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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

F Group Exemption
Number 1156

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

| (See the instructions for Part II) | | (A) Beginning of year | (B) End of year | |
|-------------------------------------|---|-----------------------|-----------------|---------|
| 22 | Cash, savings, and investments | 29,523 | 22 | 24,846 |
| 23 | Land and buildings | 67,488 | 23 | 67,488 |
| 24 | Other assets (describe in Schedule O) | 42,880 | 24 | 37,328 |
| 25 | Total assets | 139,891 | 25 | 129,662 |
| 26 | Total liabilities (describe in Schedule O) | 23,281 | 26 | 24,078 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 116,610 | 27 | 105,584 |

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

| | | | |
|--|---|---|--|
| What is the organization's primary exempt purpose? FRATERNAL-OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS | | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title | | | |
| 28 | PROVIDE BENEFITS & RECREATIONAL OPPORTUNITIES FOR MEMBERS (Grants \$) If this amount includes foreign grants, check here | 28a | |
| 29 | SUPPORT YOUTH ACTIVITIES SUCH AS HOOP SHOOT, SOCCER SHOOT AND DRUG AWARENESS (Grants \$) If this amount includes foreign grants, check here | 29a | |
| 30 | PROVIDE SCHOLARSHIPS FOR DESERVING STUDENTS (Grants \$) If this amount includes foreign grants, check here | 30a | |
| 31 | Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | No |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) | 35b | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | |
| b | Did the organization file Form 1120-POL for this year? | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ <u>BPO ELKS 604</u> Telephone no ▶ <u>(308) 382-8014</u> Located at ▶ <u>631 S LOCUST ST</u> <u>GRAND ISLAND, NE</u> ZIP + 4 ▶ <u>68801</u> | | |
| b | 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | 42b | No |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> | | |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |

| | | | |
|-----|---|-----|----|
| | | Yes | No |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ | | No |
| 45a | 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,' Form 990 and Schedule R must be completed instead of Form990-EZ | | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|-----|---|----|
| | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | |
| 48 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | |
| 49b | If "Yes," was the related organization a section 527 organization? | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------|---|------|------------------------|--|
| Sign Here | Signature of officer | | Date | |
| | DAVID C POWERS TREASURER | | | |
| Paid Preparer's Use Only | Preparer's signature | DATE | Check if self-employed | Preparer's taxpayer identification number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | | EIN |
| | GRAND ISLAND, NE 688015825 | | | Phone no (308) 382-6082 |

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

YesNo

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE 604

Employer identification number
47-0103694

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

- 3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|----|--|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|--|--|
| | 1 Gross revenue | 40,610 | 23,484 | | 64,094 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | 38,575 | 20,663 | | 59,238 |
| | 6 Volunteer labor | <div><input checked="" type="checkbox"/> 100 000 % <input type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No</div> | <div><input checked="" type="checkbox"/> 100 000 % <input type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No</div> | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | 59,238 |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | 4,856 |

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableNE

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

| | | | |
|---|-----------------------------|-----|-----------|
| a | The organization's facility | 13a | 100 000 % |
| b | An outside facility | 13b | |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ BPO ELKS 604

Address ▶ 631 S LOCUST ST
GRAND ISLAND, NE 68801

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

SCHEDULE O

(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.

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|---|---|
| Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 604 | Employer identification number 47-0103694 |
|---|---|

| Identifier | Return Reference | Explanation |
|---------------------------|---------------------------------|---|
| PAYMENTS TO AFFILIATES | FORM 990-EZ, PART I, LINE 10 | ELKS GRAND LODGE PER CAPITA ASSESS 2,954 2750 LAKEVIEW AVE CHICAGO IL 60614 NEBRASKA ELKS ASSOC PER CAPITA ASSESS 530 3418 AVENUE E KEARNEY NE 68847 |

| Identifier | Return Reference | Explanation |
|----------------|------------------------------|--|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | RENTAL REAL ESTATE INTEREST 183 INSURANCE 457 TAXES AND LICENSES 603 INVESTMENT DEPRECIATION 1,307 EXPENSES ADVERTISING & PROMOTION 835 OFFICE 479 TRAVEL 2,200 CONFERENCES / MEETINGS 750 INTEREST 351 BANK CHARGES 518 INSURANCE 983 LAUNDRY 435 LICENSES 1,110 LODGE SUPPLIES 339 REPAIRS & MTCE 1,636 RITUAL EXPENSE 200 TELEPHONE 605 YOUTH ACTIVITIES 85 VETERANS AID & ENTERTAIN 617 TOTAL 13,693 |

