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Form 990

Return of Organization Exempt From Income Tax

Yes

Form 990 (2010)

TEEAOI 13L 12/21/10

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

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. # Inspection For the 2010 calendar year, or tax year beginning 4/01 , 2010, and ending 2011 Check if applicable. D Employer Identification Number Address chance BENEVOLENT & PROTECTIVE ORDER OF ELKS 22-1811073 GARFIELD LODGE #2267 Telephone number 68 LANZA AVENUE hvitla! return 973-772-5771 GARFIELD, NJ. 07026-3536 Amendad return 93,361 G Gross receipts \$ Application pending F Name and address of principal officer: H(a) is this a group return for affiliates? H(b) Are all affiliates included? SAME AS C ABOVE If "No," attach a list. (see instructions) Tax-exempt status 501(c)(3) X 501(c) (8 4947(a)(1) or 527) (insert no.) Website: ► N H(c) Group exemption number Form of organization: X Corporation Trust L Year of Formation 1964 M State of legal domicile. NJ Association Other > Patt Summary 1 Briefly describe the organization's mission or most significant activities: FRATERNAL/SOCIAL/CHARITABLE Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of Individuals, employed in calendar year 2010 (Part V, line 2a)..... Total number of volunteers (estimate if necessary). . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12... -7,309. b Net unrelated business taxable income from Form 990-T, line 34...... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,842. 13 24,245. 23,246. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)... 609. 506. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 36,704. 21,346. 46,232 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)... ,401. 7,468. Grants and similar amounts paid (Part IX, column (A), lines 1-3)...... 19,954 Benefits paid to or for members (Part IX, column (A), line 4) 1,450. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,550 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) 65,542. <u>55,245.</u> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 87,046. 64,163. 19 Revenue less expenses Subtract line 18 from line 12..... -24,645.-17, 931. Beginning of Current Year End of Year 20 Total assets (Part X, line 16).... 234,359. 217,087. Total liabilities (Part X, fine 26) , 736. 4,395. Net assets or fund balances. Subtract line 21 from line 20..... 230,623. 212,692. Rarkil Signature Block Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tree, correct, and complete. Declaration of pressures others than officer is based on all information of which is included is the foreign of the present of the presen Signature of officer Sian Here Type or print name and title. PTIN Print/Type preparer's reune novesino RONALD M. VARGO RONALD M. P01065927 Paid SUMMO Preparer VARGO & COMPANY CPA'S Firm's name Use Only | Firm's address > 729 VAN HOUTEN AVE Firm's EIN > 22~2972561 CLIFTON, NJ 07013-2022 (973) 779-1101

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

orm 990 (2010) BENEVOLENT & PROTECTIVE ORDER OF ELKS	22-18110	73	Page
Parallal Statement of Program Service Accomplishments			
Check if Schedule O contains a response to any question in this Part III			<u>[</u>
1 Briefly describe the organization's mission:			
FRATERNAL/SOCIAL/CHARITABLE			
2 Did the organization undertake any significant program services during the year which were i	not listed on the prior		
Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	Yes X	No
If 'Yes,' describe these new services on Schedule O.		ت	
3 Did the organization cease conducting, or make significant changes in how it conducts, any p	program services?	Yes X	No
If 'Yes,' describe these changes on Schedule O.		رین ۱۹۰	
	ram services by expenses. S	ection 501(c)	ദ
Describe the exempt purpose achievements for each of the organization's three largest progrand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o expenses, and revenue, if any, for each program service reported.	f grants and allocations to o	thers, the tota	al
4a (Code: (Expenses \$ 64,163. Including grants of \$) (Revenue \$		
BUFFETS, DINNERS AND CLUB ACTIVITIES FOR FUNDRAISING TO A	ID SPECIAL NEEDS (CHILDREN	
VETERANS, AND YOUTH ACTIVITIES, AND TO PROMOTE CIVIC AND	LOCAL PROJECTS FOR	R WHICH	ГHJ
ORGANIZATION IS EXEMPT.			
	~		
# T =			
	<u> </u>		
b (Code) (Expenses \$ including grants of \$) (Revenue \$		
			_
			_
			_
			_
			-
(Code. (Expenses \$ Including grants of \$) (Revenue \$_		
			-
			_
			-
	~		-
			-
			-
			-
			-
			_
			_
Other program services. (Describe in Schedule O.)			
	evenue \$		_
Total program service expenses ► 64, 163.		E 000 ~	20.34
TEEA0102L 10/06/10		Form 990 (2	:U II

			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	,		X
2	ls the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u> </u>
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	,		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
1	B Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
١	b 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 167 If 'Yes,' complete Schedule D, Part VII.	116		Х
(c 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.	11 c		х
•	d Dld 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	11 d		х
•	a Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11e	X	
1	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u>X</u>
	Build the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
1	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14Ь	_	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	_	X
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, Parts III and IV	16	_	<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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		<u>x</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		x
20 :	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	_	<u>X</u>
-	of 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

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	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	<u> </u>	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
		12	├—	1-
24	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		х
	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 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	25 a		
	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 L	25 b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	•	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
١	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	_	<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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
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	-	Х
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		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	Ì		
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		<u>x</u>
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which the organization is licensed to issue qualified health plans.

