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DLN: 93493193007031

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 2010

Open to Public

Department of the Treasury

Form **990**

		Service . The organization may have to do				Ins	pection
	rthe.	C Name of organization		.1	D Emplo	yer identificati	on number
_	ress ch	lange	ge 51		31-02	214080	
– Nan	ne cha	Doing Business As nge			E Teleph	one number	
_	ial retu minate	1536 Villa Poad	ot delivered to street address)	Room/suite	(937)	325-4848	
_	ended	Springfield, OH 45503			G Gross r	eceipts \$ 1,166,	597
App	lication	pending					
		F Name and address of principal of BARBARA FITZWATER	officer	H(a) Isthisa	group return fo	or affiliates? Yes	V No
		1536 VILLA ROAD SPRINGFIELD, OH 45503		H(b) Are all a	affiliates incl	uded?	┌ Yes ┌ No
		37 KH G 1225, 611 43363		1		alıst (see ıns	tructions)
Tax	k-exem	pt status	o)	H(c) Group	exemption	on number 🟲	
w	ebsit e	:: ►					
(Form	n of or	ganization Corporation Trust 🗸 Association Oth	ner I	L Year of form	nation 190	5 M State of I	legal domicile OF
	rt I	Summary					
Activities & Governance	3 4 5 6	Check this box if the organization disconting Number of voting members of the governing book Number of independent voting members of the ground number of individuals employed in calendary for the control of the cont	dy (Part VI, line 1a) governing body (Part VI, line 1b ar year 2010 (Part V, line 2a) ary)		5% of its i	3 4 5 6	1,803 1,803 0
		Fotal unrelated business revenue from Part VII Net unrelated business taxable income from Fo			-	7a 7b	0
			<u> </u>	Prior	Year		ent Year
	8	Contributions and grants (Part VIII, line 1h)			116,6	28	224,289
anue	9	Program service revenue (Part VIII, line 2g)			107,9	7 3	619,311
Revenue	10	Investment income (Part VIII, column (A), li			155,3		17,942
_	11 12	Other revenue (Part VIII, column (A), lines 5 Total revenue—add lines 8 through 11 (must	equal Part VIII, column (A), lir	e	68,5 448,4		16,330 877,872
	13	Grants and similar amounts paid (Part IX, col			, .		30,198
	14	Benefits paid to or for members (Part IX, colu	ımn (A), lıne 4)		11,8	50	14,807
ø	15	Salaries, other compensation, employee bene	efits (Part IX, column (A), lines	5 –	80.3	26	276.012
Expenses	16a	10) Professional fundraising fees (Part IX, column	n (A), line 11e)		80,2	20	276,813
ਤੁ	b	Total fundraising expenses (Part IX, column (D), line 25	5) \(\rightarrow\)				
	17	Other expenses (Part IX, column (A), lines 1			215,5		566,406
	18 19	Total expenses Add lines 13-17 (must equa Revenue less expenses Subtract line 18 from			307,5		888,224
9.04 9.048	19	Revenue less expenses Subtract line 16 from	п iine 12	Beginning Ye	of Curren		-10,352 of Year
net Assets of Fund Bafances	20	Total assets (Part X, line 16)			1,223,4	14	1,181,048
eg Fige	21	Total liabilities (Part X, line 26)			960,0	96	915,333
	22	Net assets or fund balances Subtract line 21	from line 20		263,3	18	265,715
Jnder cnowl	edge a	Signature Block ties of perjury, I declare that I have examined this and belief, it is true, correct, and complete. Declare ****** Signature of officer BARBARA FITZWATER SECRETARY		er) is based on a	.1-07-12		
		Type or print name and title					
		Print/Type Preparer's preparer's name Edward Jones			Check if self employed 🕨		
Paid		Firm's name FEDWARD JONES CPA				Firm's EIN	ı)
Prep		Firm's address F 2118 W First St				Phone no	► (937) 408-

Springfield, OH 45504

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

го	rm	9	90	(20	10)

age	2
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Par		t of Program Serv nedule O contains a resp				দ
1 Briefly describe the organization's mission To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity to recognize a belief in God to promote the welfare of its member promote American patriotism 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	the welfare of its members					
2				ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on So	hedule O			
3	_		_	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sched	ule O			
4	Section 501(c)(3)	and 501(c)(4) organızat	ions and secti	on 4947(a)(1) trusts a	are required to report the an	
4a	(Code) (Expenses \$	181,845	including grants of \$) (Revenue \$)
		ples of Charity, Justice, Broth	erly Love and Fid	elity to recognize a belief in	God to promote the welfare of its	s members promote American
4b	(Code) (Expenses \$	30,198	ıncludıng grants of \$) (Revenue \$)
	Support need of Char	table Institutuions				
	(Code) (Expenses \$	484,128	ıncludıng grants of \$) (Revenue \$)
	Provide Recreation an	d Social opportunities for mer	nbership Golf Swi	mming		
	Other program se	rvices (Describe in Sch	edule ())			
Tu	(Expenses \$	•	uding grants o	f\$) (Revenue \$)
4e	Total program ser	vice expenses►\$	696,17	71		

art TV	Chec	klist 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		Νo
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? <i>If</i> "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		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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? If "Yes," complete Schedule D, Part VIII.	11c		Νo
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		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	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		No
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		No
b	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		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
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		No

