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## Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury

► The organization may have to use a conv of this return to satisfy state reporting requirements

Open to Public Inspection

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	For th	e 2009 calen	dar year,	or tax year beginning	Apr 1	, 2009, a	nd ending	Mar	31		,2010	
В	Check if	f applicable	l	C Name of organization				_	D Employ	er Ident	ification Nu	mber
	Add	dress change	Please use IRS label	Benevolent Pro	tective Or	der of Elk	cs #18	42	92-	0018	700	
	Na	me change	or print or type. See	Number and street (or P	D box if mail is not de	elivered to street addr)	Room/su	ite	E Telepho	ne num	ber	
	Init	tial return	See specific	2600 North Bar	rv's Resor	t Drive			(90	7) 7	45-395	50
	H	rmination	Instruc- tions.	City, town or country			IP code + 4		1,55	<u>· / </u>		
		nended return		Wasilla		AK 9	20651		G Gross r		£ 617	,584.
	<b>=</b>		F Name :	and address of principal officer		AI 3		H(a) Is this	a group retur			
	LJ Api	plication pending	1	• •			I.		affiliates incl		mates.	Yes X No
		<del></del>		reeter PO Box 87			79001		attach a list		structions) L	res no
<u> </u>		-exempt statu		<del></del>		47(a)(1) or	527					
<u>J</u>	Web	osite: ► ww		.mtaonline.net			<u>_</u> <u>ال</u>	H(c) Group	exemption no	ımber	• 	
K		of organization	X Corpora	ation Trust Assoc	ıatıon Other►	L Yea	r of Formation	on 1959	9 <b>M</b> 9	State of I	egal domicil	e AK
Pa	rt <u>l</u>	Summa	ary									
	1	Briefly descri	be the org	janization's mission or r	nost significant a	ctivities. Cha	ritabl	e and	Frate	rna	L	
a	_	Scholars	hips,	assistance to	youth, eld	derly and p	poor o	f comm	nunity	thr	ough c	donations
e E		to school	ols, yo	outh programs,	local food	l bank and	other	commi	inity a	assi	stance	based
ΣĒ		programs	soci	al and recreat	ional oppo	rtunities	to men	mbers.				
≥ 8	2	Check this bo	ox ► 🗍	if the organization disco	intinued its opera	ations or dispose	d of more	than 25	% of its as	ssets		
<u></u>				bers of the governing be							5	
n e	1			t voting members of the		(Part VI, line 1b)	)			-	5	
שַׁלַּכ				yees (Part V, line 2a)							13	<del></del>
≥ ਉ	,			eers (estimate if necess		•				6	782	
STIN CENTRA OF ACTIVITIES & Governance	1	_		ousiness revenue from F						7 a		7,898.
<u> </u>	<u>b</u>	Net unrelated	business	taxable income from Fe	orm 990-T, line 3	34				7ь		<u> </u>
								Р	rior Year		Cur	rent Year
	l		_	ts (Part VIII, line 1h)	•			<u></u>				52,342.
U) U ( Revenue	1	_		ue (Part VIII, line 2g)	•	•		L				117,329.
چَ⊂	l			art VIII, column (A), line	•							5,023.
-	l			II, column (A), lines 5, 6		-		ļ				226,063.
				nes 8 through 11 (must			2)	<del> </del>				400,757.
				ounts paid (Part IX, colu		3)						31,149.
	14	Benefits paid	to or for	members (Part IX, colur	nn (A), line 4)							973.
ø	15	Salaries, other	er comper	isation, employee benef	its (Part IX, colu	mn (A), lines 5-1	0)					129,284.
nse	16a l	Professional i	fundraisin	g fees (Part IX, column	(A), line 11e)							
Expenses	b ·	Total fundrais	sina exper	nses (Part IX, column (D	)), line 25) ►		. 0.					
ũ				X, column (A), lines 11a		REC	-11/15	-				204,943.
		•	•	nes 13-17 (must equal F		A) line 25)	-IACT	<del>y                                 </del>	-			366,349.
				Subtract line 18 from	,	7						34,408.
. 2		TOVETTUE 1033	cxpcn3c.	3 Cabildet line 10 from	110 12	<del>- JUN 6</del>	6 2010	1 101				
# £	on .	Tatalt- /	/David V 1	16)	- 1		- 2010		ning of Y			of Year
90		Total assets ( Total liabilitie			1	OCDER	1	<del>ୗ</del> ≅┞	<del></del>		Ι,	188,034.
Not Assets or Fund Balances				···•		<u> </u>	Y, U	T	563,1			425,822.
				nces Subtract line 21 f	rom line 20				727,8	104.		762,212.
Pa	rt II		ure Bloc			<del></del>					· · · · · ·	<del></del>
		Under penaltie true, correct	of perjury, and complete	I declare that I have examined Declaration of preparer (other	this return, including a than officer) is based	accompanying schedu on all information of	iles and state which prepar	ements, and rer has any	i to the best o knowledge	of my kn	owledge and	d belief, it is
<b>~</b> :.			the.		<del>/</del>			1	6-	71	-10	,
Sig He	JU TO	Signature	<del>MOU</del>	y sou				l_ Da		<u>ر ،</u>		
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			y Stre									
		Туре ог рі	-	u title		Inat				T Pr	enarer's ide	intificing number
D-1	<u>ا</u> م:	1				Date	-	se	heck if	[ (s	eé instructio	ntifying number ons)
Pai Pre		Preparer's signature	<b>▶</b> >	1 - 1 11 -	tale of	01 /	1231	la er	nployed 🟲	$\Box$		
	rer's	<u> </u>	<u>~</u> .	en x. I Jamis	vecur (1	16	1201	10				
Üs		Firm's name (i		tvedt & Company	CPAs, Inc	<u> </u>						
On		employed), address, and		. Box 871625				EI	IN ►			
		ZIP + 4		illa		AK 99687-	-1625	P	hone no		<b>.</b>	<del></del>
May	the IF	RS discuss thi	ıs return v	vith the preparer shown	above <sup>7</sup> (see inst	tructions)			····		X Ye	s No

			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	х	<u> </u>
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		х
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		х_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term permanent, or 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, VII, 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 Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			; ; ;
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			,
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X_
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		<u>X</u>
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		_X_
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	_	x
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	х	
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

Form 990 (2009) Benevolent Protective Order of Elks #1842

Part IV | Checklist of Required Schedules (continued)

		!	res	МО
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	х	
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	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		_x_
24 a	a 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, and 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		
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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
t	b 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 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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
c	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>	<u>X</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		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		x
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		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 VI	37		Х
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_	Х	
2 A A		Form	990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 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 12 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 3 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 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 13 2b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За Х this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O X 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **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 Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь Х 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? 5с 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 Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes.' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2009)

12a

11 b

amounts due or received from them.)