14a Did the organization receive any payments for Indoor tanning services during the tax year?.

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.

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c Enter the amount of reserves on hand

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14b

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Governance, Management and Disclosure For each 'Yes' response to lines 2 thro	ugh 7b below, ar	nd for
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processe	s, or changes in	
Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI		🕅
Section A. Governing Body and Management	<u> </u>	· · · · · · · · · · · · · · · · · · ·
October 1 to Control of the management	Yes	s No
1a Enter the number of voting members of the governing body at the end of the tax year	5 22 460	COOK
b Enter the number of voting members included in line 1a, above, who are independent 1b		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	other 2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person?	pervision 3	х
4 Did the organization make any significant changes to its governing documents	4	X
since the prior Form 990 was filed?		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders? SEE . SCHEDULE. O		
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?SEE. SCHEDULE. O	he 7a X	\perp
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE	E. SCH D 76 X	A 15070 A 1
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	Вы	<u> X</u>
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod		1
10a Dane the averagination have local shouldern broughts as affiliates?	Yes	No X
10a Does the organization have local chapters, branches, or affiliates?		+
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, aff and branches to ensure their operations are consistent with those of the organization?	10b	I
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	n? 11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHED	OLE O	
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' descri Schedule O how this is done	be in 12c	
13 Does the organization have a written whistleblower policy?	. 13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent 17.	
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization.	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16Ь	
Section C. Disclosure		
17 List the states with which a copy of this Form 990 is required to be filed NONE		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s inspection. Indicate how you make these available. Check all that apply.	only) available for pu	blic
Own website Another's website Upon request		
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of intestatements available to the public. SEE SCHEDULE O	rest policy, and finan	cial
20 State the name, physical address, and telephone number of the person who possesses the books and records of TAXPAYER 68 LANZA AVENUE GARFIELD NJ 07026-3536 973-772-5771	the organization:	
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Part VIII Con	pensation of Of	ficers, Director	s, Trustees	, Key Employees, High	nest Compensated Employee	es,	
and	and Independent Contractors						
Chect	of Schedule O conta	ains a response to a	ny question in	this Part VII		[

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) (C) (D)							(E)	Ð		
Name and title	Average							Reportable compensation from	Reportable compensation from	Estimated amount of other	
·	per week (describe hours for related organize tions in Schadute O)	Individual trustee or director	institutional busies	Officer	Key employee	Highest comparsated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1039 MISC)	compensation from the organization and related organizations	
(1) ARTHUR ANDREANO EXALTED RULER	0							0.	0.:	0	
(2) JEREMY STANCHFIELD LEADING KNIGHT	0							0.	0.	0	
O NELSON FERREIRA LOYAL KNIGHT	0							0.	0.	0	
(4) ROGER BILIN SECRETARY	0							850.	0.	0	
(5) ANTHONY SCHRANK TREASURER	0							600.	0.	0	
(6) LISA CANEJA CHAPLAIN	0							0.	0.	0	
7) DEBORAH ANELLO INNER GUARD	0							Q.	0.	0.	
(B) ROSE ANN MERENDINO TILER	0							0.	0.	0.	
(9) SHERI STANCHFIELD ESQUIRE	0							0.	0.	0.	
(10) MIRIAM KENYON TRUSTEE	0							0.	0.	0.	
(11) LOUIS GALIANO TRUSTEE	0							0.	0.	0.	
(12) SUSAN ROCHINSKY TRUSTEE	0							0.	0.	0.	
(13) SUSANNE DORSEY TRUSTEE	0					-		0.	0.	0.	
(14) PETER MALASZUK TRUSTEE	0							0.	0.	0.	
(15) KATHY ANDREANO LECT. KNIGHT	0			1	7			0.	0.	0.	
(1 <u>e</u>)				1							
.022			7	7							

