (loss)	9,244.	9,244.		
		Gross amount from sales of (i) Securities (ii) Other	J, 241.	J, 433.		-
	/ a	assets other than inventory	, ,	,```	٠,	
		, , , , , , , , , , , , , , , , , , , ,				
	D	Less cost or other basis	·			
J		and sales expenses		j	,	
- 1		Gain or (loss)				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See				
ᅙ		Part IV, line 18 a 27, 797.				
5		Less direct expenses b 8,194.	10 (03	10 (00		
-		Net income or (loss) from fundraising events	19,603.	19,603.		
	9 a	Gross income from gaming activities. See			,	
		Part IV, line 19 a 517745.				
		Less direct expenses b 425947.			-	
		Net income or (loss) from gaming activities	91,798.	91,798.		
	10 a	Gross sales of inventory, less returns			į	
		and allowances a 55,114.	1		1	
	b	Less cost of goods sold b 35,097.				
	c	Net income or (loss) from sales of inventory	20,017.	20,017.		
Γ		Miscellaneous Revenue Business Code	1			
	11 a					
	b					
	c					
		All other revenue				
		Total. Add lines 11a-11d				
1			170 512	140 662	33	0.
932009 02-04-	12	Total revenue See instructions.	170,512.	140,662.		33.

Part IX Statement of Functional Expenses

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

	Section 501(c)(3): All other organizations must compl		tions must complete al		(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				
	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				
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		7		<del></del>
5	Compensation of current officers, directors,	10 410		10,410.	
_	trustees, and key employees	10,410.		10,410.	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	30,921.	30,921.		
7	Other salaries and wages Pension plan contributions (include section 401(k)	JU, J & I .	50,521.		
8	and section 403(b) employer contributions)				
9	Other employee benefits	1,506.	1,506.		
10	Payroll taxes	1,500.	1,500.	· <del>-</del> · ·	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,971.		1,971.	-
C	Accounting	1,0110		1,5,11	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				·
f	Other				<del></del>
g 12	Advertising and promotion	100.		100.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	29,186.	29,186.		
17	Travel				
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,646.	7,646.		<del>.</del>
23	Insurance	6,609.		6,609.	···
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		, ,		
	expenses shown on line 25 below.)	10 277	10 277		
	SUPPLIES	19,277. 10,852.	19,277. 10,852.		
þ	LICENSES AND TAXES GRAND LODGE/STATE DUES	8,289.	8,289.		<del> </del>
C		6,691.	6,691.		<del> </del>
d	BANK/CREDIT CARD FEES	4,407.	0,031.	4,407.	-,-
e	CHILD SUPPORT	3,066.	3,066.	3,40/•	
f or	All other expenses  Total functional expenses. Add lines 1 through 24f	140,931.	117,434.	23,497.	0.
<u>25</u>	Joint costs. Check here I if following	140,331.	TT / 1 T J T O	43,4310	
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	concational campaign and innuraising solicitation		<del></del>		5 000 (0000)

197,125. Form **990** (2009)

192,672

Total liabilities and net assets/fund balances

Form 990 (2009)

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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 Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER ELKS #575

Employer identification number

84-0147000 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c 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 during the tax year > 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 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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. b 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

	rt III Organizations Maintaining (	ENT & PROT						14700 sets (cont		<u>. 2</u>
3	Using the organization's acquisition, access									_
_	(check all that apply)		•	•		Ū				
а	Public exhibition		d Doan or e	kchange progr	rams					
b	Scholarly research		e Other							
c	Preservation for future generations	`								
	Provide a description of the organization's c	alloctions and expla	in how they further	the organizat	ion's ev	emnt nu	mose in P	art YIV		
4	During the year, did the organization solicit of							ait XIV		
5	to be sold to raise funds rather than to be m				ici Siiilik	ai assett	, L	Yes		lo
Par					s" to Fo	rm 990	Part IV lin			10
T all	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
			diani for contribution	and or other of	nnote no	t include				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other as	sseis no	it include	eu l	Yes		
	on Form 990, Part X?		. U				L	res	N	lo
ь	If "Yes," explain the arrangement in Part XIV	and complete the to	bllowing table:				1			
						-		Amount	<u> </u>	
С	Beginning balance					10	:		<u> </u>	
d	Additions during the year					10	1			_
е	Distributions during the year					1e	<u> </u>	_		_
f	Ending balance					11	<u> </u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes	N	lo
b	If "Yes," explain the arrangement in Part XIV		·							
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to F	orm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Thre	e years bacl	k (e) Four	years bac	k
1a	Beginning of year balance					,				_
ь	Contributions							}		_
С	Net investment earnings, gains, and losses			S.	,	· ·			7	_
d	Grants or scholarships									_
e	Other expenditures for facilities									_
ŭ	and programs		'							
f	Administrative expenses		-							_
_	End of year balance									_
g	Provide the estimated percentage of the year	r end halance held a	ie.	<u> </u>						_
2	Board designated or quasi-endowment	rend balance neld a	%							
a	Permanent endowment	%								
b		/0 %								
	Are there endowment funds not in the posse	•	ation that are hold	and administs	rad for t	ho orga	nization			
3a		SSION OF THE ORGANIZA	ation that are new	and administe	ileu ioi i	ile olya	lization	Г	V   N-	
	by								Yes No	<u></u>
	(i) unrelated organizations							3a(i)		
	(ii) related organizations		0 1 1 50					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	•						3b		
4	Describe in Part XIV the intended uses of the			2 O + 4 V I = - 1	10	<u> </u>				-
Par		· · · · · · · · · · · · · · · · · · ·								_
	Description of investment	(a) Cost or of	1 , ,	t or other		ccumula		(d) Book	value	
		basis (investr		(other)	de	preciation	on	<del></del>		
1a	Land			27,926.					,926	
b	Buildings		71	L5,813.		681, <u></u>	911.	33	,902	•
С	Leasehold improvements									_
d	Equipment		25	52,187.		<u> 235, !</u>	527.	16	,660	•
<u>e</u>	Other									
Total	Add lines 1a through 1e. (Column (d) must ex	gual Form 990 Part	Y column (R) line	10/c) )				78	. 488	