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

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

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.

5 6 7a b	Enter the Did any co officer, de Did the o of officer Did the o since the Did the o Does the Does the governing Are any co the follow	number of voting members of the governing body number of voting members that are independent  fficer, director, trustee, or key employee have a family relationship or a business related or trustee or key employee?  ganization delegate control over management duties customarily performed by or unit, directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents prior Form 990 was filed?  ganization become aware during the year of a material diversion of the organization's organization have members or stockholders?  organization have members, stockholders, or other persons who may elect one or molody?  ecisions of the governing body subject to approval by members, stockholders, or other ganization contemporaneously document the meetings held or written actions underti	der the direct supervision? s assets? ore members of the	2 3 4 5 6	Yes	X X X
5 6 7a b	Enter the Did any co officer, de Did the o of officer Did the o since the Did the o Does the Does the governing Are any co the follow	number of voting members that are independent  fficer, director, trustee, or key employee have a family relationship or a business relatector, trustee or key employee?  ganization delegate control over management duties customarily performed by or unit, directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents prior Form 990 was filed?  ganization become aware during the year of a material diversion of the organization's organization have members or stockholders?  organization have members, stockholders, or other persons who may elect one or more body?  ecisions of the governing body subject to approval by members, stockholders, or other	1b 5 stionship with any other der the direct supervision? s assets? ore members of the	3 4 5	X	X X
2 3 4 5 6 7a b	Did any conflicer, do officer, do of officers Did the o since the Did the o Does the Does the governing Are any confliction of the follow	fficer, director, trustee, or key employee have a family relationship or a business relatector, trustee or key employee?  ganization delegate control over management duties customarily performed by or unit, directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents prior Form 990 was filed?  ganization become aware during the year of a material diversion of the organization organization have members or stockholders?  proganization have members, stockholders, or other persons who may elect one or motody?  ecisions of the governing body subject to approval by members, stockholders, or other	tionship with any other der the direct supervision? s assets? ore members of the	3 4 5	X	X X
3 4 5 6 7a b	Did the o of officers Did the o since the Did the o Does the governing Are any o the follow	ganization delegate control over management duties customarily performed by or unit, directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents prior Form 990 was filed?  ganization become aware during the year of a material diversion of the organization's organization have members or stockholders?  organization have members, stockholders, or other persons who may elect one or mothody?  ecisions of the governing body subject to approval by members, stockholders, or other	der the direct supervision? s assets? ore members of the	3 4 5	X	x
4 5 6 7a b	of officers Did the o since the Did the o Does the Does the governing Are any o Did the o the follow	, directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents prior Form 990 was filed?  ganization become aware during the year of a material diversion of the organization's organization have members or stockholders?  organization have members, stockholders, or other persons who may elect one or molody?  ecisions of the governing body subject to approval by members, stockholders, or other	s assets?  ore members of the	5	х	<u>x</u>
5 6 7a b	Did the o since the Did the o Does the Does the governing Are any o Did the o the follow	ganization make any significant changes to its organizational documents prior Form 990 was filed? ganization become aware during the year of a material diversion of the organization's organization have members or stockholders? organization have members, stockholders, or other persons who may elect one or molody? ecisions of the governing body subject to approval by members, stockholders, or other	s assets? ore members of the	5	х	<u>x</u>
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6 7a b	Did the o Does the Does the governing Are any o Did the o the follow	ganization become aware during the year of a material diversion of the organization's organization have members or stockholders? organization have members, stockholders, or other persons who may elect one or mobody?	ore members of the		х	<u>X</u>
6 7a b	Does the Does the governing Are any of Did the of the follow	organization have members or stockholders? organization have members, stockholders, or other persons who may elect one or molbody?	ore members of the	6	х	
ь 8	governing Are any of Did the of the follow	body?  ecisions of the governing body subject to approval by members, stockholders, or other				
8	Are any of Did the of the follow	ecisions of the governing body subject to approval by members, stockholders, or other	•	7a	х	
8	Did the o		er persons?	7b	X	
	the follow		•		<u> </u>	
а	The gove		anen during the year by			
	9010	ning body?	• •	8a	Х	
b	Each con	mittee with authority to act on behalf of the governing body?		8ь	Х	
9	is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cann on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		х
Sec	tion B.	Policies (This Section B requests information about policies not i	required by the Interna	i i		
Reve	nue Code	)				
					Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		_X_
b	If 'Yes,' cand bran	pes the organization have written policies and procedures governing the activities of the organization?	such chapters, affiliates,	10Ь		
11	Has the d	ganization provided a copy of this Form 990 to all members of its governing body be	fore filing the form?	11	Х	
11 A	Describe	n 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		X
b	Are office to conflic	s, directors or trustees, and key employees required to disclose annually interests the?	nat could give rise	12b		
С	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polic O how this is done	cy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		<u>x</u>
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the papersons.	ocess for determining compensation of the following persons include a review and apcomparability data, and contemporaneous substantiation of the deliberation and decis	oproval by independent sion?			
а	-	ization's CEO, Executive Director, or top management official		15a		X
	_	ers of key employees of the organization		15b		Х
		line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a		ganization invest in, contribute assets to, or participate in a joint venture or similar a ng the year?	rrangement with a taxable	16a		
h	-	as the organization adopted a written policy or procedure requiring the organization to	n evaluate its narticination			<del></del> -
	in joint ve	nture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	he organization's exempt	16Ь		'
Sect	tion C.	Disclosures				
17	List the s	ates with which a copy of this Form 990 is required to be filed  Alaska				<b>-</b>
18	_	04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	ailable	for pu	blic
	∐ Own	vebsite Another's website X Upon request				
19	Describe statemen	n Schedule O whether (and if so, how) the organization makes its governing docume s available to the public	ents, conflict of interest policy	, and	financ	ıal
		name, physical address, and telephone number of the person who possesses the boo				
•	<u>Della</u>	Divelbiss 2600 N. Barry's Resort Road: Wasilla, A	<u>K99654 (9</u>	07)_7	<u>45-</u> 3	3 <u>95</u> 0

## 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 organizations'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 employees'
- 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.