| Identifier | Return Reference | Explanation |
|-----------------|----------------------------------|---|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | INVENTORIES FOR SALE OR USE 4,388 3,170 PREPAID EXPENSES AND DEFERRED CHARGES 1,414 831 BUILDINGS & EQUIPMENT 142,045 142,045 LESS ACCUMULATED DEPRECIATION 104,967 108,718 TOTAL 42,880 37,328 |

| Identifier | Return Reference | Explanation |
|----------------------|----------------------------------|---|
| OTHER LIABILITIES | FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 7,265 8,995 DEFERRED REVENUE 6,441 8,324 NOTES PAYABLE 9,575 6,759 |

| Identifier | Return Reference | Explanation |
|------------------------|-----------------------|--|
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III | FRA TERNAL-OPERATES UNDER THE LODGE SY STEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS |

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

| | | |
|---|--|--------------------------------------|
| Name(s) shown on return BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 604 | Business or activity to which this form relates INDIRECT DEPRECIATION | Identifying number 47-0103694 |
|---|--|--------------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 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 . | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II 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 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 4,143 |

Part III 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 | 915 |
| 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 | | | | | | |
|---|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/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 | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|--|----|-------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 5,058 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|---|---------------------------------|---------------------------|---------------------|---|------------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) A mortization period or percentage | (f) A mortization for this year |
| 42 A mortization of costs that begins during your 2010 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| 43 A mortization of costs that began before your 2010 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | |

TY 2010 Compensation Explanation

Name: BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE 604

EIN: 47-0103694

| Person Name | Explanation |
|-------------------|-------------|
| WM DEAN SHAFER | |
| WILLIAM T FOSTER | |
| JUSTIN BRANDT | |
| JEREMY BRANDT | |
| KEITH E NIELSON | |
| WILLIAM CARSTENS | |
| JAMES APPLGATE | |
| ADOLPH BRANDT | |
| DENNIS D BERGGREN | |
| DAVID C POWERS | |
| DARYLL L THAVENET | |
| DALE E NIELSON | |
| BILL E VERPLANK | |
| BOB DE KOK | |
| E PAUL WICHT | |

Additional Data

Software ID:

Software Version:

EIN: 47-0103694

Name: BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 604

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| WM DEAN SHAFER 1718 INGALLS ST GRAND ISLAND, NE 68803 | LEAD KNIGHT 2 00 | 0 | | |
| WILLIAM T FOSTER 817 REDWOOD RD GRAND ISLAND, NE 68803 | LOYAL KNIGHT 2 00 | 0 | | |
| JUSTIN BRANDT 102 HILLCREST PHILLIPS, NE 68865 | INNER GUARD 2 00 | 0 | | |
| JEREMY BRANDT 103 E 5TH ST WOOD RIVER, NE 68883 | LECTURING KN 10 00 | 0 | | |
| KEITH E NIELSON 865 LEONARD AVE POLK, NE 68654 | EXALTED RULE 20 00 | 0 | | |
| WILLIAM CARSTENS 1109 HALL CT GRAND ISLAND, NE 68801 | ESQUIRE 2 00 | 0 | | |
| JAMES APPLEGATE 923 S KIMBALL ST GRAND ISLAND, NE 68801 | TILER 2 00 | 0 | | |
| ADOLPH BRANDT 102 HILLCREST PHILLIPS, NE 68865 | TRUSTEE 2 00 | 0 | | |
| DENNIS D BERGGREN 721 D ST CENTRAL CITY, NE 68826 | TRUSTEE 2 00 | 0 | | |
| DAVID C POWERS PO BOX 773 GRAND ISLAND, NE 68802 | TREASURER 20 00 | 0 | | |
| DARYLL L THAVENET 2648 BRENNEN LN GRAND ISLAND, NE 68803 | TRUSTEE 2 00 | 0 | | |
| DALE E NIELSON 548 L RD CHAPMAN, NE 68827 | SECRETARY 20 00 | 0 | | |
| BILL E VERPLANK 1107 W 7TH ST GRAND ISLAND, NE 68801 | TRUSTEE 2 00 | 0 | | |
| BOB DE KOK 2205 RUE DE COLLEGE GRAND ISLAND, NE 68803 | TRUSTEE 2 00 | 0 | | |
| E PAUL WICHT 936 S KIMBALL ST GRAND ISLAND, NE 68801 | CHAPLAIN 2 00 | 0 | | |