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	165	
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a 20,808			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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										. F	7
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Se	ction A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1,803			
b	Enter the number of voting members included in line 1a, above, who are independent	1,803			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?	ip with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the		3		
4	supervision of officers, directors or trustees, or key employees to a management company or other policy the organization make any significant changes to its governing documents since the prior Form 9	-			N o
_	filed?	-4-2	5		No No
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets'.	- +		N o
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer governing body?	nbers of the	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken d year by the following	uring the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	_			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νο
	ection B. Policies (This Section B requests information about policies not required by the evenue Code.)	e Internai			
		_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with those of the organization? .		10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before file				
			11a	Yes	
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		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	_	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		Νο
14	Does the organization have a written document retention and destruction policy?	-	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation an	by	-		
а	The organization's CEO, Executive Director, or top management official		15a		Νο
ь	Other officers or key employees of the organization	📙	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?		16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and taken steps to safeg organization's exempt status with respect to such arrangements?	uard the	16b		
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ►OH				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-	-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply O wn website. A nother's website. Upon request	у			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict of			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Barbara Fitzwater

126 W High

Springfield, OH 455041220

(937) 325-4848

Part 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, and **current** key employees 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		elated o	rganı	zatio	on co	mpen	sate	d any current office	er, director, or trust	e e
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Barbara Fitzwater Secretary	30 00			х				0	3,300	0
(2) Tom Schilling Exalted Ruler	2 00			х				0	0	0
(3) Robert Lemmons Jr Treasurer	20 00			х				0	900	0
(4) Larry Longo Tiler	1 00	х						0	0	0
(5) Bob Buchy Trustee	5 00	х						0	0	0
(6) George McLin Trustee	5 00	х						0	0	0
(7) Richard Bennett Trustee	5 00	х						0	0	0
(8) Dennis Dyar Trustee	5 00	х						0	0	0
(9) Kevin Sprinkle Trustee	1 00	Х						0	0	0

\$100,000 in compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	(tion that a		')	_		(D) (E) Reportable Reportable compensation compensation from related			Estima amount o	(F) Estimated nount of other ompensation	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations		from f organizat relat organiza	the ion and ed		
											+			
_											_			
_											+			
1								F						
_	Total (add lines th and to)						<u> </u>	 		4,20				
_	Total (add lines 1b and 1c) .										<u> </u>			
	Total number of individuals (inc \$100,000 in reportable compe					tea	above	wnc	received more tr	lan				
										Г		Yes	No	
	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So							ee,o •	or highest compen	sated employee	3		No	
	For any individual listed on line organization and related organi										4		NI -	
	Did any person listed on line 1s services rendered to the organ												No	
			compret	- 5011	caan		, such	PEIS		•	5		No	
	ction B. Independent Co Complete this table for your fiv								#h = # d					
Se				naep	enae	ent c	ontrac	tors	that received mo	re than				
56	\$100,000 of compensation fro	m tne organizatio								(B)		(C		
Se	\$100,000 of compensation fro	m the organizatio (A) ame and business add							Des	(B) cription of services		Comper		
<u>-</u>	\$100,000 of compensation fro	(A)							Des		+			
	\$100,000 of compensation fro	(A)							Des					

				(A) Total revenue	(B) Related or	(C) Unrelated business	(D) Revenu
					exempt function revenue		exclude from tax under section
							512, 513, o 514
1a	Federated campaigns	1a					
ь	Membership dues	. 1b	90,694				
c	Fundraising events	. 1c	5,461				
₄	Related organizations						
"	Government grants (contributions)						
e		1e					
-	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in III		128,134				
9				224 280			
h	Total. Add lines 1a-1f	<u> </u>		224,289			
			Business Code				
	Golf Course and Swimming Pool Fe	es	713910	500,570			
b c	Gross Profit from Club Operations		722410	118,741	118,741		_
							