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(A)	(B)	<u> </u>	<u> </u>		c)	663	, 41	(D)	(E)	(F)
Name and the	Average				-	that (ipply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organi- zations in Sch O)	or director	institutional trustos	Officer	Key employee	employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W-2/I 099-MISC)	amount of other compensation from the organization and related organizations
(18)					┢	\vdash	-			,
(19)			-							
(20)										
(21)									· · · · · · · · · · · · · · · · · · ·	
(22)										
(23)										
(24)										
(29)										
(26)										
(27)					╝					
(28)										
(29)					_l					
1b Sub-total								1,450.	0.	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).								1,450.	0.	0.
2 Total number of individuals (including but not limited from the organization 0	to those	liste	ed a	bov	e) w	tio i	ecei			
 3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a; is the sum of report the organization and related organizations greater that such individual. 5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conformation of the organization? 	ortable c an \$150, mpensati	omp 000	ens ? If 	ation	n ar	nd o mpl	ther ete S	compensation from Schedule J for	m 	Yes No
Section B. Independent Contractors 1 Complete this table for your five highest compensated compensation from the organization.	lindepe	nde	n t co	ontra	ecto	rs ti	at re	eceived more than	\$100,000 of	
(A) Name and business address								(8) Description of	services	(C) Compensation
							1			
2 Total number of independent contractors (including bu	_	nited	to	thos	e lis	ted	abo	ve) who received	more than	
\$100,000 in compensation from the organization >		EA010)SI 1	2/21	710				Line In the second seco	Form 990 (2010)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FTS, GRAHTS	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations.	1b					
CONTRIBUTIONS, QIFTS, GRANTS AND OTHER SIMILAD AMOUNTS		Government grants (contribut All other contributions, gifts, similar amounts not included	grants, and above 1 f	135.		4 m		
Š		g Noncash contributions includ h Total Add lines 1a-1f.			135			
	 '	I TOTAL AUG INTES 18-11.	<u></u> 1	Businesa Code	133.	A SECTION AND A		
PROGRAM SERVICE REVENUE	2	ACTIVITIES INCOME			18,507.	18,507.	TO SECURITION OF THE PARTY OF T	
8		MEMBERSHIP DUES &			5,738.			
NC.	١.				1	1	1	
5		d						
3						1		
9		All other program servi						
<u> </u>		Total. Add lines 2a-2f .	<u> </u>	>	24,245.		20 TO 12 12 10 Y	
	3	Investment income (income similar amounts). Income from investmen		• • • • • • • • • • • • • • • • • • • •	506.	506.		
	5	Royalties	•	•				
		Noyalues	(i) Real	(ii) Personal	Granes Consider	Section of the sectio		
	6a	Gross Rents	29,824.					
	ľ	Less. rental expenses.	24,688.				Partition of the	
		Rental income or (loss)	5,136.					Transfer of
		Net rental income or (lo			5,136.	274-744-444-444-444-444-444-444-444-444-	5,136.	
		Gross amount from sales of assets other than inventory	(f). Securities	(II) Other		1.		
	Ь	Less: cost or other basis and sales expenses				77.		
	c	Gain or (loss)						
	l	Net gain or (loss)		, .	CALIFORNIA METROPOR	**************************************	CONTRACTORS CONTRACTORS	township are seen
Œ		Gross income from fund (not including \$						
2		of contributions reported	on line 1c).	-				
OTHER REVENUE		See Part IV, line 18	a					
풀		Less: direct expenses						
١	С	Net income or (loss) from	m fundraising ev	ents				MINE 20 2022 202
	9a	Gross income from gam See Part IV. line 19	ing activities.	1				
]			· · · · · · · · · · · · · · · ·	8,418.				
		Less: direct expenses.		2,489.	5,929.	5,929.		
- 1		Net income or (loss) from		es	3,323.	3,323.		
	10a	Gross sales of inventory and allowances	, less returns	30,233.				
		Less. cost of goods sold		19,952.				
1		Nat income or (loss) from			10,281.		10,281.	historian and and a second
Ì	Ť	Miscellaneous Revent		Business Code				
ľ	11a	MISCELLANEOUS						2 At Canada 1 1 1 1 1 1 1
}	Ь							
l	c							
ļ	đ	All other revenue						
- 1		Total. Add lines 11a-11d					PER PUBLISHED	A STATE OF THE STA
\perp	12	Total revenue. See instri	uctions	<u></u> ▶[46,232.	30,680.	15,417.	0.
BAA				TEEA	0109L 10/11/10			Form 990 (2010)