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours		ition i	(chec	k all	that app		Reportable	Reportable	Estimated
	per week	ਜ਼ੀਆਈ ਤੋਂ frustee or director	anstitutional trustee	Officer	key employee	Higt est connamsated employee	Furner	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
W. Michael Southcott										
Trustee Chair	0.00	Х						0.	0.	0.
Kathi Johns Trustee	0.00	Х						0.	0.	0.
Mary HastingsTrustee	0.00	Х						0.	0.	0.
Sharon Kircher Trustee	0.00	x			•			0.	0.	0.
Alan Johnson Trustee	0.00							0.	0.	0.
Sabrina Alvarez Exalted Ruler	0.00			х				0.	0.	0.
Marilyn Grasser Secretary	40.00			х		х		15,000.	0.	0.
Perry Streeter	10.00			•				13,000.		0.
Leading Knight	0.00			х	_			0.	0.	0.
Traci Yates Lecturing Knight	0.00			х				0.	0.	0.
Bonnie Wilden Treasurer	0.00			х				0.	0.	0.
Cindy Corey Loyal Knight	0.00			х						
Doug Moulton				^				0.	0.	0.
Chaplin Dave Wiles	0.00			Х				0.	0.	0.
Esquire	0.00			х				0.	0.	0.
Jason Reeves Inner Guard	0.00			x				0.	0.	0.
Karon Hoverston Tiler	0.00			х				0.	0.	
11161	0.00			^			-	0.	0.	0.

Part VII   Section A. Officers, Directors, Trust		Cy				<u>cs,</u>	an			ilbioye		111.)
(A) Name and Title	(B) Average hours			_	all t		-	(D)  Reportable compensation from	(E)  Reportable compensation from	n a	(F) Estimated mount of otl	j ther
	per week	ndıvıdual trustee ər director	nstitutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	ns c	compensation from the organization and relate organization	on on ed
			ě			ated						
							-					
							_					
1 b Total							•	15,000.	(	0.		0.
2 Total number of individuals (including but not limited	to those	e list	ted a	abov	e) v	vho i	rece		100,000 in report	able cor	npensati	
from the organization   0				_				_			Yes	No
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such indicates the such and the such as	r trustee dividual	e, ke	еу е	mplo	уеє	, or	hıgl	hest compensated	employee		3	X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that individual	ortable o an \$150	000,	pen: )? <i>If</i>	satio 'Yes	on a	nd o	ther ete	r compensation fro Schedule J for su	om ch		~-	X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa edule J f	tion or s	fror uch	n ar pers	ıy uı son	nrela	ated	organization for s	services			X
Section B. Independent Contractors									<del></del>		· · · · · ·	
Complete this table for your five highest compensated compensation from the organization	d indepe	ende	nt c	ontr	acto	rs ti	hat	received more tha	n \$100,000 of			
(A) Name and business address								(B) Description (	of Services	Com	(C) pensatio	 ın
				•				· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not li	mıte	d to	tho	se l	sted	l ab	ove) who received	more than			

Pa	rt VIII   Statement of Revenue		I		<del>,</del>
	•	(A) Total revenue	( <b>B</b> ) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b 9,025	 5.			1
200€	c Fundraising events 1 c				
F S	d Related organizations 1 d				
S, E	e Government grants (contributions) 1 e				
S IS	f All other contributions gifts grants and				į
ള	f All other contributions, gifts, grants, and similar amounts not included above 1f 43, 31	7.			ا
E 0	g Noncash contribns included in lns 1a-1f: \$		:		i 1
8 8	h Total. Add lines 1a-1f .	▶ 52,342.			1
	Business Code			<del></del>	
PROGRAM SERVICE REVENUE	2a Bar 722410	142.	142.	0.	0.
Ä	b Kitchen 722100	683.	683.	0.	0.
Æ	c Membership Dues 900099	69,575.	69,575.	0.	0.
Æ	d Lodge Activities 713990	23,785.	23,785.	0.	0.
Σ	e Lodge Rentals 532000	23,144.	18,614.	0.	4,530.
S.	f All other program service revenue				-7,000
PRO	g Total. Add lines 2a-2f	► 117,329.			
	3 Investment income (including dividends, interest and	•			,
	other similar amounts)	<b>►</b> 5,023.	3,152.	0.	1,871.
	4 Income from investment of tax-exempt bond proceeds	<b>&gt;</b>			
	5 Royalties	<u> </u>			
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	<b>•</b>			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	<b>b</b> Less: cost or other basis				
	and sales expenses				1
	c Gain or (loss)				
	d Net gain or (loss)	<u> </u>			
10E	8a Gross income from fundraising events (not including \$				}
OTHER REVEN	of contributions reported on line 1c)				!
2	See Part IV, line 18 . a				!
뿔	b Less: direct expenses b				
٥	c Net income or (loss) from fundraising events	<b>•</b>			
	9a Gross income from gaming activities. See Part IV, line 19 a 88,791				
ļ	b Less direct expenses b 61,827				1
	c Net income or (loss) from gaming activities	▶ 26,964.	0.	6,187.	20,777.
	10a Gross sales of inventory, less returns			<del></del>	
	and allowances a 352,388				
	<b>b</b> Less cost of goods sold <b>b</b> 155,000				,
	c Net income or (loss) from sales of inventory	<b>▶</b> 197,388.	197,388.	0.	0.
ĺ	Miscellaneous Revenue Business Code				
	11a				
	b				
-	c				
	d All other revenue	1,711.	0.	1,711.	0.
ŀ	e Total. Add lines 11a-11d	1,711.			
	12 Total revenue. See instructions	<b>▶</b> 400,757.	313,339.	7,898.	27,178.

