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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** APRIL 01 , **2010, and ending** MARCH 31 , 2011

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

C Name of organization: Benevolent and Protective Order of

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 1523 Arcade — Room/Suite

City or town, state or country, and ZIP + 4: Goodland KS 67735

D **Employer identification number**: 48-0137297

E Telephone number: (785) 890-6251

G Gross receipts $: 165,832

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ N/A

H(c) Group exemption number ▶ 1156

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile: KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities.

See attachment #1

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Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	366
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	38,005	33,071
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,581	1,425
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,772	71,156
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,358	105,652

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,219	14,590
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	76,892	70,644
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,111	85,234
19	Revenue less expenses. Subtract line 18 from line 12	247	20,418

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	229,416	240,374
21	Total liabilities (Part X, line 26)	1,074	1,239
22	Net assets or fund balances. Subtract line 21 from line 20	228,342	239,135

Part II Signature Block

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: Zona Price — Date: 6-15-11

Type or print name and title: ZONA PRICE, Sec

Paid Preparer Use Only

Print/Type preparer's name: DELILAH LEIKER	Preparer's signature: Delilah Leiker	Date: 6/14/2011	Check ☐ if self-employed	PTIN: P00005365
Firm's name ▶ H and R Block			Firm's EIN ▶	
Firm's address ▶ 815 MAIN GOODLAND KS 67735			Phone no. (785) 899-3022	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2010)

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SCANNED JUL 07 2011

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See attachment #2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II N/A	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 N/A	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
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		X
c	Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) N/A	20b		

Part IV **Checklist of Required Schedules** (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V X

				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	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A	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		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter.					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	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		X
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		X

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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	1a	366		
b	Enter the number of voting members included in line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	N/A	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a		X
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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	N/A	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	N/A	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	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 arrangement with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 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

☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #3

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 X

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former				
Zona Price Secretary	20.00			X					9,600	0	0
Robin Deeds Exalted Ruler	10.00			X					0	0	0
Brian Rippe Est. Leading Knight	10.00			X					0	0	0
Fritz Doke Est. Loyal Knight	10.00			X					0	0	0
Perry Lohr Treasurer	10.00			X					0	0	0
Joni Wilson Est. Lecturing Knight	10.00			X					0	0	0
Chuck Bohme Esquire	10.00			X					0	0	0
Grady Bonfall Chaplain	10.00			X					0	0	0
Tom Rohr Trustee Chairman	2.00	X							0	0	0
Larry Enfield Trustee	2.00	X							0	0	0
Scott Jarrett Trustee	2.00	X							0	0	0
Ed Schulte Trustee	2.00	X							0	0	0
Rex Smith Trustee	2.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
1b Sub-total								▶	9600	0	0
c Total from continuation sheets to Part VII, Section A								▶			
d Total (add lines 1b and 1c)								▶	9600	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a	Federated campaigns	1a				
	b	Membership dues	1b	15,440			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	17,631			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		33,071			
PROGRAM SERVICE REVENUE			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f					
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		1,425	1,425		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,540				
	b	Less rental expenses					
	c	Rental income or (loss)	1,540				
	d	Net rental income or (loss)		1,540	1,540		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less. cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a	67,347			
	b	Less direct expenses	b	37,719			
	c	Net income or (loss) from gaming activities		29,628	29,628		
	10a	Gross sales of inventory, less returns and allowances	a	51,686			
	b	Less cost of goods sold	b	22,461			
	c	Net income or (loss) from sales of inventory		29,225	29,225		
		Miscellaneous Revenue	**Business Code**				
	11a	Insurance		10,763			
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		10,763			
	12	**Total revenue.** See instructions		105,652	61,818		

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,600		9,600	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,896		3,896	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,094		1,094	
11	Fees for services (non-employees):				
a	Management				
b	Legal	520		520	
c	Accounting	1,685		1,685	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	337		337	
13	Office expenses	2,063		2,063	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,505		1,505	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,033		5,033	
23	Insurance	6,032		6,032	
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)				
a	Utilities	18,130		18,130	
b	Repair and Maint	6,419		6,419	
c	Grand Lodge Dues	5,068		5,068	
d	Property Taxes	4,001		4,001	
e	Liquor Tax	3,714		3,714	
f	All other expenses #4	16,137		16,137	
25	**Total functional expenses.** Add lines 1 through 24f	85,234		85,234	
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				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing		34,449	1	39,008
	2	Savings and temporary cash investments		90,012	2	101,409
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			7	
	8	Inventories for sale or use		6,420	8	5,918
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 582,336			
	b	Less: accumulated depreciation	10b 488,297	98,535	10c	94,039
	11	Investments -- publicly traded securities			11	
	12	Investments -- other securities See Part IV, line 11			12	
	13	Investments -- program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		229,416	16	240,374
LIABILITIES	17	Accounts payable and accrued expenses		1,074	17	1,239
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,074	26	1,239
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		228,342	32	239,135
	33	Total net assets or fund balances		228,342	33	239,135
	34	Total liabilities and net assets/fund balances		229,416	34	240,374