d							-
e	A.II I						-
f	All other program service rev	renue					
g	Total. Add lines 2a-2f			619,311			
3	Investment income (includin	g dıvıdends, ınterest					
	and other similar amounts)			1,918			
4	Income from investment of tax-ex-	empt bond proceeds					
5	Royalties						
		(ı) Real	(II) Personal				
6a	Gross Rents						
	Less rental expenses						
c	Rental income						
	or (loss) Let rental income or (loss)	F					
	[(ı) Securities	(II) O ther				
	Gross amount	(i) occurrence	33,800				
	from sales of assets other						
	than inventory Less cost or		17,776				
	other basis and		17,776				
	sales expenses Gain or (loss)		16,024				
	Net gain or (loss)		,	16,024			
	Gross income from fundraisii			·			\vdash
	(not including \$14,415						
	of contributions reported on See Part IV, line 18						
		а	284,422				
b	Less direct expenses	. b	270,949				
	Net income or (loss) from fur			13,473			
		ctivities See Part IV, line 19 .					
		ming potituities	b				
10a	Net income or (loss) from ga Gross sales of inventory, les						
	returns and allowances .	а					
h	Less cost of goods sold .						
	Net income or (loss) from sa						
<u> </u>	Miscellaneous Revenue		Business Code				
11a	Newsletter and Other		900099	2,857			
	Miscellaneous						
ь							
b c			L .		_		
С	All other revenue	•					
c d				2,857			

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,698		γ	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	3,500	3,500		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	14,807	14,807		
5	Compensation of current officers, directors, trustees, and key employees	7,426		5,926	1,500
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			
7	Other salaries and wages	242,484	242,484		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	26,903	26,903		
а	Fees for services (non-employees) Management	0			
ь	Legal	1,425	1,425		
С	Accounting	3,056		1,000	1,000
d	Lobbying	0	<u> </u>	·	,
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	31,175		9,437	21,738
14	Information technology	9,187		398	·
15	Royalties	0	<u>'</u>		
16	Occupancy	87,181	85,943	1,238	
17	Travel	0	<u> </u>	_,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,673		2,673	
20	Interest	51,645		51,645	
21	Payments to affiliates	15,623		15,623	
22	Depreciation, depletion, and amortization	81,855		15,571	
23	Insurance	13,551	· ·	10,823	
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)	,	,	,	
а	Taxes Fees	37,774	2,804	34,970	
b	Bank Service abd Mechant Fees	3,510	3,245	265	
c	Golf Swimming Pool Maintenance	134,374	<u> </u>		
d	Newsletter Other Miscellaneous	5,153	1,397	3,756	
e	Supplies	12,785		11,301	
f	All other expenses	75,439	,	488	2,701
25	Total functional expenses. Add lines 1 through 24f	888,224	· ·	165,114	26,939
26	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	330,224	330,171	233,111	20,333
	outcome. Campaign and languaging Softenation			1	

Part X Balance Sheet (A) (B) Beginning of year End of year 294,193 197,564 1 2.057 2.057 2 Savings and temporary cash investments 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 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 employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 5.827 8 7.988 Prepaid expenses and deferred charges 8.000 9 3,002 10a Land, buildings, and equipment cost or other basis Complete 1.078.417 10a Part VI of Schedule D 108.249 913.068 ь Less accumulated depreciation 10b 10c 970.168 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 269 269 15 15 16 1,223,414 16 1,181,048 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 115.062 17 49,564 17 Accounts payable and accrued expenses . 18 18 41,609 19 19 82.274 20 20 Liabilities 21 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 22 803.425 23 23 783.495 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 960.096 26 915.333 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 154,697 27 141,447 Temporarily restricted net assets 108,621 124,268 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 263,318 265,715 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 1,223,414 1.181.048 34

Pa	rt XI Reconcilliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI	•	• •	.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	377,87
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	388,22
3	Revenue less expenses Subtract line 2 from line 1	3			-10,35
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	263,31
5	Other changes in net assets or fund balances (explain in Schedule O)	5			12,74
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		2	265,71
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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		No
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i				
	Schedule O	•	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493193007031

OMB No 1545-0047

Inspection

Political Campaign and Lobbying Activities SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number Benevolent and Protective Order of Elks Lodge 51 31-0214080 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		have to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(;	a)		(b)	
		Yes	No	A	moun	it
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
	V olunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο			
i	Other activities? If "Yes," describe in Part IV		Νo			
j '	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
ь	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c)(5), o	rse	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,			ctio	n
	Dues, assessments and similar amounts from members	1				
	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Par	rt IV Supplemental Information	•				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493193007031