Schedule D (Form 990) 2009

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
ancial derivatives		<del>-</del>			
sely-held equity interests					
ner					
		-			
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
art VIII Investments - Program Related.	See Form 990, Part X, line 13				
(a) Description of investment type	(b) Book value	(c) Method of value			
(a) bescription of investment type	(B) Book Valed	Cost or end-of-year ma	arket value		
			·		
			<u> </u>		
			<u> </u>		
			<del></del>		
al. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
art IX Other Assets. See Form 990, Part X, In			· · · · · · · · · · · · · · · · · · ·		
(a	) Description		(b) Book value		
		· · · · · ·			
	- Carrier 1		ļ		
al. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	<b>__</b>	<u> </u>		
art X Other Liabilities. See Form 990, Part X		0			
(a) Description of liability	(D)	Amount			
eral income taxes					
			•		
		<del></del>			

	edule D (Form 990) 2009 BENEVOLENT & PROTECTIVE OR	DER	ELKS	#575		1-014700	0 Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fina	ancial S	Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_1_			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3_			<del></del>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5		<del></del>	
6	Investment expenses			6	_	<del> </del>	
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8_			
9	Total adjustments (net) Add lines 4 through 8			9			
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Rev	enue p	er Retu		
<u> </u>	Total revenue, gains, and other support per audited financial statements				1		
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u>                                   </u>	1	
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c	<del></del>				
d	Other (Describe in Part XIV)	2d					
e	Add lines 2a through 2d		·		26	<u>.</u>	
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l				
b	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				40		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statement	ents \	Vith Exp	enses	per Re	turn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e	<u>,                                      </u>	
3	Subtract line 2e from line 1				_3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				ŀ		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				40	;	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III						e 4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete this	s part to p	rovide ar	y additior	nal information	
			<del></del>				
				-			
					~		
			·	<del></del>			

4 11 6

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

BENEVOI	LENT & PROTECTI	VE ORDI	ER E	LKS #575	84-0147	000		
Part I Fundraising Activities required to complete this pa	Complete if the organization							
Indicate whether the organization raised funds through any of the following activities. Check all that apply  a								
(i) Name of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser sustody atrol of autions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
tal  List all states in which the organizatio	n is registered or licensed to	solicit funds	or has	been notified it is ex	empt from registration	on or licensing		
			<del></del>					
			_					
					<del></del>			
			<del> </del>					
<del></del>								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 BENEVOLENT & PROTECTIVE ORDER ELKS #57584-0147000 Page 2

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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE OCTOBERFEST/ (add col. (a) through TINY TROTTER col (c)) (total number) (event type) (event type) Revenue 27,797. 27,797 Gross receipts 0 Less. Charitable contributions 27,797 27,797. Gross income (line 1 minus line 2) Cash prizes Noncash prizes **Direct Expenses** Rent/facility costs Food and beverages Entertainment 8,194 8,194. Other direct expenses 8,1941 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,603 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 517,745 517,745. Gross revenue 342,078. 342,078. Cash prizes Direct Expenses Noncash prizes 8,100 8,100. Rent/facility costs 75,769 75,769. Other direct expenses X Yes 9500,00 % Yes Volunteer labor 425,9471 Direct expense summary Add lines 2 through 5 in column (d) 91,798. Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities CO Х a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Х b If "Yes," explain X 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 BENEVOLENT & PROTECTIVE ORDER ELKS #57584-01	4700	0 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility . 13a 100.00%	5		
b An outside facility	•		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► JOHN KRIZMAN			
Address ► PO BOX 1987 - GRAND JUNCTION, CO 81502			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		<u>x</u>
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party			
Name			
Address ▶			
16 Gaming manager information			
Name ► JOHN KRIZMAN			
Gaming manager compensation ▶ \$ 3,024.			
Description of services provided ► GAMING REPORTS			•
		1	
X Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	17a		v
retain the state gaming license?	1/4	<del></del>	<u>X</u>
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
organization 5 own exempt activities during the tax year 🚩 🗳			