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,234
3	Revenue less expenses. Subtract line 2 from line 1	3	20,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228,342
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,793
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	239,135

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . N/A	3b		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
Benevolent and Protective Order of Elks 1528 BPOE

Employer identification number
48-0137297

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

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

a ☐ Mail solicitations
b ☐ Internet and email 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

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

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b 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 Noncash 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 line 3, column (d), and line 10 ▶				

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) thru col (c))
REVENUE	1 Gross revenue	50,934	8,537	7,819	67,290
DIRECT EXPENSES	2 Cash prizes	25,694		3,186	28,880
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	1,471	2,847	4,521	8,839
	6 Volunteer labor	[X] Yes 100 % [ ] No	[X] Yes 100 % [ ] No	[X] Yes 100 % [ ] No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(37,719)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				29,571

9 Enter the state(s) in which the organization operates gaming activities: KS

a Is the organization licensed to operate gaming activities in each of these states? [X] Yes [ ] No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [X] 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	100.00 %
b	An outside facility	13b	%

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

Name ▶

Address ▶

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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
Benevolent and Protective Order of Elks 1528 BPOE	48-0137297

Part XI Line 5
No longer have Impact Grant

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning 04-01 , and ending 03-31-2011.

Name of Organization	Employer Identification Number
Benevolent and Protective Order of Elks 1528 BPOE	48-0137297

Primary Purpose

To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and enhance the happiness of its Members; to quicken the spirit of American patriotism to cultivate good fellowship; to perpetuate itself as a fraternal organization, and to provide for its government, the Benevolent and Protective Order of Elks of the United States of America will serve the people and communities through benevoelnt programs, demonstrating that ELK Care and ELKS Share.

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning 04-01-2010, and ending 03-31-2011	
Name of Organization		Employer Identification Number
Benevolent and Protective Order of Elks 1528 BPOE		48-0137297

Primary Purpose

To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and enhance the happiness of its Members; to quicken the spirit of American patriotism to cultivate good fellowship; to perpetuate itself as a fraternal organization, and to provide for its government, the Benevolent and Protective Order of Elks of the United States of America will serve the people and communities through benevoelnt programs, demonstrating that ELK Care and ELKS Share.

990 BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning 04-01 , and ending 03-31-2011.

Name of Organization	Employer Identification Number
Benevolent and Protective Order of Elks 1528 BPOE	48-0137297

Part VI - Line 20

Individual Name or Business Name: Lodge Officers

Street Address: 1523 Arcade

U S Address

Zip code: 67735 City: Goodland State: KS

or Foreign Address

City:

Province or State:

Country:

Postal code:

Phone Number: (785)890-6251

Fax Number:

709 SCHEDULE OF OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection | For calendar year 2010 or tax period beginning 04-01-2010, and ending 03-31-2011.

Name of Organization: Benevolent and Protective Order of Elks 1528 BPOE

Employer Identification Number: 48-0137297

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Supplies	2,736		2,736	
Elks National Foundation	1,935		1,935	
Contract Labor	1,462		1,462	
Kansas Elks Foundation	1,267		1,267	
Cleaning Supplies	1,066		1,066	
Law and Order/Member Recogn	900		900	
Grant Expenses	796		796	
Bulletins	759		759	
Licenses	735		735	
Team Sponsorship	500		500	
Scholarships	500		500	
Telephone	440		440	
Hoop Shoot/ Soccer Clinic	430		430	
Ticket Expenses	418		418	
Donations	381		381	
District Deputy Expense	301		301	
Memorial Plates	251		251	
Newspaper in Education	200		200	
Clinic Fees	190		190	
Americansm Project	173		173	
Dictionary Project	168		168	
Bond	100		100	
Tips	75		75	
District Clinic Expenses	65		65	
Jr Teen of the Year	50		50	
Miscellaneous	50		50	
Entertainment	50		50	
Secretary of State	40		40	
Dues and Subscriptions	35		35	
Return Checks	34		34	
Blue Star Banner Project	27		27	
Bank Charges	3		3	
Total:	16,137		16,137	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Benevolent and Protective Orde	FOR FORM 990	48-0137297