Partix Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must cor 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) Fundralsing expenses
1			o.ponses		
2	Grants and other assistance to Individuals in the U.S. See Part IV, line 22	7,468	7,468		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			CHECK SOLUTION	TO STATE OF THE ST
5	Compensation of current officers, directors, trustees, and key employees	1,450	1,450.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			 	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<u></u>		
70	Payroll taxes				
17	Fees for services (non-employees):				
i	Management				
- 1	Legal				
•	Accounting	4,800.	4,800.		
•	Lobbying ,				
•	Professional fundralsing services. See Part IV, line 17		0.00	Mary Maria	
٠ ،	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses	540.	540.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,599.	2,599.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,633.	4,633.		
23	Insurance	4,116.	4,116.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses			* Carretters	
	In line 24f. If line 24f amount exceeds 10%				
	of line 25, column (A) amount, list line 24f				
_	expenses on Schedule O.)	10,894.	10,894.		35-034
	STATE CONVENTION	7,775.	7,775.		
	LODGE ACTIVITIES	7,773.	7,775.		
	MAINTENANCE	2,924.	2,924.		
	MISCELLANEOUS EXPENSE	2,546.	2,546.		
	All other expenses SEE .SCHQ	7,212.	7,212.		
	Total functional expenses, Add lines 1 through 241	64,163.	64, 163.	0.	0.
		03,103.	04,103.		
210	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	į			
BAA					Form 990 (2010)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		,	24,105.	1	3,225
	2	Savings and temporary cash investments	66, 343.	2	76,604		
	3	Pledges and grants receivable, net		3			
J	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part				5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntary	d und	ar section 4958(f)(1))	ere eren eren	6	4
5 5 5	7	Notes and loans receivable, net				. 7	
	8	Inventories for sale or use			14,141.	В	13,545
\$	9	Prepaid expenses and deferred charges		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	625.	9	194
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		369,661.			
		Less: accumulated depreciation			127,072.	10 c	121, 433
1	11	Investments — publicly traded securities				11	
J	12	Investments - other secunties. See Part IV, line 11.				12	
۱.	13	Investments - program-related. See Part IV, line 11.				13	
1	14	Intangible assets				14	
١	15	Other assets. See Part IV, line 11		2,073.	15	2,086	
1	16	Total assets. Add lines 1 through 15 (must equal line 3			234, 359.	16	217,087
†	17	Accounts payable and accrued expenses			1,208.	17	2,287
1	18	Grants payable		1,200.	18	2,201	
ı		Deferred revenue			658.	19	225
1		Tax-exempt bond lrabilities	•			20	
ı		Escrow or custodial account liability. Complete Part IV	r af Sa	hadula D		21	
		Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	tey employees, Complete Part II		22		
Ĺ	23	Secured mortgages and notes payable to unrelated thi				23	
ł		Unsecured notes and loans payable to unrelated third i				24	······································
		Other liabilities. Complete Part X of Schedule D			1,870.	25	1,883
		Total Habilities. Add lines 17 through 25			3,736.	26	4, 395
t				d complete lines		28.635	4
l		27 through 29 and lines 33 and 34.	₾ 4"	d combined intea			
ŀ		Unrestricted net assets			157,426.	27	140,360
1		Temporarily restricted net assets				28	_ 10, 400
					73, 197.	29	72,332.
1		•		and complete	73,137.	-	
		Organizations that do not follow SFAS 117, check here lines 30 through 34.	, -	Mana complete			
						30	MANAGERS OF THE PROPERTY AND ADDRESS.
		Capital stock or trust principal, or current funds.				31	
1		Paid-in or capital surplus, or land, building, or equipme		1		32	
		Retained earnings, endowment, accumulated income,			220 622	33	212,692.
1		Total net assets or fund balances			230, 623.	$\overline{}$	
1	34	Total liabilities and net assets/fund balances			234, 359.	34	217,087.

	-1811(<u> </u>	'age 12
Rattive Reconciliation of Net Assets			
Check If Schedule O contains a response to any question in this Part XI	<u></u>		ىك.
1 Total revenue (must equal Part VIII, column (A), line 12)	1 1 1	45	232.
2 Total expenses (must equal Part IX, column (A), line 25)			163.
3 Revenue less expenses. Subtract line 2 from line 1		-17,	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-	230,	
5 Other changes in net assets or fund balances (explain in Schedule 0)	· — —		0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	1.1	212,	
विसंध्राह्म Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a pnor year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	·		<u> </u>
b Were the organization's financial statements audited by an independent accountant?	• • • • • • • • • • • • • • • • • • •	2Ы	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c	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 issue separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	E-100 E-100 E-100 CONTEST	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	За	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audi	ıt 3b	<u> </u>
AA		Form 990 ((2010)