Schedule G (Form 990 or 990-EZ) 2009

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### SCHEDULE O

(Form 990)

#### 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.

2009
Open to Public Inspection

Department of the Treasury ➤ Attach to Form 990. Internal Revenue Service Name of the organization Employer identification number BENEVOLENT & PROTECTIVE ORDER ELKS #575 84-0147000 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORGET OUR VETERANS; HELP THE STATE ELKS ASSOCIATIONS ACCOMPLISH THEIR CHARITABLE OBJECTIVES AND FUND PROJECTS THAT IMPROVE THE QUALITY OF LIFE IN LOCAL ELKS COMMUNITIES. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY MUST SUBMIT FOR MEMBER APPROVAL FOR ALL ACTIVITIES OTHER THAN DAY TO DAY OPERATIONS. FORM 990, PART VI, SECTION B, LINE 11: THE LODGE ACCOUNTING COMMITTEE REVIEWS FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE ACCOUNTING COMMITTEE PERIODICALLY REVIEWS THE MARKET RATE FOR COMPARABLE SERVICES. FORM 990, PART VI, SECTION C, LINE 19: THE MANAGER MAINTAINS A COMPLETE FILE OF ALL DOCUMENTS. THE PUBLIC, UPON REQUEST, CAN REVIEW THE DOCUMENTS.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return. ➤ See separate instructions.

990

Business or activity to which this form relates

OMB No 1545-0172

Identifying number

BENEVOLENT & PROTECTI	VE ORDER	ELKS #	575 FOE	RM 99	0 P	AGE 10		84-0147000
Part   Election To Expense Certain Prope	rty Under Section 1	179 Note: If yo	u have any li	sted prop	erty, c	omplete Part	V before y	ou complete Part I
1 Maximum amount See the instructions	s for a higher limit	for certain bu	usinesses				1	<u> 250,000.</u>
2 Total cost of section 179 property place	2 Total cost of section 179 property placed in service (see instructions)							
3 Threshold cost of section 179 property	3	800,000.						
4 Reduction in limitation. Subtract line 3	4							
5 Dollar limitation for tax year Subtract line 4 from line	e 1 If zero or less, ente	r -0- If married file	ng separately, se	e instruction	ns I		5	
6 (a) Description of pr	operty		(b) Cost (busi	ness use on	ly)	(c) Elected	cost	
			•					
					_+			
7 Listed property Enter the amount from			\	_	7			
8 Total elected cost of section 179 prope		s in column (c	), lines 6 and	1 /			9	
9 Tentative deduction Enter the smaller		000 Earm 456	30				10	
<ul><li>10 Carryover of disallowed deduction from</li><li>11 Business income limitation. Enter the s</li></ul>				ro) or line	. 5		11	
12 Section 179 expense deduction. Add li					, ,		12	
13 Carryover of disallowed deduction to 2					13			
Note: Do not use Part II or Part III below fo					··-			
Part II Special Depreciation Allowa				de listed	prope	rty )		
14 Special depreciation allowance for qua						•		
the tax year						•	14	· ·———
15 Property subject to section 168(f)(1) ele	ection						15	
16 Other depreciation (including ACRS)							16	6,648.
Part III MACRS Depreciation (Do no	t include listed p	roperty ) (See	instructions	)				
		Se	ction A				<del></del>	
17 MACRS deductions for assets placed i	n service in tax ye	ears beginning	g before 200	9			17	998.
18 If you are electing to group any assets placed in sen						<b>&gt;</b>	<u> </u>	
Section B - Assets	T	T -		Using the	e Gen	eral Deprecia	tion Syste	em
(a) Classification of property	(b) Month and year placed		depreciation vestment use	(d) Red	covery lod	(e) Convention	(f) Method	(g) Depreciation deduction
	in service	,	nstructions)	per		<u> </u>	()	(g) Depression deduction
19a 3-year property	in service		nstructions)	per			()	(g) Depresidition deduction
19a 3-year property b 5-year property	in service		nstructions)	per			()	(g) Depression observed
<del></del>	in service		nstructions)	per			()	(g) Depression observed
b 5-year property	in service		nstructions)	per				(g) Depression observed
b 5-year property c 7-year property d 10-year property e 15-year property	in service		nstructions)	per				(g) Depression observed
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	in service		nstructions)					(g) Depression observed
b 5-year property c 7-year property d 10-year property e 15-year property	-		nstructions)	25 )			S/L	
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