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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

Open to Public

Department of the Treasury

SCANNED JUL 18

Inten		ie Service	The organization may have to use a copy or this return to sati					pection			
<u> </u>			endar year, or tax year beginning 4/1/2010	, and e	ending	3/31/2					
B	Check if a	applicable	C Name of organization BPO Elks #418		□	Employer ide	entification nun	nber			
	Address o	change	Doing Business As			23-7131531					
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E	Telephone nu	mber				
	Initial retu	ורח	2111 E Clark Street								
	Terminate	ed	City or town, state or country, and ZIP + 4								
	Amended	l return	Charles City IA	50616	G	Gross receipts	s \$	108	,251		
٦.	Application	on pending	F Name and address of principal officer		H(a) Is this	a group return f	for affiliates?	Yes X	No		
_			Erika Troyna 1263 Walnut Ave, Charles City, IA 50616		1	affiliates includ		Yes	No		
	Tax-exem	nt status	501(c)(3) X 501(c) (8) ◀(insert no) 4947(a)(1) or	527	If "No,"	" attach a list (s	see instructions)			
	Vebsite	<u> </u>	30 (0)(0) (20) (3) (4 (iii) (1 iii)	<u> </u>	H(a) C						
				1		exemption num					
_		rganization	Corporation Trust Association Other ▶	L Ye	ar of formation	١	M State of lega	l domicile	<u>IA</u>		
ŀ	Part I		nmary								
	1		escribe the organization's mission or most significant activities	s <u>Frat</u>	ernal Orga	nization spo	onsoring you	ı <u>th</u>			
_	ľ	and vet	nd veterans activities								
200											
Activities & Governance											
Š	2		his box ▶ If the organization discontinued its operations or disposed		an 25% of its	1	1				
∞5	3		of voting members of the governing body (Part VI, line 1a).				3		<u>412</u>		
ties	4		of independent voting members of the governing body (Part \		•	-	4		412		
ct	5		mber of individuals employed in calendar year 2010 (Part V, li	•			5		15		
ď	6		mber of volunteers (estimate if necessary)		5		60				
	7a		related business revenue from Part VIII, column (C), line 12				<u>a</u>		,222		
	<u> b</u>	Net unr	elated business taxable income from Form 990-T, line 34	• •			b C		<u>,456</u>		
	8	Contrib	utions and grants (Part VIII, line 1h)		Pr	or Year		rrent Year	,246		
Revenue	9		(6. () (11)			32,3	20	32	0		
Ver	10		n service revenue (Part VIII, line 2g) . ent income (Part VIII, column (A), lines 3, 4, and 7d) . .				21		100		
×	11	Other re	evenue (Part VIII, column (A) lunes 5, 6d, 8c, 9c, 10c, and 11e	50,9		46	,880				
	12	Total rev	renue—add lines 8 through 11 (musi edilar)	-12).		83,6			,226		
	13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Total revenue—add lines 8 through 11 (must spital Part REVENUE (& 1991). Grants and similar amounts paid (Part IX, column (A), lines RECRIVED.					'		0		
	14	Benefits	s paid to or for members (Part 📉 solumn (A), line 4)						0		
(A	15	Salaries	other compensation, employee benefits (PathX5 olymn A) ines 5	5 3 10).		27,3	26	26	,141		
Expenses	16a	Profess	ional fundraising fees (Part IX, column (A), line 11e).	1		·			0		
ğ	b	Total fu	ndraising expenses (Part IX, column	() ''						
ú	17	Other e	xpenses (Part IX, column (A), lines 100 110 (41)			59,1	99	62	,930		
	18	Total ex	xpenses (Part IX, column (A), lines 100 ving (10) 4	25)		86,5	25	89	,071		
	19	Revenu	e less expenses. Subtract line 18 from line 12			-2,8	52	-9	,845		
Net Assets or	l ces				Beginning	of Current Ye		nd of Year			
sset	E 20		ssets (Part X, line 16)			156,7			,119		
et A	21		ibilities (Part X, line 26)			30,5			,822		
			ets or fund balances Subtract line 21 from line 20	•	<u> </u>	126,1	58	127	,297		
	art II		nature Block ry, I declare that I have examined this return, including accompanying schedules a			- boot of lin	audadaa				
			ect, and complete. Declaration of preparer (other than officer) is based on all info								
			All - 1					·····			
	gn		Signature of office			Date					
He	ere		(W. Joersey Too			6	128/11				
		▎▐	Type or print name and title				<u> </u>				
		Prir	nt/Type preparer's name Preparer's signature		Date		1 1 1	ΓIN			
Pa	aid				0.000	Chec					
Pr	epare	13	rald Joerger	·	6/28/		employed	1000			
Us	se Only	у —	n's name ► Learned Tax and Financial Services / 1		Fi		12-1258				
_		Firr	n's address ► 103 N Main PO Box 454, Charles City, IA 50616		Pr	one no (6	41) 228-288	31	-		
Ma	ay the II	RS discu	ss this return with the preparer shown above? (see instruction	s) .			. X	Yes _	No		