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NEVOLENT & PROTECTIVE ORDER OF	ELKS		
	RFIELD LODGE #2267			22-1811073
1.00	Organizations Maintaining Dono the organization answered 'Yes' to	r. Advised Funds or Ot	ther. Similar Fund	s or Accounts. Complete if
	the organization answered 165 to			
_		(a) Donor advised	tunds	(b) Funds and other accounts
1	11,111			
2	25 5			
3	Solution that the state of the			
4	Aggregate value at end of year		<u></u>	
5	Did the organization inform all donors and dono funds are the organization's property, subject to			
6	Did the organization inform all grantees, donors used only for charitable purposes and not for th purpose conferring impermissible private benefit	 and donor advisors in written benefit of the donor or dor it? 	ng that grant funds ca for advisor, or for any	n be other Yes No
10.3	(13) Conservation Easements. Complete			
	· 			Form 990, Fait IV, line 7.
•	Purpose(s) of conservation easements held by	•	C	historially was about to discon
	Preservation of land for public use (e.g., re	creation or education)	_	h historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
^	Preservation of open space	- brata		
2	Complete lines 2a through 2d if the organization last day of the tax year.	neid a quaimed conservation	n controution in the ti	orm of a conservation easement on the
				Held at the End of the Tax Year
	Total number of conservation easements		f	2a
_	Total acreage restricted by conservation easem			2b
	Number of conservation easements on a certifie		1	26
	Number of conservation easements included in		· · · · · · · · · · · · · · · · · · ·	
	structure listed in the National Register		<u>.</u>	2d
3	Number of conservation easements modified, to tax year	ansterred, released, extingui	sned, or terminated by	y the organization during the
4	Number of states where property subject to cons	servation easement is locate	d ►	
5	Does the organization have a written policy regard and enforcement of the conservation easements	arding the periodic monitoring it holds?	g, inspection, handling	of violations,
6	Staff and volunteer hours devoted to monitoring			
7	Amount of expenses incurred in manitoring, insp	pecting, and enforcing conse	rvation easements du	ring the year
	\$			
8	Does each conservation easement reported on the 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements i the organization's financial s	n its revenue and exp talements that describ	ense statement, and balance sheet, and ses the organization's accounting for
Pái	tilli Organizations Maintaining Collection	tions of Art. Historica	I Treasures, or O	ther Similar Assets.
	Complete if the organization answ	rered 'Yes' to Form 990	0, Part IV, line 8.	
1 a	If the organization elected, as permitted under Sart, historical treasures, or other similar assets in Part XIV, the text of the footnote to its financial	neld for public exhibition, edu	ication, or research in	tatement and balance sheet works of furtherance of public service, provide,
. 6	If the organization elected, as permitted under Shistorical treasures, or other similar assets held following amounts relating to these items.	·		
	(f) Revenues included in Form 990, Part VIII, Ili			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other 6 (ASC 958) relating to these	r similar assets for fina e items:	ancial gain, provide the following
a	Revenues included in Form 990, Part VIII, line 1.			
b	Assets included in Form 990, Part X		<u> </u>	►\$
BAA	For Paperwork Reduction Act Notice, see the In	structions for Form 990.	TEEA3301L 11/1	5/10 Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 BENEVO	DLENT & PROTECTIVE ORD	ER OF ELKS torical Treasures.		11073	Page 2
Using the organization's acquisition items (check all that apply):					
a Public exhibition	d 🗍 Loan	or exchange programs	•		
b Scholarly research	e Other	- • -			
c Preservation for future generati					
4 Provide a description of the organiz Part XIV.		v they further, the organ	uzation's exempt purpos	ie in	
5 During the year, did the organizatio assets to be sold to raise funds rath	n solicit or receive donations of art	t, historical treasures, o	or other similar	Yes	□No
Part IV Escrow and Custodial					
9, or reported an amount	nt on Form 990, Part X, line	21.			
1a Is the organization an agent, truster included on Form 990, Part X?	e, custodian, or other intermediary	for contributions or oth	ner assets not	Yes	No
b if 'Yes,' explain the arrangement in	Part XIV and complete the follows	ng table:	•		
				Amount	
c Beginning balance			1c		
d Additions during the year			. 1d		
e Distributions during the year			. 1e		
f Ending balance			. 11		
2a Did the organization include an amo				Yes	No
b if 'Yes,' explain the arrangement in			.,, ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part V Endowment Funds. Com		swered 'Yes' to Fo	orm 990 Part IV I	ne 10	
assissing and assistant and assistant	(a) Current year (b) Prior year				years back
1a Beginning of year balance	(a) content (cal (b) 17 km) oa	(6) 110 10013 500			TANKA A A A A A A A A A A A A A A A A A A
b Contributions					***
c Net investment earnings, gains, and losses			A STATE		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance				1000	
2 Provide the estimated percentage of	the year end balance held as:				
a Board designated or quasi-endowme	ent ►_ %				
b Permanent endowment ▶	8				
c Term endowment ►					
3a Are there endowment funds not in the		hat are held and admir	untered for the		
organization by:	e possession of the organization to	nat are neig and admin	ingreated for mile	Ye	s No
(I) unrelated organizations				3a(1)	
(ii) related organizations				. 3a(II)	
b if 'Yes' to 3a(ii), are the related orga				3b	_
4 Describe in Part XIV the intended us	•				
Part M. Land, Buildings, and Eq					
Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	value
bescription of investment	(investment)	basis (other)	depreciation	(a) Book	. value
1a Land		36, 295.	5.00 (A) (A) (A) (A) (A)	3	6,295.
b Buildings		133,705.	133,705.		0.
c Leasehold improvements		159,886.	81,764.	7	8,122.
		27,824.	24,662.		3,162.
• Other		11,951.	8,097.		3,854.
Total. Add lines 1a through 1e (Column (d.					1,433.
BAA	, meat equal rount 350, ren A. CO.	manini (D), mile (O(C).).	Sober	tule D (Form	
DEAL STATE OF THE			Sched	reig & (Lnitti	220, 2010