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 instructions)	1	
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	
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	500,000

6	(a) Description of property	(b) Cost (busn. 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	500,000
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	

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	5,006
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 depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		537	05	MQ	200 DB	27
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	5,033
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	

2010 Federal Depreciation Schedule

Benevolent and Protective Order of Elks #1528 BPOE
48-0137297

06-14-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
100 C Perclaltor	11-18-81	200DBHY	3	98	0	0	0	98	98	0
100 C Percolator	11-17-80	200DBHY	3	88	0	0	0	88	88	0
150 Chairs	07-17-78	200DBHY	10	1,013	0	0	0	1,013	1,013	0
1973 Depr Assets	01-01-73	200DBHY	10	3,727	0	0	0	3,727	3,727	0
1974 Depr Assets	01-01-74	200DBHY	10	13,224	0	0	0	13,224	13,224	0
2 Quesadila Maker	12-31-03	200DBHY	7	39	0	0	20	19	19	0
2 video games	10-19-84	200DBHY	5	1,800	0	0	0	1,800	1,800	0
20 chairs	07-08-75	200DBHY	10	2,726	0	0	0	2,726	2,726	0
20 Tables	07-17-78	200DBHY	10	759	0	0	0	759	759	0
5 Trane Condensing	10-14-99	200DBHY	7	9,097	0	0	0	9,097	9,097	0
55 C Perculator	12-02-87	200DBHY	7	115	0	0	0	115	115	0
6 Chairs	11-12-75	200DBHY	10	120	0	0	0	120	120	0
8 Qt Kettle	10-15-86	200DBHY	5	227	0	0	0	227	227	0
90 C Perculator	04-01-85	200DBHY	5	90	0	0	0	90	90	0
Air Cleaner	01-04-90	200DBHY	7	2,122	0	0	0	2,122	2,122	0
Air Conditioner	09-12-89	S/LMM	31 5	27,965	0	0	0	27,965	16,673	888
Asphalt Drive	09-14-88	150DBHY	20	10,000	0	0	0	10,000	10,000	0
Bar Mixer	07-02-81	200DBHY	3	66	0	0	0	66	66	0
Beer Cooler	04-14-06	200DBHY	7	1,481	0	0	0	1,481	1,019	132
Beer Tapster	11-30-90	200DBHY	7	659	0	0	0	659	659	0
Bingo Equipment	07-17-78	200DBHY	10	1,734	0	0	0	1,734	1,734	0
Bingo Machine	10-09-98	200DBHY	7	4,236	0	0	0	4,236	4,236	0
Blue Room Remodel	08-13-91	S/LMM	31 5	6,777	0	0	0	6,777	3,761	215
Bunn Coffee	02-04-87	200DBHY	7	258	0	0	0	258	258	0
C 100 Bogen	09-14-88	200DBHY	7	420	0	0	0	420	420	0
Calculator	04-21-78	200DBHY	5	65	0	0	0	65	65	0
Calculator	11-12-75	200DBHY	5	170	0	0	0	170	170	0
Carpet	12-16-88	200DBHY	7	279	0	0	0	279	279	0
Cash Register	04-04-98	200DBHY	5	156	0	0	0	156	156	0
Cash Register	10-14-83	200DBHY	5	475	0	0	0	475	475	0
Cash Register	10-14-83	200DBHY	5	475	0	0	0	475	475	0
Cash Register	01-23-09	200DBMQ	5	376	0	0	0	376	162	86
Cash Register	01-03-00	200DBHY	5	215	0	0	0	215	215	0
Cash Register	10-14-83	200DBHY	5	475	0	0	0	475	475	0
Ceiling Insulation	06-25-81	200DBHY	10	6,990	0	0	0	6,990	6,990	0
Chairs	03-14-03	200DBHY	5	206	0	0	62	144	144	0
Charbroiler	06-11-76	200DBHY	10	872	0	0	0	872	872	0
Cleanout System	09-20-88	200DBHY	7	686	0	0	0	686	686	0
Coca Cola Cooler	02-06-86	200DBHY	5	650	0	0	0	650	650	0
Coffee Maker	12-18-81	200DBHY	3	198	0	0	0	198	198	0
Coffee Table	12-16-83	200DBHY	5	542	0	0	0	542	542	0
Coffemaker	12-18-81	200DBHY	3	198	0	0	0	198	198	0
Computer	10-05-99	200DBHY	5	2,178	0	0	0	2,178	2,178	0
Computer	03-21-08	200DBHY	5	741	0	0	0	741	527	85
Concrete Drive	11-29-85	200DBHY	5	3,622	0	0	0	3,622	3,622	0
Copier	04-20-89	200DBHY	5	940	0	0	0	940	940	0
Copy Machine	03-29-96	200DBHY	7	740	0	0	0	740	740	0
Curtain & Rd	06-21-77	200DBHY	7	212	0	0	0	212	212	0
Deep Fryer	05-06-81	200DBHY	10	927	0	0	0	927	927	0
Desk	05-23-78	200DBHY	10	180	0	0	0	180	180	0
Dining Room	04-15-83	200DBHY	5	2,150	0	0	0	2,150	2,150	0
Dining Room	02-28-88	200DBHY	10	32,172	0	0	0	32,172	32,172	0
Dishwasher	09-03-82	200DBHY	5	3,680	0	0	0	3,680	3,680	0
Dishwasher	04-13-98	200DBHY	7	3,500	0	0	0	3,500	3,500	0
Dura Shower	06-16-78	200DBHY	7	485	0	0	0	485	485	0
Emergeny Light	12-14-81	200DBHY	5	420	0	0	0	420	420	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2010 Federal Depreciation Schedule