Part IV Checklist of Required Schedules

			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	x	
2	Is 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
A	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	\dashv	
4	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,	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	1	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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	\vdash		
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		<u> </u>
IU	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, VIII, IX, or X as applicable	10		^
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	~ _v	~
a	Schedule D, Part VI	IIa		
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 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? <i>If</i> "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120		
~	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<u> </u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4=	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
þ	If "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)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			V
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
	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	056		V
26		25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			 ``
	Part I	31		Ιx
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	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)?	35	<u> </u>	X
а	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			1
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		X
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	ļ	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> </u>	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Lait	Check if Schedule O contains a response to any question in this Part V		.	\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	-		-
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			٠.
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 15	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	Χ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	X	<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- <u>-</u>		V
b	and services provided to the payor? . If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		$\stackrel{\wedge}{\vdash}$
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-		-
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			٠.,
a	Did the organization make any taxable distributions under section 4966?	9a		X
b 0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ		
1	Section 501(c)(12) organizations. Enter:	ĺ		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ĺ		
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
С	the organization is licensed to issue qualified health plans	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		├^
	1. To provide an organization in Contour C	,		

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. Check if Schedule O contains a response to any question in this Part VI

	Check in Contradic C Contrained to Coppense to Carry Question in time that V1.		!						
Sect	ion A. Governing Body and Management								
4-	Enter the number of voting members of the governing hady at the and of the toy year.		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b 412</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
2	any other officer, director, trustee, or key employee?	,	Х						
2	Did the organization delegate control over management duties customarily performed by or under the direct	2							
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	to the state of th								
6									
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	6	X						
ı a	of the governing body?	7a	Х						
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5							
J	the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	U							
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.			•					
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the								
	form?	11a		Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	Х						
С	· · · · · · · · · · · · · · · · · · ·								
	describe in Schedule O how this is done	12c	Х	<u> </u>					
13	Does the organization have a written whistleblower policy?	13	Х						
14	Does the organization have a written document retention and destruction policy?	14	Х	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, 						
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>					
b	Other officers or key employees of the organization	15b	X	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)								
16a									
	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?	16b	l	<u>.</u>					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	iiy)							
	available for public inspection. Indicate how you make these available. Check all that apply								
40	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	St							
20	policy, and financial statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the								
	organization ► Gerald W Joerger (641) 228-62	<u> 251</u>		-					
	OTA ISLAVENUE, CHARLES CILV. IA 20010								

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_				,
	Pa	nt	VII	

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

Check if Schedule O contains a response to any 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. 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 neither the organization nor any related organization compensated any current officer, director, or trustee. (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Highest compensated employee Institutional trustee Key employee Individual trustee Officer week or director from from related other (describe compensation organizations (W-2/1099-MISC) the hours for organization from the related (W-2/1099-MISC) organization organizations and related in Schedule organizations (1) Larry Michehl Secretary 20 Х Х 1,200 0 (2) G W Joerger 2 Х Secretary 0 (3) Erika Troyna Х **Exalted Ruler** 0 0 (4) Kımberly Bırch Х Leading Knight 0 0 (5) Jason Webster Loyal Knight 2 Х 0 0 0 (6) Jerema Flood Letchuring Knight 2 Х 0 0 (7) Gene Heitz Trustee 2 Х n 0 (8) Roger Sutton Trustee Х 0 0 (9) Dennis Donovan Trustee 2 Х 0 0 (10) John Kelly Trustee Х 0 0 (11) Jim Dettmer Trustee 2 Х 0 (12) (13) (16)