Schedule D. (Form 990) 2010 BENEVOLENT & PROT			.811073 Page 3
Rait VIII Investments—Other Securities. See	(b) Book value	line 12. N/A (c) Method of va	luation:
(a) Description of security or category (Including name of security)	(b) Book value	Cost or end-of-year n	narket value
(1) Financial derivatives		 	
(2) Closely-held equity interests		 	
(3) Other(A)		 	
(6)		 	
(C)			
(0)			
Ð			
<u> </u>			
<u>(Q)</u>			
<u>M</u>			
(1) Total. (Cotumn (b) must equal Form 990 Part X. column (B) line 12.).			
Fait VIII Investments—Program Related. (See	Form 990, Part X.		Will the section in the section of t
(a) Description of investment type	(b) Book value	(c) Method of val	uation:
		Cost or end-of-year m	arket value
			
<u>Ø</u>			
(4)			
(5)			
6			
Ø			
(8)			
_(9)			
(10)			
Jobal (Column (b) must equal Form 990, Part X, column (8) line 13.). Part X, Other Assets. (See Form 990, Part X,			
	cription		(b) Book value
(1)			
<u>(2)</u>			
<u>(4)</u>			
<u>(5)</u> <u>(6)</u>			
(Z)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B),			<u> </u>
Parx Other Liabilities. (See Form 990, Part	_		**************************************
(a) Description of liability	(b) Amount		
(1) Federal income taxes (2) TENANT SECURITY DEPOSITS	1,88	 	
(3)			
(4)			
(5)			
(6)			
<u>Ø</u>			
<u>(8)</u>			
_(9)			
(10)			
(11) Table (Column (A) must sense Form (COL Column (A) For COL	1 00	3	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	► 1,88		reports the
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text organization's liability for uncertain tax positions under FIN 48	(ASC 740)	Agricanou 2 inferical zigleweurz Mar	,
BAA	TEEA3303L 12/20/10		edule D (Form 990) 2010

Schedule D (Form 990) 2010 BENEVOLENT		22-181:	1073 Page 4
Rank XI Reconciliation of Change in Net As	sets from Form 990 to Audited Financial Sta	tements 1	N/A
1 Total revenue (Form 990, Part VIII, column	(A), line 12)		
2 Total expenses (Form 990, Part IX, column	(A), line 25)	<i></i>	
3 Excess or (deficit) for the year. Subtract lin	e 2 from line 1		
	ts		
	••••••••••••		
7 Prior period adjustments.	••••••••••••••	······	
	···· ·· ··· ··· · · · · · · · · · · ·		
	18		
10 Excess or (deficit) for the year per audited	mancial statements. Combine lines 3 and 9	<u></u>	
Part XIII Reconciliation of Revenue p			N/A
	audited financial statements		
2 Amounts included on line 1 but not on Form			
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		2e	
3 Subtract line 2e from line 1	·	3	
4 Amounts included on Form 990, Part VIII, li	, ,	99,33	
a Investments expenses not included on Form	990, Part VIII, line 7b		
b Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and 4c. (This mu			
Part XIII Reconciliation of Expenses pe			N/A
Total expenses and losses per audited finance			11/ N
2 Amounts included on line 1 but not on Form		80200	
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses.			
d Other (Describe in Part XIV.)			
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		4c	
5 Total expenses. Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line 18.)	5	
Part XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	
Complete this part to provide the descriptions requestry, line 4; Part X, line 2; Part XI, line 8, Part 2 any additional information	ured for Part II, lines 3, 5, and 9; Part III, lines (II, lines 2d and 4b, and Part XIII, lines 2d and	1a and 4, Part IV, lines 1b a 4b Also complete this part t	nd 2b, to provide
P			
= = = = = = = = = = = = = = = =	· = 3 =		
BAA	TEEA3304L 02/11/11	Schedul	e D (Form 990) 2010

Schedule D (Form 990) 2010 BENEVOLENT	& PROTECTIVE ORDER OF ELKS	22-1811073 Page 5
parass (res) Supplemental Information	COMMINGERY	
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#		
BAA	TEEA330SL 07/16/10	Schedule D (Form 990) 2010
	ILLEGATOR WITH THE	

SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2010 <u>ş</u> ⊠

Schedule I (Form 990) 2010 (h) Purpose of grant or exsistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Employer identification number .... Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 22-1811073 (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, apprateal, other) Complete If the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990, TEEA3901. 10/29/10 Governments and Individuals in the United States (a) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations. (c) IRC section If applicable Part II can be duplicated if additional space is needed. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Patti General Information on Grants and Assistance ENEVOLENT & PROTECTIVE ORDER OF ELKS (c) EIN 3 Enter total number of other organizations -------1 (a) Name and address of organization Department of the Treasury Internal Revonue Service Name of the organization 11111 윽 Ø ପ 뚝 ଟ ජු ଟ୍ର

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010 Open to Public's Inspection:

Department of the Treasury Internal Revenue Service

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

• Attach to Form 990 or 990-EZ.

Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS GARFIELD LODGE #2267	Employer identification number 22-1811073
FORM 990, PART VI. LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	REHOLDER
ALL MEMBERS ARE APPROVED FOR MEMBERSHIP AND EACH HAS AN EQUAL	VOTE ON ALL DECISIONS.
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GO	VERNING BODY
LODGE MEMBERS ELECT THE BOARD OF TRUSTEES.	
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY	MEMBERS OR SHAREHOLDERS
LODGE MEMBERS VOTE TO APPROVE THE DECISIONS OF THE BOARD OF THE	RUSTEES.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
MEMBERSHIP APPROVES THE PREPARATION OF THE FORMS TO BE FILED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	VAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	****
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2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

BENEVOLENT & PROTECTIVE ORDER OF ELKS GARFIELD LODGE #2267

22-1811073

FORM 990, PART IX, LINE 24F OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ALARM	1,023.	1,023.		
COMMITTEE ACTIVITIES	314.	314.		
GRAND LODGE DUES	1,666.	1,666.		
LICENSES	1,539.	1,539.		
PUBLICITY/NEWSPAPERS	100.	100.		
RITUAL EXPENSE	604.	604.		
STATE ASSOCIATION DUES	119.	119.		
STATE INCOME TAX	525.	525.		
SUPPLIES	11.	11.		
TELEPHONE	1,311.	1,311.		
	TOTAL \$ 7,212.	\$ 7,212.	\$ 0.	\$ 0.

Depreciation and Amortization (Including Information on Listed Property)

2010

OMB No. 1545-0172

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD020812L 10/29/10

-	IBI Revenue Service	(99)		separate instructions.	► Attach to	our tax re	turn.		Sequence No. 67
Name	e(s) shown on return		DLENT & PROT ELD LODGE #2	ECTIVE ORDER O	F ELKS		_		Identifying number 22–1811073
Busin	ess of activity to whic								22 1011075
	RM 990/990-			- · · · · · · · · · · · · · · · · · · ·					
28	Electic Note: #	n To Ex	pense Certain any listed property,	Property Under S complete Part V before	ection 179 you complete	Part I.	<u> </u>		
$\overline{1}$				*******					1
2.	Total cost of se	ction 179	property placed in s	service (see instruction	s)			_	2
3	Threshold cost	of section	179 property before	e reduction in limitation	(see instruction	ns)		Г	3
4	Reduction in lin	nitation. Su	ubtract line 3 from	line 2. If zero or less, e	nter -0			[⁻	4
5	Dollar limitation separately, see	for tax ye instruction	ar. Subtract line 4	from line 1, If zero or k	ess, enter -0- If	married fi	ling		5
6_			Description of property		(b) Cost (busine				
7 8				29			L	_	8
9				e 5 or line 8	• • •				9
10				13 of your 2009 Form 4					
11	Business incom	e limitation	n. Enter the smalle	r of business income (r	ot less than zer	o) or line !	5 (see instrs)	. 7	
12	Section 179 exp	ense dedu	iction. Add lines 9	and 10, but do not ente	r more than line	ii	<u> </u>	. 1	2
13	Carryover of dis	allowed de	eduction to 2011, A	dd lines 9 and 10, less	Ilne 12	▶ 13			
				property. Instead, use					
				ce and Other Dep				/) (S	ee instructions.)
14	Special deprecia tax year (see ins	ation allows structions)	ance for qualified p	property (other than list	ed property) pla	ced in sen	rice during the	. 1	4
15	Property subject	to section	168(f)(1) election				,	. 🗇	5
16	Other depreciati	on (includi	ng ACRS)				<u> </u>	. 10	5
Par	訓練 MACRS	Depre	ciation (Do not in	iclude listed property.)	(See instructions	5)			_
				Section					
17	MACRS deduction	ons for ass	æts placed in servi	ice ın tax years beginnı	ng before 2010.			1:	4,633.
18	If you are electing	ng to group check here	any assets placed	d in service during the	tax year into one	or more	general ► 🗀		
		Section B	- Assets Placed	in Service During 2010	Tax Year Using	the Gener	al Decreciation	Syst	em
	(a) Classification of pro		(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conven	Ö		(g) Depreciation deduction
19a	3-year property.					 			
	5-year property.								
c	7-year property								
	10-year property					_			
е	15-year property								
f	20-year property								
9	25-year property		and the second		25 yrs		S/I		
h	Residential renta	1			27.5 yrs	MM	S/I		
-{	prop <u>erty</u>				27.5 yrs	MM	S/I		
- 11	Nonresidential re	al			39 yrs	MM	S/I	,	
	property .					MM	S/I		
	s	ection C -	- Assets Placed in	Service During 2010 To	ex Year Using th	e Alternat	ive Depreciation	ı Sy:	item
20a (Class life						S/L		
Ь.	12-year				12 yrs		S/L		
	10-year	<u></u>			40 yrs	MM	S/I		
****	N Summa								
			unt from line 28					21	
22	Total Add amounts f he appropriate lines (rom line 12, I	ines 14 through 17, Ime Partnerships and S co.	is 19 and 20 in column (g), ai reporations — see instructions	nd line 21. Enter here	e and on		22	4,633.
		-	•	during the current year		23		-	1,000