Part IX Statement of Functional Expenses

نتت:	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do 6b,	not include amounts reported on lines 7b, 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	19,088.	19,088.							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,061.	12,061.		ŀ					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	12,001.	12,001.							
4	Benefits paid to or for members	973.	973.							
5	Compensation of current officers, directors, trustees, and key employees	15,000.		15,000.						
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	101,656.	96,087.	5,569.						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes .	12,628.	10,935.	1,693.	0.					
11	Fees for services (non-employees)									
á	a Management									
1	Legal	0.	0.	0.	0.					
•	Accounting	6,388.	4,791.	1,597.	0.					
•	Lobbying									
•	Prof fundraising svcs. See Part IV, In 17									
1	Investment management fees									
-	g Other	4,452.	4,452.	0.						
12	Advertising and promotion	350.	100.	250.						
13	Office expenses	2,616.	0.	2,616.	0.					
14	Information technology .									
15	Royalties									
16	Occupancy	70,239.	47,224.	23,015.						
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,983.	0.	3,983.	0.					
20	Interest	10,810.	0.	10,810.	0.					
21	Payments to affiliates	17,967.	17,967.	0.	0.					
22	Depreciation, depletion, and amortization	23,787.	5,615.	18,172.						
23 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.)	16,032.	10,688.	5,344.						
a	Merchant Fees	5,762.	3,969.	1,793.	0.					
	Licenses	3,005.	2,770.	235.	0.					
	:Supplies	14,365.	11,110.	3,255.						
	Bank Fees	299.	0.	299.	0.					
	Lodge Activities	18,433.	18,433.	0.	0.					
	All other expenses	6,455.	6,455.							
<u>25</u>	Total functional expenses. Add lines 1 through 24f	366,349.	272,718.	93,631.	0.					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
RAA					Form <b>990</b> (2009)					

BAA

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing .	107,028.	1	47,344
2	Savings and temporary cash investments	205,246.	2	184,860
3	Pledges and grants receivable, net .		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L $$ .		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net .		7	
8	Inventories for sale or use	12,867.	8	13,158
9	Prepaid expenses and deferred charges	5,038.	9	6,821
10 a	Land, buildings, and equipment cost or other basis 10a 1,117,236	<u>.</u>		
	Complete Part VI of Schedule D			<del> </del>
l t	Less <sup>-</sup> accumulated depreciation 10b 335,795	. 796,350.	10 c	781,441
11	Investments – publicly-traded securities .		11	
12	Investments – other securities See Part IV, line 11		12	<del> </del>
13	Investments - program-related See Part IV, line 11	131,047.	13	125,122
14	Intangible assets .	33,361.	14	29,288
15	Other assets See Part IV, line 11		15	·
16	Total assets Add lines 1 through 15 (must equal line 34)	1,290,937.	16	1,188,034
17	Accounts payable and accrued expenses	26,350.	17	26,407
18	Grants payable		18	
19	Deferred revenue .	35,157.	19	34,281
20	Tax-exempt bond liabilities .		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
ļ	of Schedule L .		22	
23	Secured mortgages and notes payable to unrelated third parties	192,795.	23	186,178
24	Unsecured notes and loans payable to unrelated third parties	200,000.	24	160,000
25	Other liabilities Complete Part X of Schedule D	108,831.	25	18,956
26	Total liabilities. Add lines 17 through 25	563,133.	26	425,822
	Organizations that follow SFAS 117, check here ► X and complete lines			
	27 through 29 and lines 33 and 34.			
I	Unrestricted net assets	371,479.	27	394,477
28	Temporarily restricted net assets	256,325.	28	<u>267,735</u>
29	Permanently restricted net assets	100,000.	29	100,000
	Organizations that do not follow SFAS 117, check here ►			•
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, and equipment fund		31	
ì			<u> </u>	<del></del>
31			32	
ì	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	727,804.	32	762,212

Form **990** (2009)

		Benevolent			of	Elks	#1842
Part XI	Fina	ncial Statemen	its and Report	ing			

92-0018700

Page 12

		Yes	No			
1 Accounting method used to prepare the Form 990			i			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			!			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?	2b		Х			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	:		,			
X Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b 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	3 b					

BAA

Form 990 (2009)

Schedule C (Form 990 or 990-EZ) 20  Part II-A   Complete if		Protective Orde			
section 501	(h)).				oonon amao.
		ongs to an affiliated group			
B Check ► If the film		cked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobby 'expenditures' me	ing Expenditures — ans amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	blic opinion (grass roots lo	bbying)		
<b>b</b> Total lobbying expenditu	ures to influence a	egislative body (direct lobb	yıng)		
c Total lobbying expenditu		and 1b)			
<b>d</b> Other exempt purpose e	•				
e Total exempt purpose e	xpenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the am	nount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	amount is		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the exces	s over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			······································
<b>g</b> Grassroots nontaxable a	•	•			
h Subtract line 1g from lin					
i Subtract line If from line	e 1c If zero or less	, enter -0-			
j If there is an amount off section 4911 tax for this	her than zero on eit year?	her line 1h or line 1i, did th	ne organization file Forn	n 4720 reporting	Yes No
(Son	ne organizations th colum	4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	lection do not have to d	complete all of the five h 2f.)	
	Lob	bying Expenditures During	g 4-Year Averaging Peri	iod	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount	<u> </u>				
e Grassroots ceiling amount (150% of line 2d, column (e))					····
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Benevolent Protective Order of Elks #1842 92-0018700 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) No Yes Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV i Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

b if 'Yes,' enter the amount of any tax incurred under section 4912

c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Х
_	- 171 m   m   1   1   1   1   1   1   1   1		04 / \	

Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
á	a Current year	2a	
ŀ	Carryover from last year .	2b	
(	c Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	·
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Pai	rt IV Supplemental Information		
Com Also	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part, complete this part for any additional information.	II-B, lın	e 1ı