Pa	Section A. Officers, Directors, Ti	rustees, Key Ei	mpio	yee:	s, a	nd	High	est	Compensated	Employees (co	ontinue	ed)
(A) Name and title		(B) (C) Average Position (check all that app						nlv)	(D)	(E)		(F)
	realis and the		or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount of other pensation from the anization of related anizations
(17)												
(18)						-						
(19)										_		
(20)				-								
(21)												
(22)												<u></u>
(23)												
(24)												
(25)						_						
(26)												
(27)						-	-					
(28)												
1b	Sub-total	<i>.</i>			•			•	1,200	(
C	Total from continuation sheets to Part VII,	Section A						▶	0			C
d_	Total (add lines 1b and 1c)							>	1,200)	
2	Total number of individuals (including but not reportable compensation from the organization						ho re	ceiv	ed more than \$	100,000 in		
	reportable compensation from the organization			-	<u> </u>							Yes No
3	Did the organization list any former officer, diemployee on line 1a? <i>If</i> "Yes," complete Sche										3	X
4	For any individual listed on line 1a, is the sum										<u>-</u>	^
	the organization and related organizations gre											
	ındıvıdual										4	X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "										5	×
Sec	tion B. Independent Contractors	· -										
1	Complete this table for your five highest compensation from the organization.	pensated indepe	ender	nt co	ntra	acto	ors tha	at re	eceived more th	an \$100,000 of	•	
	(A) Name and business add	fress							(B) Description of ser	vices	(C Comper	-
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										(
		NA -						-				(
												(
		·										(
2	Total number of independent contractors (inc more than \$100,000 in compensation from th		mited ►	to t	hos	se li	sted a	abo	ve) who receive	d	-	

23-7131531

Pari	: VIII	Statement of Revenue				
-	-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
its ts	1a	Federated campaigns 1a C				
ran	b	Membership dues				
s, g	С	Fundraising events	<u>ี</u>			
ifts ar a	d	Related organizations 1d	<u> </u>	}		
s, g nila	e	Government grants (contributions) 1e 0	1			
on	f	All other contributions, gifts, grants, and	1			
outi		similar amounts not included above . 1f	1	}		
itril 1 ot	a	Noncash contributions included in lines 1a-1f \$ 0		ļ.		
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f ▶	32,246			
		Business Code	02,210			
Program Service Revenue	2a		1 0			
Sev.	ь		1 0			
9	C		0			- ,
ž	ہا		1 0			
Š	l "		1 0	 		
gra		All other program service revenue	1	· · · · · · · · · · · · · · · · · · ·		
jo C			0	 		
		Total Treatment and a series of the series o	 		1	
	3	Investment income (including dividends, interest, and				
		other similar amounts)	100			
	4	Income from investment of tax-exempt bond proceeds >	0			
!	5	Royalties	0			
		(ı) Real (ıı) Personal	`	, ,		,
	6a	Gross Rents	2	<i>'</i>		
	b	Less rental expenses	, ,	'	<u> </u>	`
	C	Rental income or (loss)	2			
	d	Net rental income or (loss)	5,212	5,212		
	7a	Gross amount from sales of (i) Securities (ii) Other	4	,	,	·
		assets other than inventory . 0 0	의	,		`
	b	Less cost or other basis				>
		and sales expenses 0 (٠,	٠,		
	С	Gain or (loss)	2			
	d	Net gain or (loss)	C)		
Φ	_		,			
Other Revenue	ва	Gross income from fundraising			,	
8		events (not including \$ 0	-	, ,		
ᄶ		of contributions reported on line 1c).	,			
þe	١.	See Part IV, line 18 a (4			
ŏ	1	Less direct expenses b	<u> </u>			
		Net income or (loss) from fundraising events .	ļ <u>.</u>)		
	9a	Gross income from gaming activities.	1			
	1 .	See Part IV, line 19 a (2			
	1	Less direct expenses b (1 ·			-
		Net income or (loss) from gaming activities .)		
	10a	Gross sales of inventory, less			}	
		returns and allowances . a 62,24			<u> </u>	
	1	Less cost of goods sold . b 29,025	-		-	
	<u>c</u>	Net income or (loss) from sales of inventory	33,222	30,000	3,222	
	-	Miscellaneous Revenue Business Code	4	_	1	
		Initiation Income	210			
	þ	Project Income	8,236			
	°	All of				
	d	All other revenue	(
	l e	Total. Add lines 11a–11d	8,446			
	12	Total revenue See instructions	79,226	43,758	3,222	1 0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, 5 1.500 1,500 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,802 22,802 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions). n 1.839 1,839 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees). 11 Management . . . а 0 b Legal . Accounting . . 3.081 3.081 C d 0 Professional fundraising services See Part IV, line 17. 0 e Investment management fees f 0 0 g 420 420 12 Advertising and promotion . . . 3.446 3.446 13 Office expenses . 14 Information technology 0 0 15 Royalties Occupancy 16,836 16,836 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials. . . 2,292 2,292 19 Conferences, conventions, and meetings . . . 20 21 Payments to affiliates . . . 6,868 6.868 22 Depreciation, depletion, and amortization 5.225 5.225 23 Insurance 6,505 6,505 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) RE Taxes 3,464 3,464 1,808 Youth Activities 1,808 Repair Maint 7,202 7,202 License 1,451 1,451 Bulletin 2,274 2.274 f All other expenses 2,058 2,058 Total functional expenses. Add lines 1 through 24f 89,071 20,252 68,819 25 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.