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Rev

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

Supplemental Financial Statements

Open to Public

ıılaı F	evenue Service P Attach to Fo	orm 990. F See separate instructions.		Tilshect	
	e of the organization volent and Protective Order of Elks Lodge 51			entification numbe	er
Par	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		31-0214080 unds or Acc		te if the
	organization anowered res to rorm ys	(a) Donor advised funds	(b) Funds	s and other accou	nts
-	Total number at end of year				
,	Aggregate contributions to (during year)				
,	Aggregate grants from (during year)				
,	Aggregate value at end of year				
	Did the organization inform all donors and donor advi	-	noradvised	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	e ryes	┌ No
art	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Form 990, F	Part IV, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of ai	certified historia	c structure	a
	out on the last duy of the tax year		Held	at the End of the	Year
a	Total number of conservation easements		2a		
,	Total acreage restricted by conservation easements		2b		
:	Number of conservation easements on a certified his	toric structure included in (a)	2c		
i	Number of conservation easements included in (c) ac	equired after 8/17/06	2d		
	Number of conservation easements modified, transfe the taxable year • Number of states where property subject to conserva Does the organization have a written policy regarding	ition easement is located 🗠			
	enforcement of the conservation easements it holds?		g	√Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp		_		
	A mount of expenses incurred in monitoring, inspectir Does each conservation easement reported on line 2				
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			☐ Yes	☐ No
	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the text of the organization's accounting for conservation easem	he footnote to the organization's financia	•	•	
art	Organizations Maintaining Collectio Complete if the organization answered "		or Other Sin	nilar Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın furtheranc		
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	s	
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS				
a	Revenues included in Form 990, Part VIII, line 1		► \$	-	

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	stori	<u>cal T</u>	reasu	res, or O	the	r Similar <i>i</i>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	e a significa	nt us	se of its coll	ection		
а	Public exhibition		d	Γ	Loar	orexch	nange progra	ams				
b	Scholarly research		e	Γ	Othe	er						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	ner the o	rganızatıon'	s ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	┌ \	res (Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	orgai	nızatıon			es" to Forn	າ 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrib	utions o	r other asse	ets n	iot	Γ,	í es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		_			_		
_							-	_		A mou	nt	
c d	Beginning balance						<u> </u>	1c 1d				
u e	Additions during the year						<u> </u>	1a 1e				
f	Distributions during the year							ıe 1f				
	Ending balance	orm 000 Dart V I		i				#1			/	✓ No
2a	Did the organization include an amount on Fo		e ∠1 ′							, ,	res	la MO
	If "Yes," explain the arrangement in Part XIV		n 200		24 "V	oc" to F		Dar	t IV line 1	<u> </u>		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior			Years Back		Three Years Bad		Four Y	ears Back
1a	Beginning of year balance	(a) carrent real	(-	<i>y</i>		(-)		()		(3)		
b	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are he	ld and a	dmınıstered	fort	the	_		
	organization by										Yes	No
	(i) unrelated organizations		•		•			•		3a(i)		<u> </u>
L	(ii) related organizations				 Inda Di				🗀	Ba(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•				·		•		3b		<u> </u>
	t VI Investments—Land, Buildings					990 Pa	rt X line	1 Ո				
		o, una Equipina				or other	(b)Cost or o		(c) Accumula	ated		
	Description of investment					estment)	basis (othe		depreciation		(d) Bo	ook value
1a	Land			\top			345,	,040				308,840
b	Buildings						599	,858	13	0,600		572,291
С	Leasehold improvements											
d	Equipment						133,	,519	7	5,155		89,037
е	Other	<u> </u>										
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c)	.)						970,168
									Schedul	e D (F	orm 9	90) 2010

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		

2 T 3 E 4 N	otal revenue (Form 990, Part VIII, column (A), line 12) otal expenses (Form 990, Part IX, column (A), line 25)	1 2	877,872
3 E	otal expenses (Form 990, Part IX, column (A), line 25)	_	
4 N		1 4 1	888,224
	xcess or (deficit) for the year Subtract line 2 from line 1	3	-10,352
	Net unrealized gains (losses) on investments	4	
5 D	Donated services and use of facilities	5	
_	nvestment expenses	6	
_	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
		9	
'	otal adjustments (net) Add lines 4 - 8	- +	-10,352
Part X	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue port of Total revenue, gains, and other support per audited financial statements	1	<u>1LU</u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
	Net unrealized gains on investments 2a		
	Donated services and use of facilities		
	Other (Describe in Part XIV)	a -	
	Add lines 2a through 2d	2e	
_	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)	_	
_	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 D	
Part X		регке	turn
	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	XIV Supplemental Information	· · · · ·	

Identifier Return Reference Explanation

additional information

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Statement of Activities Outside the United States

DLN: 93493193007031

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Benevolent and Protective Order of Elks Lodge 51

Employer identification number

assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	answered
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
The grants or assistance?	
For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (a) Region (b) Number of offices in the region or independent contractors (c) Number of employees or agents in region or independent contractors (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe services, investments, grants to recipients located in the	
United States A ctivites per Region (Use Part V if additional space is needed) (a) Region (b) Number of offices in the region or independent contractors (c) Number of employees or agents in region or independent contractors (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe services, investments, grants to recipients located in the	Yes 🗆
(a) Region (b) Number of offices in the region region (c) Number of offices in the region or independent contractors (c) Number of offices in the region (by type) (e g , fundraising, program service, describe region or independent to recipients located in the	
offices in the region or region (by type) (e g , a program service, describe region or fundraising, program service, describe region or fundraising, program service, describe region or fundraising, program service (s) in region service(s) in region to recipients located in the	
	(f) Total expenditures for gion/investments in region
Sa Sub-total	
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)	