## 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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

Name of the organization Employer Identification number

Bei	nevolent Protective Order of	Elks #1842	9	2-0018700	
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu			ıf
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other acco	ounts
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 .		1		
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in do o the organization's exclusive legal control?	onor advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for a	ds may be any other	∏Yes	□No
Pa	rt II   Conservation Easements Comple		to Form 990	<u>-</u>	
	Purpose(s) of conservation easements held by			, , air iv, iiiic	· ·
·	Preservation of land for public use (e.g., re	-	of an historically	/ important land a	rea
	Protection of natural habitat		of certified histo	•	· Cu
	Preservation of open space	, in reservation	or coranica riisto	no saudiure	
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in	the form of a co	nservation easeme	ent on the
			4   1	Held at the End of	the Year
i	Total number of conservation easements		2a		
ı	Total acreage restricted by conservation easen	nents	2b		
(	Number of conservation easements on a certific	ed historic structure included in (a)	2c		
(	Number of conservation easements included in	(c) acquired after 8/17/06	2d		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminat	ed by the organi	zation during the t	ax
	year ►				
4	Number of states where property subject to cor	nservation easement is located >	_		
5	Does the organization have a written policy regand enforcement of the conservation easemen	parding the periodic monitoring, inspection, har t it holds?	ndling of violation	ns, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring during the year	g, inspecting, and enforcing conservation ease	ments		
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easemen	ts		<del>-</del>
8	Does each conservation easement reported on 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	line 2(d) above satisfy the requirements of sec	ction	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that define the organization of the org	d expense staten escribes the orga	nent, and balance anization's accoun	sheet, and ting for
Pai	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Simil	ar Assets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furthera	ent and balance s nce of public ser	sheet works of art vice, provide, in P	, historical art XIV,
ŀ	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.</li> </ul>				
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of an amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items:	or financial gain,	provide the follow	ving
á	Revenues included in Form 990, Part VIII, line	1		►\$	
t	Assets included in Form 990, Part X			►\$	

Schedule D (Form 990) 2009 Benev Part III Organizations Mainta	volent Protections	tive Order of Art. Histo	of E	1ks #1842 Treasures. or	92-001 Other Similar Ass		ontini	Page 2
Using the organization's acquisition items (check all that apply).								
a Public exhibition		<b>d</b> $\square$ Loan o	or excha	ange programs				
<b>b</b> Scholarly research		e Other		ange programo				
c Preservation for future genera	ations	- <u>-</u> -			<del></del>		-	
4 Provide a description of the organ Part XIV		and explain how	they fu	rther the organiz	ation's exempt purpose	ın		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No								
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements unt on Form 990	Complete if o , Part X, line	rganız 21.	zation answer	ed 'Yes' to Form 9	90, Pa	rt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	er intermediary f	or cont	ributions or othei	assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and comp	olete the following	g table:					
						Amoun	t	
<b>c</b> Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year	•				1 e			
f Ending balance					1f	-		
2a Did the organization include an amount on Form 990, Part X, line 21?  Let No. 1 and 1 and 1 and 2 a								
b If 'Yes,' explain the arrangement in Part XIV  Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.								
Part V   Endowment Funds Co								
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance	147,138.	147,8		<u> </u>		<del> </del>		<del>- '</del> .
<b>b</b> Contributions		1,0	00.			<u> </u>	•	
c Net Investment earnings, gains, and losses	3,152.	6,2	92.					4 2 1 1
<b>d</b> Grants or scholarships	7,000.	8,0	00.					1
<ul> <li>Other expenditures for facilities and programs</li> </ul>							. (	
f Administrative expenses								,
<b>g</b> End of year balance	143,290.	147,1	38.					- !
2 Provide the estimated percentage	of the year end bala	nce held as:						
a Board designated or quasi-endow	ment 🕨	<b>*</b>						
<b>b</b> Permanent endowment ▶	70.00%							
c Term endowment ► 30	<u>. 00</u> &							
3a Are there endowment funds not in	the possession of th	ie organization th	at are	held and adminis	stered for the			γ <del></del>
organization by							Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations						3a(ii)		X
<b>b</b> If 'Yes' to 3a(II), are the related or						3b		<u> </u>
4 Describe in Part XIV the intended					1, 10			
Part VI Investments—Land, B		, , , , , , , , , , , , , , , , , , ,			line 10.			
Description of investment		t or other basis evestment)		Cost or other sis (other)	(c) Accumulated Depreciation	(d) E	Book Va	
1 a Land				312,126.	<u>'</u>			,126.
<b>b</b> Buildings				660,749.	205,974.		454	,775.
c Leasehold improvements	<u> </u>							
<b>d</b> Equipment				144,361.	129,821.		14	,540.
e Other								
Total. Add lines 1a through 1e (Column	(d) must equal Form	990, Part X, col	umn (B	3), line 10(c) )	<u> </u>			<u>,441.</u>
BAA					Sched	dule <b>D</b> (F	orm 99	90) 2009

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Benevolent Protect	ive Order of E	lks #1842	92-00	18700 Page <b>3</b>
Part VII   Investments-Other Securities See Fo		e 12.	4224	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	Cost	(c) Method of valuate or end-of-year man	
Financial derivatives				
Closely-held equity interests				
Other		<del></del>		· <del></del>
			<u>.                                    </u>	
	<del> </del>	<del></del>		· · · · · · · · · · · · · · · · · · ·
				<del></del>
		<del></del>	<del></del>	
		<u> </u>		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶				- ,.
Part VIII Investments-Program Related (See F	orm 990, Part X, I	ine 13)		
(a) Description of investment type	(b) Book value	Con	(c) Method of valuate or end-of-year main	
E/R First Mortgage	125,122.		. or end-or-year ma	rket value
E/K FIISt Holtgage	125,122.	C03 C		
				····
		<u> </u>		<del></del>
		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	125,122.	· · · · · · · · · · · · · · · · · · ·		·
<del></del>	scription			(b) Book value
(a) De	scription	<del></del>		(b) Book value
<del></del>				
				· · · · · ·
		<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col (B), lin			<b>•</b>	
Part X Other Liabilities (See Form 990, Part		<del></del>		
(a) Description of Liability Federal Income Taxes	(b) Amount	<del> </del> .	,	• .
Accrued Bond Interest	4,02	3		•
Rental Deposits	5,54		,	•
Current Portion of Mortgage	6,33			-
Prepaid Contributions to ENF & ASEAT.		,		,
Current Portion of Bonds		0.		and the form
				,
		_		
			• •	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	18,95			
<ol><li>FIN 48 Footnote In Part XIV, provide the text of the footnoter for uncertain tax positions under FIN 48.</li></ol>	ote to the organization's	tinanciai statemen	is that reports the c	organization's liability