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . 2.444 1 41.693 2 Savings and temporary cash investments . . . 39,200 2 3 0 3 0 4 0 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instructions) 6 7 O 7 0 8 Inventories for sale or use . 1,600 8 1,600 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a | **b** Less. accumulated depreciation 106,826 | 10b | 113,510 10c 11 Investments—publicly traded securities . . . 11 12 Investments—other securities See Part IV, line 11. ol 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 0 14 0 15 Other assets See Part IV, line 11. . ol 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 156,754 16 150,119 17 30,596 17 22,822 18 18 19 Deferred revenue . . 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . ol 24 0 25 Other liabilities Complete Part X of Schedule D ol 25 Total liabilities. Add lines 17 through 25 30,596 26 22,822 Organizations that follow SFAS 117, check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 27 28 28 or Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 3,115 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Net. 32 Retained earnings, endowment, accumulated income, or other funds . . 123,043 32 127,297 33 126,158 127,297 33 34 Total liabilities and net assets/fund balances . . 156,754 150,119

Form 9	990 (2010) BPO Elks #418	23	3-7131531	Pa	ge 12
Part					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		· ·_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		79	9,226
2	Total expenses (must equal Part IX, column (A), line 25)	2		89	9 <u>,071</u>
3	Revenue less expenses Subtract line 2 from line 1	3		(9 <u>,845</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5 <u>,158</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1(<u>0,984</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12	7,297
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other 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?.		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	 	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 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 issued on a separate basis, consolidated 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?	_	. 3a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	30	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