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total number of other organizations or entities								

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

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 (see instructions for Form 926)	Γ	Yes	Г	- 1	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	Γ	- 1	Νo
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)	Г	Yes	Γ	- 1	Νo
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)	Г	Yes	Γ	- 1	Νo
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)	Г	Yes	Γ	- 1	Νo
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).	Г	Yes	Г	- 1	Νo

Schedule F (Form 990) 2010

information. Identifier	ReturnReference	Explanation
14011111101	T. G.	Explanation

DLN: 93493193007031

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Name of the organization **Employer identification number** Benevolent and Protective Order of Elks Lodge 51 31-0214080 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Indicate whether the organization raised funds through any of the following activities. Check all that apply

а	Mail solicitations			е	l s	olicitation of nor	n-government grants	
b	Internet and e-mail so	licitations		f	Гѕ	olicitation of gov	vernment grants	
c	Phone solicitations			g	√ s	pecial fundraisir	ng events	
d	In-person solicitations	5						
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII) st paid individuals or	or entity entities (in conne fundraise	ction w	th professional uant to agreem	fundraising services? ents under which the fur	
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?		ross receipts m activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	1							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

ОΗ

		G (Form 990 or 990-EZ) 2010				Page 2				
Pa	rt II	Fundraising Events. Com more than \$15,000 on Form								
		, ,	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through				
			Elks Lodge 51 In house raffles and drawings	Elks Lodge 51 Bingo Pull Tabs (event type)	(total number)	col (c))				
Φ			(event type)							
Revenue	1 2	Gross receipts Less Charitable	1,649			298,837				
Æ		contributions		14,415	5	14,415				
	3	Gross income (line 1 minus line 2)	1,649	282,773	3	284,422				
	4	Cash prizes		239,530)	239,530				
မွာ	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
	7	Food and beverages								
Direct Direct	8	Entertainment								
ā	9	Other direct expenses .		31,419)	31,419				
	10	10 Direct expense summary Add lines 4 through 9 in column (d)								
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		13,473				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than				
Revenue		\$15,000 GH (GHH	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))				
~	1	Gross revenue								
	2	Cash prizes								
Expense	3	Non-cash prizes								
<u>й</u>	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	┌ Yes % ┌ No	<pre></pre>	┌ Yes %	_				
	7	Direct expense summary Add line	s 2 through 5 in column (d)						
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	🛌					
9 a b	Is t	er the state(s) in which the organization licensed to operate	gaming activities in eac	h of these states?		· · 「Yes 「No				
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno				

	Identifier	ReturnReference	Explanation	
Pa	rt IV Complete this part to instructions.)	provide additional information f	or responses to question on Schedule G	(see
-		pt activities during the tax year > \$		
b			d to other exempt organizations or spent	
	retain the state gaming license	?		▼ Yes No
а	Is the organization required und	der state law to make charıtable dıstı	ributions from the gaming proceeds to	
17	Mandatory distributions			
	Director/officer	Employee	Independent contractor	
	Description of services provide	d ►		
	Gaming manager compensation	ı 🕨 \$		
	Name 🟲			
	Name In			
16	Gaming manager information			
	Address 🟲			
	Name 🟲			
С	If "Yes," enter name and addres	SS		
	amount of gaming revenue retai	ined by the third party 🟲 \$		
b			ızatıon 🟲 \$ and the	
	revenue?			. ┌ _{Yes} ┌ No
15a	Does the organization have a co	ontract with a third party from whom	the organization receives gaming	
	SPRINGFIELD, C			
	Address ► 1536 VILLA RO	A D		
	Name 🟲 💮 Barbara Fitzwater	r		
	records	of the person who prepares the organ	ization's gammy/special events books and	
ь 14				
a				100 000 %
13	Indicate the percentage of gam			
	formed to administer charitable	gamıng?		. ┌ _{Yes} ┌ No
12	Is the organization a grantor, be	eneficiary or trustee of a trust or a m	ember of a partnership or other entity	
11	Does the organization operate ç	gaming activities with nonmembers?		. ┌ _{Yes} ┌ _{No}

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DLN: 93493193007031

2010

2010

OMB No 1545-0047

20.