Part XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements	$\overline{}$	dule D (Form 990) 2009 Benevolent Protective Order of Elk		-0018	3 / 0 0	Page 4
2 Total expenses (Form 990, Part IX, Column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gams (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9    Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not in Form 990, Part VIII, line 12 a Net unrealized gams on investments	Pai		Financial Statements			
3 Excess or (definity for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (rely) Add lines 4 through 8 10 Excess or (definity for the year per audited financial statements. Combine lines 3 and 9  Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investments expenses in thickled on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12:)  Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses 2 Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses 2 Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 5 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on Form 990, Part IX, line 25 but not on	1	·		-	<del></del>	-
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (defert) for the year per audited financial statements. Combine lines 3 and 9  Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants 2 de c   2b	_	i ·	•	-		
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (ne) Add lines 4 through 8. 10 Excess or (defect) for the year per audited financial statements. Combine lines 3 and 9.  Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses in cliculaded on Form 990, Part VIII, line 7b	_	• • •		-		
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9    Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_			-		
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8. 10 Excess or (defind) for the year per audited financial statements. Combine lines 3 and 9 Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).    Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) 2 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) 2 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) 4 2d 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5   Part XVI Supplemental Information  Part XVI Supplemental Information  Part XVI Line 4 Endowment funds are securely invested and earnings are used to pay scholarships to deserving high school seniors in	_			-		
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9    Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Onated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 d 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 b Prior year adjustments 2 2a b Drior year adjustments 2 2b c 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  Fart 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. Endowment funds are securely invested and earnings are used to pay	_	·		-		
9 Total adjustments (net). Add lines 4 through 8.  10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  Perr XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recovenes of pror year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Cother losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  Part XIV   Supplemental Information  Part XIV   Supplemental Information  Part XIV   Line 4   Endowment funds are securely invested and earnings are used to pay scholarships to deserving high school seniors in	7	·		_		
10   Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	8	•		-		
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements With Expenses per Return  1 Total expenses and losses per audited financial statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses Add lines 3 and 4c (This must equal Form 990, Part III, line 18.)  2 Expenses Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part III, line 18.)  2 Expenses Add lines 4a and 4b 5 Total expenses Add lines 8; Part XII, line 8; Pa	9	•		<u> </u>		
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2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments bonated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 d  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses on included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses and use of facilities b Prior year adjustments C Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  Fart 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  Pt V Line 4 Endowment funds are securely invested and earnings are used to pay scholarships to deserving high school seniors in	Pai	· · · ·	its With Revenue per Re	T		<u> </u>
a Net unrealized gains on investments b Donated services and use of facilities c Recoverees of prory eye argants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part III, line 12.  E Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4b C Total revenue. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 Total revenue. Add lines 3 and 4c (This must equal Form 990, Part III, line 18.) 5 Total revenue. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 Total revenue. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 Total revenue. Add lines 3 and 4c (This must equal Form 990, Part III, line 18.) 5 Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information  Pt V Line 4 Endowment funds are securely invested and earnings are used to pay scholarships to deserving high school seniors in				1		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 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 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XI, 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 the provide and earnings are used to pay scholarships to deserving high school seniors in	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Feart XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part III, line 18.) 5 Feart XIV Supplemental Information Complete this part to provide the descriptions required for Part III, 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 XII, line 8; Part XII, lines 2d and 4b; and Part XIIII, lines 2d and 4b. Also complete this part to provide any additional information  Pt V Line 4 Endowment funds are securely invested and earnings are used to pay scholarships to deserving high school seniors in	á	Net unrealized gains on investments	2a	-		
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	<u>Pt</u> .	V Line 4 Endowment funds are securely inves	ted and earnings a	re us	ed_to_pa	ay
conformity with the donor's restrictions.		scholarships to deserving high sch	ool seniors in			
		conformity with the donor's restriction	ctions.			. – – – –

Schedule <b>D</b>	(Form 990) 2009	Benevolent	Protective (	Order of Ell	ks #1842	92-0018700	Page 5
Part XIV	(Form 990) 2009 Supplemental	Information (d	continued)	<del> </del>			
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#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2009

Open to Public Inspection

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 Form990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 92-0018700 Benevolent Protective Order of Elks #1842 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) (i) Name of individual (iii) Did fundraiser (ii) Activity (iv) Gross receipts or entity (fundraiser) fundraiser listed in have custody or control from activity of contributions? col.(i) organization Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	inswered 'Yes' to Fo Sa. List events with	orm 990, Part IV, III gross receipts grea	ne 18, or ater than \$5.000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
REV			(event type)	(event type)	(total number)	COI. (C))
一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	1	Gross receipts				
Ě	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages .				
X	8	Entertainment .				
EXPESSES	9	Other direct expenses				
•		Direct expense summary Add lines 4- th			<b>-</b>	
Par		Net income summary Combine lines 3, c Gaming. Complete if the organization		es' to Form 990 Par	t IV line 19 or rei	orted more than
		\$15,000 on Form 990-EZ, line 6a	i.	75 (01 01111 550, 1 01		
RE>#ZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Ë	1	Gross revenue		10,250.	78,541.	88,791.
D X	2	Cash prizes			15,900.	15,900.
DIRECT	3	Non-cash prizes				
Š	4	Rent/facility costs			3,677.	_3,677.
	5	Other direct expenses		4,063.	38,187.	42,250.
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thro	61,827.			
	8	26,964.				
		Net gaming income summary. Combine li	ries i, column (a) and		<u> </u>	YES NO
		er the state(s) in which the organization op- ie organization licensed to operate gaming				
		o,' explain	activities in each of the	sac states		
				<del>-</del>		
		e any of the organization's gaming licenseses, explain	s revoked, suspended o	or terminated during the t	ax year <sup>?</sup>	10a X
11		s the organization operate gaming activitie			alle an arabbe of	11 X
12	is th adm	e organization a grantor, beneficiary or tru iinister charitable gaming?	stee of a trust or a mer	nber of a partnership or	other entity formed to	12 X