> Employer identification number 23-7131531

BPO	Elks	#418									131531		
Par				arity Status (All org						struction	าร		
The o	rgar			ation because it is (Fo									
1	닏			ches, or association o			ed in sec	tion 170(b)(1)(A)(i).			
2	닏			on 170(b)(1)(A)(ii). (At		•							
3	Щ			ospital service organi									
4			search organiza me, city, and sta	ition operated in conju ate:	inction wi	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). En	ter the	
5				the benefit of a collection (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental u	nit desc	rıbed	
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit d	lescribed	n section	170(b)(1	1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete i		its suppoi	rt from a g	overnme	ntal unit o	or from th	e gener	al pub	lic
8		A community	trust described	in section 170(b)(1)((A)(vi) . (C	omplete i	Part II)						
9	\overline{X}	An organizat receipts from support from	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross ecceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(4).			
11 e	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
		persons other	er than foundation	on managers and othe									ion
			section 509(a)(2	•									
f			zation received a , check this box	a written determination	n from the	RS that	ıt is a Typ	e I, Type	II, or Typ	e III supp	orting		
g				the organization acce	pted any	gift or con	itribution 1	rom any	of the				
		following per			- 41 1		. 41						
			•	or indirectly controls, verning body of the su		_		•		. ,	145(1)	Yes	No
		= -		person described in (i		•					11g(ı) 11g(ıı)		
		• •	•	y of a person describe	•		? .		•		11g(III)		
<u>h</u>		Provide the 1		ation about the suppor	rted organ	nization(s)			·			
(1)		e of supported janization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	ls the tion in col ized in the S ?) Amoun support	t of
					Yes	No	Yes	No	Yes	No			
(A)													0
(B)													0
(C)													0
(D)												·	0
(E)													0
-													

0011001	BIO 77 (FORM GOO'DE GOO'DE EXPLORED TO THE					23-113133	
Par	II Support Schedule for Organizat	ions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checked the				•	1 /	under
	Part III If the organization fails to o	qualify under t	he tests lister	d below, pleas	se complete F	Part III)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do not						
	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						·
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each			•			
	person (other than a governmental unit					ļ	
	or publicly supported organization)				i		
	included on line 1 that exceeds 2%				,		
	of the amount shown on line 11,						
	column (f)					1	
_6	Public support. Subtract line 5 from line 4.	, , ,					0
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or	İ					
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	rganızatıon's fir	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(c	:)(3)
	organization, check this box and stop here						▶∐
Sect	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2010 (line 6,	column (f) divid	led by line 11,	column (f)).	-	14	0.00%
15	Public support percentage from 2009 Sched	dule A, Part II, I	ine 14 .			15	0 00%
16a	33 1/3% support test-2010. If the organiza	ition did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3°	% or more, che	ck this box
	and stop here. The organization qualifies a	s a publicly sup	oported organi:	zation			. ▶∐
b	33 1/3% support test-2009. If the organiza	ition did not che	eck a box on In	ne 13 or 16a, a	ind line 15 is 3	3 1/3% or more	e, check this
	box and stop here. The organization qualifi	es as a publicly	supported or	ganization		•	▶
17a	10%-facts-and-circumstances test-2010.	If the organiza	tion did not ch	eck a box on lii	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee	-					
	Part IV how the organization meets the "fac						
	organization						▶□
b	10%-facts-and-circumstances test-2009.						ine
	15 is 10% or more, and if the organization in						
	Part IV how the organization meets the "fac						•
	supported organization						▶□
18	Private foundation. If the organization did			6a 16h 17a o	r 17h icheck th	us hox and see	لــا ٠
. •	instructions	Gricon a bo	O 10, 11	Ju, 100, 174,0	. 175, OHOOK UI	50% 0170 366	▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support		10100 201011,	piedee comp	oto i ditii.)		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
			(::/		(- / 0 - 0	(4) = 3 : 5	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	32,089	35,872	31,068	32,328	32,246	163,603
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt purpose	74,005	68,339	62.427	43,774	36,128	284,673
3	Gross receipts from activities that are not an unrelated trade or business under section 513	7 4,000	00,000	02,421		30,120	
4	Tax revenues levied for the organization's						0
•	benefit and either paid to or expended on its behalf		!				0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5 .	106,094	104,211	93,495	76,102	68,374	448,276
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
_	amount on line 13 for the year	0	0	0			0
С 8	Add lines 7a and 7b Public support (Subtract line 7c from	, , , , , , , , , , , , , , , , , , ,			0	0	0
	line 6)						448,276
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(=) 2000	(4) 2000	(a) 2040	(6 T-t-l
Cale	indai year (or iiscai year begiiiiniig iii)		(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	106,094	104,211	93,495	76,102	68,374	448,276
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources	1,160	824	470	421	100	2,975
b	Unrelated business taxable income (less	1,100	024	470	421	100	2,913
-	section 511 taxes) from businesses						
	acquired after June 30, 1975	13,727	15,158	8,388	7,150	10,752	55,175
С	Add lines 10a and 10b	14,887	15,982	8,858	7,571	10,852	58,150
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or						0
	loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	120,981	120,193	102,353	83,673	79,226	506,426
14	First five years If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	is a section 501(c)(3)	▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f))			15	88 52%
16	Public support percentage from 2009 Schedule A,					16	0 00%
-	tion D. Computation of Investment Inco					····	
17	Investment income percentage for 2010 (line 10c,		•	umn (f)) .		17	11.48%
18 10a	Investment income percentage from 2009 Schedu			and line 15	ro than 22 4/20/	18	0 00%
19a	33 1/3% support tests–2010 If the organization of not more than 33 1/3%, check this box and stop h						▶ [X]
b	33 1/3% support tests-2009 If the organization of	did not check a bo	ox on line 14 or l	ine 19a, and line	16 is more than	33 1/3% and	بت .
	line 18 is not more than 33 1/3%, check this box a		-	•	• • •	•	▶
20	Private foundation If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	ind see instruction	ons	▶