Form 4562 (2010)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2010

Attachment Sequence No. 67

▶ See separate instructions.
▶ Attach to your tax return. BENEVOLENT & PROTECTIVE ORDER OF ELKS

BAA For Paperwork Reduction Act Notice, see separate instructions.

GARFIELD LODGE #2267 22-1811073 Business or activity to which this form relates RENTAL ACTIVITY - APARTMENTS & HALL Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see Instructions)..... Threshold cost of section 179 property before reduction in limitation (see instructions). 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7....... 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562.... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see Instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11, 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Rarell® Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS). Randlis MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2010...... 1.006 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (d) Recovery period (a) Classification of property (b) Month and (C) Basis for depreciation (business/investment use (e) Convention (g) Depreciation deduction year placed in service only - see Instructions) 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property 1 20-year property 25 yrs S/L g 25-year property. 27.5 yrs S/L h Residential rental property 27.5 yrs MM S/L Nonresidential real 39 vrs MM S/L property ... MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/L 20a Class life. S/L 12 yrs b 12-year. S/L c 40-year . . . 40 yrs Partition Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . 1,006 For assets shown above and placed in service during the current year, enter the portion of the basis attnoutable to section 263A costs 23

FD/20812L 10/29/10

Form 4562 (2010)

Application for Extension of Time To File an Exempt Organization Return Application for Extension of Time To File an Exempt Organization Return

Form 8868

		٠	-
OMB No	15	15-1	709}

(Rev January 20	011)	Exempt Organization Return			OMB No 1545-1709)		
Oppartment of the Tressury Internal Revenue Service File a separate application for each return.				Suo			
• If you ar	e filing for an A	utomatic 3-Month Extension, com	plete only i	Part I and check this box		► [X	
				, complete only Part II (on page 2 of this alic 3-month extension on a previously file			
request an e Associated V	required to file extension of tim With Certain Pe	Form 990-T), or an additional (not	automatic). Part I or Pa ust be sent	a 3-month automatic extension of time to 3-month extension of time. You can elect it if with the exception of Form 8870, Info to the IRS in paper format (see Instructio Charities & Nonprofits.	tronica	illy file Form 8868 to	
				mit original (no copies needed).			
•	•	·		month extension - check this box and co nd trusts must use Form 7004 to request a	•	,	
income tax i						yer identification number	
Type or print File by the the date for	BENEVOLE GARFIELD	NT & PROTECTIVE ORDER LODGE #2267 ad room or sufte number. If a P O. box, see I		S		1811073	
filing your return. See	68 LANZA						
instructions.		office, state, and ZIP code. For a foreign add	dress, see Instr	uctions.			
	GARFIELD,	NJ 07026-3536					
Enter the Rei	turn code for th	e return that this application is for	(file a sepa	rate application for each return)		07	
Application is For			Return Code	Application Is For		Return Code	
om 990			01	Form 990-T (corporation)		. 07	
orm 990-BL			02	Form 1041-A		08	
orm 990-E2	·	· · · · · · · · · · · · · · · · · · ·	03	Form 4720		09	
orm 990-PF			04	Form 5227		10	
	section 401(a). trust other than	or 408(a) trust)	05 06	Form 6069 Form 8870		11	
Telephone If the orga It this is to check this	No ▶ 973- enization does or a Group Ret	not have an office or place of bus urn, enter the organization's four d	ligit Group E	United States, check this box	this is	for the whole group,	
until_ The extends X If the ta:	2/15 ension is for the calendar year 2 tax year beginn	20 12, to file the exempt organization's return for: 20 or or sing 4/01, 20 10, and line 1, is for less than 12 months	anization ret , and ending	<u>—</u> ———————————————————————————————————	l retur	n	
		Form 990-BL, 990-PF, 990-T, 472 See instructions.			3a	\$ 0.	
b If this appayment	oplication is for. Is made, includ	Form 990-PF, 990-T, 4720, or 606 any prior year overpayment allo	9, enter any wed as a cr	y refundable credits and estimated tax edit	3ь	<u>0.</u>	
c Balance EFTPS	due. Subtract l Electronic Fed	ine 35 from tine 3a., include your peral Tax Payment System). See in	ayment with	h this form, if required, by using	36	ş0.	
aution. If you		nake an electronic fund withdrawa	Il with this F	form 8868, see Form 8453-EQ and Form I	887 9 -E	O for	

F#F20501L 11/15/10

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)