Schedule G (Form 990 or 990 EZ) 2009 Benevolent Protective Order of Elks #1842

92-0018700

Page 2

Schedule G (Form 990 or 990-E2) 2009 Benevolent Protective Order of EIKS #1	842 92	-0018/00	)	P	age 3
		-		YES	NO
13 Indicate the percentage of gaming activity operated in:				İ	;
a The organization's facility		8 00.00	- 1	J	
b An outside facility	13b	*	-	]	
14 Enter the name and address of the person who prepares the organization's gaming/special events	books and re	ecords		-	l .
Name ▶ Della DeVilbiss					i 
Address - 2600 N Barry's Resort Drive Wasilla, AK 99654				;	
15a Does the organization have a contact with a third party from whom the organization receives gamin			15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the a	mount	- [		l .
c If 'Yes,' enter name and address of the third party'					,   ,
en res, enter hand and address of the time party			.		ر
Name: •			1		
			1		
Address· ►	<b></b>		1		Ι,
					·   .
16 Gaming manager information			1		
Name A		:		ļ	į
Name. ►	. – – – – –		İ	ļ	
Gaming manager compensation ► \$					
				İ	1
Description of services provided •					į '
				İ	
☐ Director/officer ☐ Employee ☐ Independent contractor			ľ	· ]	
				.	
17 Mandatory distributions					
a is the organization required under state law to make charitable distributions from the gaming proce	eds to retain	the -			
state gaming license?			17a	Х	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizers organization's own exempt activities during the tax years.	ations or spe	ent in the		-	
organization's own exempt activities during the tax year ► \$ 18,875.  BAA  TEEA3703 02/05/10	Schedule	<b>G</b> (Form 990	or go	<u>ーーー</u>	2000
PAR 15500 0200/10	JULIEUUIC !	🕶 (i OIIII 990	U1 23	·	/ 2003

# SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

× 2 (h) Purpose of grant or assistance Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 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 92-0018700 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance Benevolent Protective Order of Elks #1842 (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government 1 1 1 1 1 1 1 1 1 1 Name of the organization 1

Schedule I (Form 990) 2009

TEEA3901 02/10/10

Page 2 Schedule I (Form 990) 2009 Benevolent Protective Order of Elks #1842

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

Use Part IV and Schedule I-1 (Form 990) if 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
Scholarship	7	7,000.	.0	Book	None
Fishing Trips for Wounded Vets	24	5,061.	0.	Book	None
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	olete this part to p	rovide the information	on required in Par	1, line 2, and any other	er additional information.
Pt_L Line_2Payments_for_scholarship_		recipients and wounded vets		are_made_directly_to_the	o the educational
Pt_I Line_2institution or charter_company.	r_charter_comp	any:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	; ; ; ; ; ; ;	! : : : : : : :	, , , , , , , ,		
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1	               	 	;                 	,   	
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; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	i 1 i i 1 1 1 1 1	#	. e : : : : : : : : : : : : : : : : : :	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	             	f 	! ! ! ! !	             	

BAA

Schedule I (Form 990) 2009

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

·	Employer identification number
Benevolent Protective Order of Elks #1842	92-0018700
Pt VI-B, Line 11A Form 990 & 990-T are reviewed by the audit committee upon	receipt from the preparer,
includes checking for completion and comparing to Revi	ewed Financial Statements.
Pt VI-C, Line 19 A copy is provided on request.	
Pt VI-A, Line 6 The organization has fraternal members.	
Pt_VI-A, Line 7a Governing body (Board of Trustees) is elected by	the general membership.
Pt_VI-A, Line 7b Major decisions of the Trustees are ratified by	
of the general membership at monthly member mee	tings.
	<b></b>

Benevolent Protective Order of Elks #1842	92-0018700	1
Schedule O (Form 990), Supplemental Informat Form 990, Page 2, Part III, Line 1 (continued)	ion to Form 990	
Briefly describe the organization's mission to schools, youth programs, local food programs, social and recreational	bank and other community assistance based opportunities to members.	
Schedule O (Form 990), Supplemental Informat	ion to Form 990	

	State Name	Amount
Alaska		18,875.

Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

## Form **4562**

Part I

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

OMB No 1545 0172

2009

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

Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

► Attach to your tax return.

Attachment Sequence No 67 Identifying number

92-0018700

Benevolent Protective Order of Elks #1842 Business or activity to which this form relates Form 990 / Form 990EZ