	m 990 or 990-EZ) 2010 . BPO Elks #418	23-7131531 Page 4
Part IV	Supplemental Information. Complete this part to prov Part II, line 17a or 17b, and Part III, line 12 Also complenstructions)	ide the explanations required by Part II, line 10, ete this part for any additional information. (See
••••		
• • • • • • • • • • • • • • • • • • • •		
·		
· • • • • • • • • • • • • • • • • • • •		••••••
• • • • • • • • • • • • • • • • • • • •		
		•••••••••••••••••••••••••••••••••••••••
• • • • • • • • • • • • • • • • • • • •		•••••••••••
• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	
		••••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Elks #418	23-7131531
Part		ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	·
-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fi	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	purpose conferring impermissible private benefit?	Yes No
B - 4		
Part	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year	
	, ,	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	during the tax year	inated by the organization
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	handling of
•		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	
•	• Otali and volunteer nouns devoted to monitoring, inspecting, and emorning conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer	monte during the year
'	S	nerits during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	facetion
0	AMOUNTAIN A AMOUNTAIN AND AMOU	
9	1/0(h)(4)(B)(i) and section 1/0(h)(4)(B)(ii)?	
9	· · · · · · · · · · · · · · · · · · ·	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina the organization's accounting for conservation easements	nciai statements that describes
Par		inciles Assets
rai	 ,	imitar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educati	on, or research in furtherance
	of public service, provide, in Part XIV, the text of the footnote to its financial statements the	at describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever	nue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educati	
	of public service, provide the following amounts relating to these items	
		▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1	→ \$
2	If the organization received or held works of art, historical treasures, or other similar asse	ts for financial gain, provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	
2	Revenues included in Form 990, Part VIII, line 1	©(113 ▶ ¢
a h	Assets included in Form 990. Part X	· · · · · · · · · · · · · · · · · · ·