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States

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

Attach to Form 990

Grants and Other Assistance to Organizations,

Open to Public Inspection

Name of the organization						Employer identificati	on number
Benevolent and Protective Order of E						31-0214080	
Part I General Information	on on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to at Describe in Part IV the organiz Part II Grants and Other A Form 990, Part IV, Im 	ward the grants or as ation's procedures fo Assistance to Go	sistance? or monitoring the use overnments and O	f grant funds in the Unite		mplete if the organ	nization answered "Y	
duplicated if additiona							· a.c.ii ca bc
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	 01(c)(3) and govern	ment organizations -				▶	
3 Enter total number of other orga							

Ident if ier

Return Reference

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493193007031

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Benevolent and Protective Order of Elks Lodge 51 31-0214080 Part 1 Ouestions Regarding Compensation

				Yes	Νο		
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a	apply					
	Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	Form 990 of other organizations	A pproval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part or a related organization	t VII, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control pay	ment from the organization or a related organization?	4a		Νο		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must c	complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any					
а	The organization?		5a				
ь	Any related organization?		5b				
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	: 1a, did the organization pay or accrue any					
а	The organization?		6a				
ь	Any related organization?		6b				
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		8		_		
9	If "Yes" to line 8, did the organization also follow the relaction 53 $4958\text{-}6(c)\text{?}$	buttable presumption procedure described in Regulations	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	Form 990 or Form 990-EZ		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
			<u> </u>	•						

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493193007031

Schedule L Trans

(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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of the organization Benevolent and Protective Order of Elks Lo	ndae 51						E	mployer i	dent if ica	tion numbe	r
believoletic and Protective order of Eliko Ec	age 51						3	1-02140	80		
Part I Excess Benefit Tra											
Complete if the organizat	ion ans	wered "	Yes" on For	m 990, l	Part IV, line 25a o	or 25b,	or Form	990-EZ,	Part V , I		
1 (a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action			rrected?
										Yes	No
2 Enter the amount of tax impos	ed on t	he orgai	nızatıon man	agers or	disqualified pers	ons dur	ing the y	ear unde	r		
section 4958									\$		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reimburs	ed by th	ie organization .			🟲	* <u> </u>		
Part III Loans to and/or	From	Intere	sted Pers	sons.							
Complete if the organi), Part IV, line 26	, or Fori	n 990-l	Z, Part V	, lıne 38	a	
	(b) L	oan to					_	(f)			
(a) Name of interested person and	or fro	m the	(c)0 rig		(d)Balance due	(e) 1 defau		Approv		(g)Writt	
purpose	organı	zation?	principal a	amount	(d) Dalance due	""		committ		agreeme.	
	То	From				Yes	No	Yes	No	Yes	No
		1									
				▶ \$							
Part IIII Grants or Assistar					Persons.	<u> </u>					
Complete if the orga						/, line 2	27.				
(a) Name of interested pers	on	(een interested per	rson	(c)A n	ount of a	rant or ty	/pe of assis	tance
(a) Nume of interested pers			ar	d the or	ganızatıon		(0)/////			, pe oi assis	- Carice
		+									

Part TV Bus	iness Transact	tions Involving T	nterested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	m answered res on	101111 330, 1 arc 1 v , 111	10 200, 200, 01 20C.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

xplanat ion
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Schedule L (Form 990 or 990-EZ) 2010

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization Benevolent and Protective Order of Elks Lodge 51

Employer identification number

31-0214080

ldentifier	Return Reference	Explanation
Form 990 Part XI	5	Increase in Designated and Restricted Fund Balances was 15,647. There was a prior period adjustment for 2,898 for over the starting statement of inventory evaluation.

ldentifier	Return Reference	Explanation
Form 990 Part VI	10a	BPOE 51 as a lodge is affilliated with International GrandOrder of Elks but has no suborders

ldentifier	Return Reference	Explanation
Form 990 Part VI	11A	Secretary and Trueasuer help complete the 990 and it is review edby the Audit Committee

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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493193007031

OMB No 1545-0172

Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** Benevolent and Protective Order of Elks Lodge 51 31-0214080 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 56,122 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 500,000 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 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 instructions) 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 61,306 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 (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property See Add'l Data d 10-year property See Add'l Data e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 476 2010-06 23.404 ММ S/L i Nonresidential real 39 yrs property MMS/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 5,479 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 81,855 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

