



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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)

► 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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 04-01-2010, and ending 03-31-2011

- B Check if applicable
 - Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 604	D Employer identification number 47-0103694
Number and street (or P O box, if mail is not delivered to street address) 631 S LOCUST ST	E Telephone number (308) 382-8014
City or town, state or country, and ZIP + 4 GRAND ISLAND, NE 68801	F Group Exemption Number ► 1156

G Accounting method Cash Accrual Other (specify) ► _____

I Website: ► WWWNELKS.ORG

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(8) (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 112,362

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

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

Revenue	<table border="1"> <tr><td>1 Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>5,087</td></tr> <tr><td>2 Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3 Membership dues and assessments</td><td>3</td><td>9,765</td></tr> <tr><td>4 Investment income</td><td>4</td><td>6,199</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td> b Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6 Gaming and fundraising events</td><td></td><td></td></tr> <tr><td> a Gross income from gaming (attach Schedule G if greater than \$15,000) </td><td>6a</td><td>64,094</td></tr> <tr><td> b Gross income from fundraising events (not including \$ 450 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) </td><td></td><td></td></tr> <tr><td> c Less direct expenses from gaming and fundraising events</td><td>6c</td><td>59,549</td></tr> <tr><td> d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>4,995</td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances</td><td>7a</td><td>26,767</td></tr> <tr><td> b Less cost of goods sold</td><td>7b</td><td>18,592</td></tr> <tr><td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td>8,175</td></tr> <tr><td>8 Other revenue (describe in Schedule O)</td><td>8</td><td></td></tr> <tr><td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>34,221</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1	5,087	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3	9,765	4 Investment income	4	6,199	5a Gross amount from sale of assets other than inventory	5a		b Less cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events			a Gross income from gaming (attach Schedule G if greater than \$15,000) 	6a	64,094	b Gross income from fundraising events (not including \$ 450 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 			c Less direct expenses from gaming and fundraising events	6c	59,549	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	4,995	7a Gross sales of inventory, less returns and allowances	7a	26,767	b Less cost of goods sold	7b	18,592	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,175	8 Other revenue (describe in Schedule O)	8		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34,221
1 Contributions, gifts, grants, and similar amounts received	1	5,087																																																		
2 Program service revenue including government fees and contracts	2																																																			
3 Membership dues and assessments	3	9,765																																																		
4 Investment income	4	6,199																																																		
5a Gross amount from sale of assets other than inventory	5a																																																			
b Less cost or other basis and sales expenses	5b																																																			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																																																			
6 Gaming and fundraising events																																																				
a Gross income from gaming (attach Schedule G if greater than \$15,000) 	6a	64,094																																																		
b Gross income from fundraising events (not including \$ 450 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 																																																				
c Less direct expenses from gaming and fundraising events	6c	59,549																																																		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	4,995																																																		
7a Gross sales of inventory, less returns and allowances	7a	26,767																																																		
b Less cost of goods sold	7b	18,592																																																		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,175																																																		
8 Other revenue (describe in Schedule O)	8																																																			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34,221																																																		
Expenses	<table border="1"> <tr><td>10 Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td>4,980</td></tr> <tr><td>11 Benefits paid to or for members</td><td>11</td><td></td></tr> <tr><td>12 Salaries, other compensation, and employee benefits</td><td>12</td><td></td></tr> <tr><td>13 Professional fees and other payments to independent contractors</td><td>13</td><td>5,655</td></tr> <tr><td>14 Occupancy, rent, utilities, and maintenance</td><td>14</td><td>19,725</td></tr> <tr><td>15 Printing, publications, postage, and shipping</td><td>15</td><td>1,194</td></tr> <tr><td>16 Other expenses (describe in Schedule O)</td><td>16</td><td>13,693</td></tr> <tr><td>17 Total expenses. Add lines 10 through 16</td><td>17</td><td>45,247</td></tr> </table>	10 Grants and similar amounts paid (list in Schedule O)	10	4,980	11 Benefits paid to or for members	11		12 Salaries, other compensation, and employee benefits	12		13 Professional fees and other payments to independent contractors	13	5,655	14 Occupancy, rent, utilities, and maintenance	14	19,725	15 Printing, publications, postage, and shipping	15	1,194	16 Other expenses (describe in Schedule O)	16	13,693	17 Total expenses. Add lines 10 through 16	17	45,247																											
10 Grants and similar amounts paid (list in Schedule O)	10	4,980																																																		
11 Benefits paid to or for members	11																																																			
12 Salaries, other compensation, and employee benefits	12																																																			
13 Professional fees and other payments to independent contractors	13	5,655																																																		
14 Occupancy, rent, utilities, and maintenance	14	19,725																																																		
15 Printing, publications, postage, and shipping	15	1,194																																																		
16 Other expenses (describe in Schedule O)	16	13,693																																																		
17 Total expenses. Add lines 10 through 16	17	45,247																																																		
Net Assets	<table border="1"> <tr><td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>-11,026</td></tr> <tr><td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td><td>19</td><td>116,610</td></tr> <tr><td>20 Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td></td></tr> <tr><td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td><td>21</td><td>105,584</td></tr> </table>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,026	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,610	20 Other changes in net assets or fund balances (explain in Schedule O)	20		21 Net assets or fund balances at end of year Combine lines 18 through 20	21	105,584																																							
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,026																																																		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,610																																																		
20 Other changes in net assets or fund balances (explain in Schedule O)	20																																																			
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	105,584																																																		

Part II Balance SheetsCheck 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 AccomplishmentsCheck 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

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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	39a	
a Initiation fees and capital contributions included on line 9	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		
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 ► BPO ELKS 604 Telephone no ► (308) 382-8014		
631 S LOCUST ST Located at ► GRAND ISLAND, NE ZIP + 4 ► 68801		
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)?	42b	No
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	No
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
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 Form 990-EZ	45	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 Form 990-EZ	45a	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	46	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?		
b If "Yes," was the related organization a section 527 organization?		

<p>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."</p>				
(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

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 Yes No

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 <u>DAVID C POWERS TREASURER</u>	2011-06-08 Date		
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <u>PATRICIA KING</u>	Date 2011-06-08	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>DOUGLAS BOOKKEEPING SVC INC</u> <u>719 W 3RD ST</u> <u>GRAND ISLAND, NE 688015825</u>	<input checked="" type="checkbox"/> EIN <input checked="" type="checkbox"/>		Phone no <input checked="" type="checkbox"/> (308) 382-6082

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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.

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 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	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	<input checked="" type="checkbox"/> 100 000 % <input type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> 100 000 % <input type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	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 Table NE

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)**Supplemental Information to Form 990 or 990-EZ****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.****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	FRATERNAL-OPERATES UNDER THE LODGE SYSTEM 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 67Department 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 604Business or activity to which this form relates
INDIRECT DEPRECIATIONIdentifying 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? Yes No **24b** If "Yes," is the evidence written? Yes 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

25 Special 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
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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization 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 APPLEGATE	
ADOLPH BRANDT	
DENNIS D BERGGREN	
DAVID C POWERS	
DARYLL L THAVENET	
DALE E NIELSON	
BILL E EVERPLANK	
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		