Page 2

Part	Organizations Maintaining Co	llections of Ar	t, Histori	cal Trea	sures, or Oth	ner Si	milar Assets (continu	ıed)	
3	Using the organization's acquisition, acce		er records,	check a	ny of the follow	ing tha	at are a significa	nt		
	use of its collection items (check all that	apply):	. —							
а	Public exhibition		d 📙		or exchange pro	ogram	s			
þ	Scholarly research		е	Other						
С	Preservation for future generations	;								
4	Provide a description of the organization	s collections an	d explain h	now they	further the orga	anızatı	on's exempt pur	pose in		
	Part XIV.									
5	During the year, did the organization soli									
	assets to be sold to raise funds rather that							Ye		No
Part			•	_	ization answe	red "Y	es" to Form 99	90, Par	t	
	IV, line 9, or reported an amour									
1a	Is the organization an agent, trustee, cus			•				ш.	$\overline{}$	
_	included on Form 990, Part X?	VIV and sample				• •	• • •	Ye	s	No
b	If "Yes," explain the arrangement in Part	Arv and comple	ete the lond	owing tat	oie:		1	mount		
С	Beginning balance					1c	A	HOUHL		
d	Additions during the year					1d	 			
e	Distributions during the year					1e	<u> </u>			
f						1f				0
2a	Did the organization include an amount of	on Form 990, Pa	art X, line 2	17.				Ye	s X	No
b	If "Yes," explain the arrangement in Part									
Part	V Endowment Funds. Complete	ıf the organiza	ation ansv	vered "Y	es" to Form 9	90, P	art IV, line 10			
		(a) Current year	(b) Prior	year	(c) Two years bad	ck (d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance								_	
b	Contributions				· · · · · · · · · · · · · · · · · · ·					
С	Net investment earnings, gains,									
_	and losses		· · · · · · · · · · · · · · · · · · ·			_				
d	Grants or scholarships Other expenditures for facilities						, ,	 	,	
е	and programs					,		-		
f	Administrative expenses					\dashv				
g	End of year balance	0		0		0				
2	Provide the estimated percentage of the	year end balan	ce held as.					4		
а	Board designated or quasi-endowment	· •	%							
b	Permanent endowment	%								
C	Term endowment ►%									
3a	Are there endowment funds not in the po	ssession of the	organizati	on that a	are held and ad	minist	ered for the	Г		
	organization by							2-43	Yes	No
	(i) unrelated organizations (ii) related organizations			•		•		3a(i)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	,	equired on	 Schadu		•		3a(ii) 3b		
4	Describe in Part XIV the intended uses of		•			•		30		
Part										
	Description of investment	(a) Cost or o		· · · · · · · · · · · · · · · · · · ·	ost or other	(c) A	ccumulated	(d) Bo	ok valu	 e
		(investr	I		is (other)		preciation	(-/		-
1a	Land		0		0					0
b	Buildings		0		432,637		325,811		10	6,826
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е_	Other		0 0 0		0		0		• -	0
ı ota	I. Add lines 1a through 1e (Column (d) m	ust equal Horm	990, Part 2	ĸ. colum	n (B). IINE 1U(C))	. 🟲 📗		10	6.826

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part VII Investments—Other Securitie	es. See Form 990, Part X,	line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives(2) Closely-held equity interests	0	
(3) Other(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(1) Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII Investments—Program Relat		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
	0	
(5)	0	
(6)	0	
	0	
(8)	0	
(9) (10)	0	
Total (Column (b) must equal Form 990, Part X col (B) line 13)	0	
Part IX Other Assets. See Form 990,	Part X, line 15.	
	a) Description	(b) Book value
(1)		0
		0
(3)		0
(4)		0
(5)		0
(6)		0
(8)		0
(9)		0
(10)		0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15) .	0
Part X Other Liabilities. See Form 9	90, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	-
(2)	0	4
(3)		
(4)	0	4
<u>(5)</u> (6)	1	
(7)	1 0	
(8)	1 0	
(9)	C	7
(10)	C	5
(11)	C	
Total (Column (b) must equal Form 990 Part X col (B) line 25))
2. FIN 48 (ASC 740) Footnote In Part XIV, provide	de the text of the footnote to	the organization's financial statements that reports the

Schedule D (Form		Page 5
Part XIV	Supplemental Information (continued)	
		• • • • • • • • • • • • • • • • • • • •
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23-7131531

BPO Elks #418

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

 OMB No 1545-0047 2010

Open to Public Inspection

Internal Revenue Service

Name of the organization

BPO Elks #418

Department of the Treasury

Employer identification number 23-7131531

	nformation on A orm 990, Part IV, lir		ide the United States. C	complete if the organization	answered
	ntees' eligibility for		cords to substantiate the amesistance, and the selection		Yes No
2 For grantmakers. United States.	Describe in Part V	the organization	n's procedures for monitorin	g the use of grant funds ou	tside the
3 Activities per Region	(The following Pa	art I, line 3 table	can be duplicated if addition	nal space is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	0	0			0
1					
(2)	0	0			0
(3)	0	0	1A-2		0
(4)	0	0	291		0
(5)	0	0	, ,		0
(6)	0	0	,		0
(7)	c	0			0
(8)	0	0			0
(9)		0			0
(10)		0			0
(11)	c	0			0
(12)	c	0			0
(13)		0			0
(14)		0			0
(15)		0			0
(16)) 0			0
(17))) 0			0
3a Sub-total					0
b Total from continuation	n				
sheets to Part I		+			0
c Totals (add lines 3a and 3b	o)	0	1	<u> </u>	0