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

entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

сотр	lete only .	24a, 24b, co	olumn:	s (a) thr	ough (c) of S	ection	1 A, a	<u>II oi</u>	f Section	on B, a	<u>and Se</u>	ction	<u>C it a</u>	<u>pplica</u>	bie.
Section A—Depre	ciation ar	nd Other Ir	ıform	nation (Cautio	n: See	e the i	instru	ictic	ns for	limits	for pa	sseng	jer au	itomo.	biles.)
24a Do you have eviden	ce to support 1	the business/inv	estmen	t use claım	ed? 🔽	res Γ_{N}	lo		24b	If "Yes,	" is the e	ev idence	written	, IZ ^{V(}	_s ┌ N	o
(a)	(b) Date placed in service	(c) Business/	Cost	(d) : or other basis	Basis	(e) for depre ness/inve- use only	ciation stment	(f) Recove period	ery	(g) Method Convent	d/	(h Depreci deduc) ation/		(i) Electe section cost	ed 179
25Special depreciation allow 50% in a qualified busin	•		rty place	ed in service	during t	he tax ye	ar and ι	used m	ore t		25					
26 Property used more	than 50%	ın a qualıfıed l	busine	ss use												
	2010-07-20	100 000 %		18,00	0		18,000	05	0 20	00 DB-M	Q T		4,50	00		
Airrowave Oven for P	2010-05-29	100 000 %		5			53		_	00 DB-M	`			19		
·	2009-12-16	100 000 %		3,00	0		3,000	05	0 20	00 DB-H\			96	50		
27 Property used 50%	or less in a	qualified bus	iness	use				<u> </u>	Is.	/L -				$\overline{}$		
		%			+					/L -				\dashv		
		%							S	/L -				1_		
28 Add amounts in co	lumn (h), lır	nes 25 throug	h 27 E	nter here	and on	line 21	, page	1		28			5,47	9		
29 Add amounts in co	lumn (ı), lın	e 26 Enterhe	ere and	on line 7	, page	1.						29				
				B—Info			Use o	of Ve	hic	les			-			
Complete this section	for vehicles	used by a so	le prop	rietor, pa	rtner, o	r other '	more '	than 5	5% (owner,"	or rela	ted per	son			
f you provided vehicles to	your employee	es, first answer t	he quest					n exce						_		
30 Total business/inv	estment mi	les drıven dur	ıng	(a Vehi		Vehi) cla2	,	(c) ehid		Vehi	d)	V ehı	≘) cla5		(f) ncle6
the year (do not ın	clude comm	nuting miles)	•	Veille	.161	Veill	CIEZ	, v	eme	.163	Veili	Cie	Veill	CIES	Ven	iicieo
31 Total commuting m	nıles drıven	during the ye	ar													
32 Total other person driven	al (noncomr	muting) miles														
33 Total miles driven through 32	during the y	ear Add line:	s 30													
J				Yes	No	Yes	No	Yes	,	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle av	aılable for p		luring													
35 Was the vehicle us 5% owner or relate	ed primarily		ian •													
36 Is another vehicle	available fo	r personal us	e?	Yes		Yes										
Answer these questior 5% owners or related p	ns to determ persons (se	e instructions	et an e:	xception	to comp	leting S	ection	B for	veh	ıcles u	sed by	employ	ees wh		not mo	re thai
37 Do you maintain a employees?	written polic	y statement	that pr •	ohibits al	l persor	naluse	of vehi •	cles,	nclu •		ommuti •	ng, by y	our •		/es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								•	•	•						
40 Do you provide mo		•		ployees,	obtain i	nformat	ion fro	m you	ren	nployee •	s abou	t the us	e of th	.е		
41 Do you meet the re	quirements	concerning q	ualıfıe	d automo	bile den	nonstrat	ion us	e? (S	ee ir	ıstructı	ons)					
Note: If your answ	er to 37, 38	, 39, 40, or 4	1 ıs "Y	es," do n	ot comp	olete Se	ction E	3 for t	he c	overed	vehicle	es				
Part VI Amoi	rtization	· · · · · · · · · · · · · · · · · · ·		-												
		(b)			(-)			7.15		Τ ((e)					
(a)		Date			(c) rtızable		((d) Code		1	tızatıoı	า	A mo	(f) ortizati	on for	
Description of co	osts	amortizatior begins	ן_י		ount			ection	_		iod or entage			his ye		
42 A mortization of co	sts that beg	ins during yo	ur 201	O tax yea	r (see ı	nstructi	ons)									
43 A mortization of co	sts that beg	an before you	ır 2010) tax year	r .						43					

44 Total. Add amounts in column (f) See the instructions for where to report

44

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 31-0214080

Name: Benevolent and Protective Order of Elks Lodge 51

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/invest ment use	(d) Recovery period	(e) Convention	(f) Met hod	(g)Depreciation deduction
	service	only—see instructions)				
c 7 - year property		273	07 0	MQ	200 DB	68
c 7 - year property		10,931	07 0	MQ	200 DB	2,733
c 7 - year property		10,513	07 0	MQ	200 DB	2,628
c 7 - year property		3,359	07 0	MQ	200 DB	840
c 7 - year property		1,098	07 0	ΜQ	200 DB	275
c 7 - year property		4,344	07 0	MQ	200 DB	1,086
c 7 - year property		5,457	07 0	ΜQ	200 DB	975
c 7 - year property		953	07 0	ΜQ	200 DB	170
c 7 - year property		1,141	07 0	MQ	200 DB	41

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/invest ment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
e 15-year property		32,030	15 0	MQ	150 DB	2,803
e 15-year property	1	47,599	15 0	MQ	150 DB	2,975