1	Maximum amount See the	•	1	\$250,000.				
2	Total cost of section 179 p	2						
3	Threshold cost of section 1		3	\$800,000.				
4	Reduction in limitation. Su	btract line 3 from l	ne 2. If zero or less, en	ter -0-			4	
5	Dollar limitation for tax yea separately, see instruction		5					
6	(a)	Description of property		(b) Cost (business	use only)	(C) Elected cos	t ·	
_								
								į
7				•	7			,
8	Total elected cost of section		•	), lines 6 and 7			8	
9	Tentative deduction. Enter						9	
10	•				•		10	
	Business income limitation		•	•	•	instrs)	11	
	Section 179 expense dedu		•				12	,
	Carryover of disallowed de				► 13			
	: Do not use Part II or Part							<del></del>
Pai	π II   Special Deprec	iation Allowand	ce and Other Depre	eciation (Do no	t include listed	property.)	(See in:	structions)
14	Special depreciation allows		roperty (other than liste	d property) place	d in service du	uring the		
	tax year (see instructions)						14	
	Property subject to section						15	<del></del>
_	Other depreciation (includi	<del></del>			<del></del>		16	
Pai	rt III   MACRS Depred	ciation (Do not in	clude listed property) (					
			Section				<del>,                                    </del>	<del> </del>
17	MACRS deductions for ass	ets placed in servi	ce in tax years beginnin	g before 2009			17	19,431.
18	If you are electing to group asset accounts, check here		in service during the ta	ix year into one o	or more genera	ai <b>►</b> □		
	Section B	- Assets Placed	n Service During 2009	Tax Year Using th	he General De	preciation S	System	
	(a) Classification of property	(c) Basis for depreciation (business/investment use only — see instructions)	(d) (e) Recovery period Convention M				(g) Depreciation deduction	
19 <i>a</i>	3-year property							<del></del>
	5-year property		1,401.	5 yrs HY		S/L		140.
	7-year property .							
	10-year property .	1	2,680.	10 yrs	HY	S/L		134.
	15-year property .		2,0001	10 112				
	20-year property	· · · · · ·						<del>. , <u> </u></del>
	25-year property	- · · · · · · · · · · · · · · · · · · ·		25 yrs		S/L		
	h Residential rental			27.5 yrs	*			
•	property			27.5 yrs	MM	S/L		
	Nonresidential real		725.	39 yrs	MM	S/L	-+	9.
•	North Colder (Ida)	<del></del>	723.	33 718				
	property	i I	ì		I MM I	S / L		
	property Section C	Assets Placed in	Service During 2009 To	y Year Using the	MM	S/L	Syctor	m
20.0	Section C -	- Assets Placed in	Service During 2009 Ta	x Year Using the		epreciation	Syste	n
	Section C -		Service During 2009 Ta			epreciation S/L	Syste	n
_ k	Section C - a Class life b 12-year	- Assets Placed in	Service During 2009 Ta	12 yrs	Alternative D	epreciation S/L S/L	Syster	n
t c	Section C - a Class life b 12-year c 40-year		Service During 2009 Ta			epreciation S/L	System	n
Par	Section C - a Class life b 12-year c 40-year t IV   Summary (See in	nstructions.)	Service During 2009 Ta	12 yrs	Alternative D	S/L S/L S/L S/L		n
Par 21	Section C - a Class life b 12-year c 40-year t IV   Summary (See in	nstructions.) unt from line 28		12 yrs 40 yrs	MM	S/L S/L S/L S/L	Syster	n
Par	Section C -  a Class life b 12-year c 40-year t IV   Summary (See in Listed property Enter amo Total. Add amounts from line 12, the appropriate lines of your return	instructions.) unt from line 28 lines 14 through 17, lin n Partnerships and S c	es 19 and 20 in column (g), a orporations — see instruction	12 yrs 40 yrs	MM	S/L S/L S/L S/L		19,714.

Form 4562 (2009)

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which

	columns (a) through	(c) of Section A,	all of Sec	ction B, a	and Sec	tion C i	f app	licable.								
	Section A — Depre				ution: S		_						mobiles	<u> </u>	т	
24 8	Do you have evidence to support the	1			لـــــــــــــــــــــــــــــــــــــ	Yes		No 24b	T -				/L\	Yes	No	
(a)  Type of property (list vehicles first)  Type of property (list vehicles first)  Date placed in service investment use percentage		(d) (e)  Cost or other basis (business/inv use only		or depreci	ation nent	Recovery period		(g) Method/ Convention		(h) Depreciation deduction		Elected section 179 cost				
25	Special depreciation allowar used more than 50% in a qu	nce for qualified l	isted propuse (see	perty pla	ced in s	service	durin	g the tax	year a	ind	25					
26	Property used more than 50				· · · ·											
		<del></del>			<u> </u>									-		
27	Property used 50% or less ii	a qualified busi	ness use													
<u></u>	Troperty used so to a ross to	, a quante sus		<u></u>	T					-				_		
28	Add amounts in column (h),	-				ne 21, p	age	1			28					
29	Add amounts in column (i),	line 26 Enter he	re and on Section			on He	6 \	/obiolog	·	<del></del>			29			
	plete this section for vehicles our employees, first answer the Total business/investment n	ne questions in S	ection C (	to see if	you me	et an ex <b>b)</b>	cept		mpletir	ng this (d)	section	on for th	ose veh		f)	
	during the year ( <b>do not</b> include commuting miles)		Vehicle 1		Vehicle 2		Verlicie 3			Vehicle 4		Vehicle 5		Verin	JIE 0	
31	Total commuting miles driven during															
	Total other personal (nonco miles driven .	G,														
33	Total miles driven during the lines 30 through 32	e year Add		1		1		1					I - "-:-			
34	Was the vehicle available fo during off-duty hours?	r personal use	Yes	No	Yes	No	Ye	es N	0 Y	es	No	Yes	No	Yes	No	
35	Was the vehicle used primarily by a more than 5% owner or related person?															
36																
	Section	on C – Question	s for Emp	oloyers V	Who Pro	ovide Ve	hicle	es for Us	se by Tl	heir E	mploy	ees				
Ansi 5%	wer these questions to determowners or related persons (se	nine if you meet a e instructions).	an except	ion to co	mpletin	g Section	on B	for vehic	eles use	ed by	employ	ees wh	o are no	t more ti	nan	
37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										Yes	No				
38	Do you maintain a written po employees? See the instruc-	olicy statement th	nat prohib used by	its perso	nal use e officei	of vehi	cles, tors,	except or 1% c	commu	tıng, t owne	oy your	•			_	
39	Do you treat all use of vehic	les by employees	s as perso	onal use	?										<u> </u>	
40	Do you provide more than fivehicles, and retain the info	ve vehicles to yo	ur employ ?	∕ees, obt	aın ınfo	rmation	from	n your er	mployee	es abo	out the	use of t	he			
41	Do you meet the requirement Note: If your answer to 37,	nts concerning qu 38, 39, 40, or 41	ialified au is 'Yes,' o	itomobile do not co	e demor	stration Section	use B fo	? (See II or the co	nstruction vered v	ons ) ehicle	ıs					
Pa	rt VI Amortization															
	(a) Description of costs		(b)  Date amortization begins		(c) Amortizable amount			(d) Code section			(e) Amortization period or percentage			(f) Amortization for this year		
42	Amortization of costs that be	egins during you	2009 tax	year (s	ee instri	uctions)	•				·					
								1	<u> </u>							
43	Amortization of costs that b	egan before you	r 2009 tax	year								43		4,073.		
	44 Total. Add amounts in column (f) See the instructions for where to report									44		4,073.				