BPO Elks #418

Schedule F (Form 990) 2010
Part | Grants al

o Form 990, ▼	(i) Method of valuation (book, FMV, appraisal, other)						,										
swered "Yes" t	(h) Description of non-cash assistance																
organization and defined than \$5,	(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	C
Complete if the recipent receive	(f) Manner of cash disbursement													-			
nited States. box if no one	(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	c
Outside the U 00. Check this	(d) Purpose of grant																
ations or Entities red more than \$5,00 is needed.	(c) Region							T V									
stance to Organiza ecipient who receiver if additional space	(b) IRS code section and EIN (if applicable)		,			,											
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Part II can be duplicated if additional space is needed.	1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(18)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

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Page 3

Schedule F (Form 990) 2010

(h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance Ö (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant 0 (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Part III (E) 2 ව ₹ (11) 9 6 (12)13 (14) (18) 9 2 8 (10) (15) (16) [1]

. . .

scheal	DIE F (FORM 990) 2010 BPO EIRS #4 10,	23-7131531	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes No)
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes No)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes No)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes No)
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes No	ס
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes No	o

4 11 5

(accounting method), Part II, line 1 (accounting menumber of recipients), as applicable. Also complet	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated
	number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

BPO EI	ks #418						23	-71315	531			
Part									EZ, Pa	rt V, lır	ne 40b	
	(a) Name of disqualified per	con			(b) Description	of trans	action				(c) Cor	rected?
1	(a) Name of disqualified per				——————	1 Of trails	action				Yes	No
(1)												
(2)												L
(3)	· · · · · · · · · · · · · · · · · · ·	12										
(4)		NE										
(5)												
(6)												<u> </u>
2	Enter the amount of tax imposed o under section 4958	n the orga	ınızatıon 	managers or disqu	alified perso	ns duri	ng the	year	. ▶	\$		
3	Enter the amount of tax, if any, on	line 2, abo	ove, reim	bursed by the orga	nization			•	•	\$		
Part I	Loans to and/or From Inter Complete if the organization			r Form 990, Part IV	, line 26, or	Form 9	90-EZ	, Part	V, lıne	38a		
(a) Name of interested person and purpose	1 ' '	to or from	(c) Original principal amount	(d) Balance due		(e) in default?		(f) Approved by board or committee?		(g) W agree	ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1)				0		0						
(2)				0		0						
(3)				0		0						
(4)				0		0						
(5)	N			0		0						
(6)	70.			0		0						
(7)				0		0						
(8)				0		0		<u> </u>				
(9)			<u> </u>	0		0			<u> </u>		Ĺ	
_(10)			<u> </u>	0		0		<u> </u>				
Total .	<u> </u>	<u></u>		. . ▶ \$		0		`			<u></u>	
Part I	Grants or Assistance Bene Complete if the organization	_			, lıne 27.							
	(a) Name of interested person	(b) I	Relationship	between interested personganization	son and the		(c) A	Amount a	and type	of assis	tance	
(1)												
(2)												
(3)												
(4)				1 2 10								
(5)				70								
(6)												
(7)												
(8)			-									
(9)												
(10)												

	ne of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	zatio
					Yes	N
			0			
						<u> </u>
					-	
					+	├
		1.16			+	+
		No				\dagger
			0			
			0			
Interested person and the organization	<u> </u>					
IV S						
	omplete this part to provid	de additional information for res	ponses to questions of	n Schedule L (see instructi	ons).	
						
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
						 .
						- .
	••••					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

BPO Elks #418	23-7131531
Form 990 N/A	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
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Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
BPO Elks #418	23-7131531
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*	*

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