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Form **4797**

Department of the Treasury

Internal Revenue Service (99)

DLN: 93493193007031

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

	ne(s) shown on return	0					Ident if yi	ng nur	nber
ьепе	evolent and Protective	Order of Elk	s Loage 51				31-0214	080	
1					or 2010 on Form(s) 10				
	1099-S (or substitut	e statement	t) that you ar	e including on line 2, 1	0, or 20 (see instructi	ons)	1		
Pa					e or Business and erty Held More Th				
		(b) Date	(c) Date sold	(4) Gazara and a	(e) Depreciation		st or other		g) Gain or (loss)
2	(a) Description of property	acquired (mo , day,	(mo , day, yr)	(d) Gross sales price	allowed or allowable since	improve	ements and	Sub	tract (f) from the sum of (d) and (e)
2		yr)			acquisition	ехреп	se of sale	+	
_								_ _	
3	Gain, if any, from For							3	
4	_			m Form 6252, line 26 o				4	
5	_			changes from Form 88				5	
6	, ,,	,		ualty or theft				6	
7	Combine lines 2 thro	ugh 6 Enter	r the gain or i	(loss) here and on the	appropriate line as follo	ows		7	
		_			s. Report the gain or (lo hedule K, line 9 Skip l	•	-		
	from line 7 on line 11 section 1231 losses	below and s , or they wei	skıp lines 8 a re recaptured	and 9 Ifline 7 is a gair	ne 7 is zero or a loss, on and you did not have er the gain from line 7 5, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net se	ection 1231	losses from	prior years (see instru	ictions)			8	
9	below Ifline 9 is mo	re than zero	, enter the ar	mount from line 8 on lir	, enter the gain from lir ie 12 below and enter t (see instructions)	he gaın fro	m line 9	9	
Pa	ordinary G	ains and	Losses (se	ee instructions)					
10	Ordinary gains and lo				ude property held 1 ye	ar or less)			
Ba	ck Hoe	12-16-2009	06-14-2010	2,425	736		2,77	2	389
Use	ed Golf Carts	12-16-2009	11-12-2010	33,800	5,249		23,02	5	16,024
11	Loss, if any, from line	. 7						11	()
12								12	
13	Gain, if any, from line							13	
14	, , ,							14	
15								15	
16								16	
17		•						17	16,413
18	For all except individ	ual returns,	enter the am		ne appropriate line of yo	our return	and skip		<u>, , , , , , , , , , , , , , , , , , , </u>
а	If the loss on line 11	ıncludes a l	loss from For	·m 4684, line 38, colur	mn (b)(ii), enter that pa ule A (Form 1040), line				
	the loss from propert	y used as ai	n employee o	on Schedule A (Form 10	040), line 23 Identify	as from "Fo		18a	
b	Redetermine the gair	n or (loss) or	n line 17 exc	luding the loss, if any,	on line 18a Enter here	and on Fo	rm 1040,		

Form 4797	(2010)	Page 2
Part III	Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255	
	(see instructions)	

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property								(b) Date acquired (mo, day, yr) (c) Date solution (mo, day, yr)	
_ <u>A</u>										
_ <u>В</u> С										
D										
•	hese columns relate to the properties on lines 19A through 19D	٠	Property A	Р	ropert	у В	Prop	erty C	Pro	perty D
20	Gross sales price (Note: See line 1 before completing)	20								
21	Cost or other basis plus expense of sale	21								
22	Depreciation (or depletion) allowed or allowable	22								
23	Adjusted basis Subtract line 22 from line 21	23								
24	Total gain Subtract line 23 from line 20	24								
25	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e	Enter the smaller of line 26c or 26d	26e								
f	Sections 291 amount (corporations only)	26f								
g	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
ь	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27b	27c								
28	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
29	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
ь	Enter the smaller of line 24 or 29a (see instructions)	29b								
S	ımmary of Part III Gains. Complete prope	erty c	olumns A through	h <u>D</u> th	rough	ı lıne 2	9b befo	re go	ing to line :	30
30	Total gains for all properties Add property column									
31	Add property columns A through D, lines 25b, 26g	ı, 27 c	28b, and 29b Ente	er here	e and o	n line 1	3	31		
32	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4		•	rm 46	84, lin	e 36 Er	nter the	32		
Pa	Recapture Amounts Under Section (see instructions)	ns 17	79 and 280F(b)	(2) V	Vhen	Busin	ess Us	e Dro	ps to 50%	or Less
							Section 179		(b) Sect 280F(b)	
33	Section 179 expense deduction or depreciation a	llowab	le in prior years .		33					
34	Recomputed depreciation (see instructions)				34					
35	Recapture amount Subtract line 34 from line 33 See the ins	truction	s for where to report		35				İ	