Benevolent and Protective Order of Elks #1528 BPOE
48-0137297

06-14-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Equipment	02-04-88	200DBHY	10	3,483	0	0	0	3,483	3,483	0
Fire Extingusher	01-11-99	200DBHY	7	1,054	0	0	0	1,054	1,054	0
Food Processor	04-23-91	200DBHY	7	300	0	0	0	300	300	0
Furnace	12-11-98	200DBHY	10	2,589	0	0	0	2,589	2,589	0
G E Refrigerator	10-22-91	200DBHY	7	312	0	0	0	312	312	0
Game Board	07-20-81	200DBHY	3	329	0	0	0	329	329	0
Garbage Disposal	05-10-76	200DBHY	10	471	0	0	0	471	471	0
Grey Room Carpet	12-29-83	200DBHY	5	2,088	0	0	0	2,088	2,088	0
Hallway Carpet	02-02-83	200DBHY	5	825	0	0	0	825	825	0
Heating and Air Cond	05-31-09	150DBHY	15	5,476	0	0	0	5,476	274	520
Hobart Slicer	06-21-90	200DBHY	7	950	0	0	0	950	950	0
Ice Machine	07-05-06	200DBHY	7	4,000	0	0	0	4,000	2,752	357
Ice Machine	01-31-76	200DBHY	10	2,104	0	0	0	2,104	2,104	0
Ice Machine	11-12-85	200DBHY	5	3,043	0	0	0	3,043	3,043	0
Ice Machine	08-07-97	200DBHY	7	400	0	0	0	400	400	0
Ice Machine	04-01-99	200DBHY	7	2,835	0	0	0	2,835	2,835	0
Intercom System	03-12-75	200DBHY	10	875	0	0	0	875	875	0
Intercom System	12-20-76	200DBHY	10	2,033	0	0	0	2,033	2,033	0
Juke Box	03-05-86	200DBHY	5	500	0	0	0	500	500	0
Kirby Sweeper	02-14-92	200DBHY	7	1,200	0	0	0	1,200	1,200	0
Kit Flire Supp	11-03-82	200DBHY	5	2,012	0	0	0	2,012	2,012	0
Kitchen Addition	04-01-69	S/LMM	31 5	56,340	0	0	0	56,340	50,865	0
Kitchen Equipment	04-01-67	200DBHY	10	8,419	0	0	0	8,419	8,419	0
Kitchen Remodel	08-14-86	200DBHY	5	3,530	0	0	0	3,530	3,530	0
Lawn Sprkinkler	09-07-88	200DBHY	10	3,730	0	0	0	3,730	3,730	0
Lounge Bar	12-28-81	200DBHY	5	220	0	0	0	220	220	0
Lounge Fan	12-14-81	200DBHY	5	125	0	0	0	125	125	0
Lounge Remodeling	11-20-74	150DBHY	15	18,861	0	0	0	18,861	18,861	0
Memorial Plates	12-14-76	200DBHY	10	676	0	0	0	676	676	0
Microwave	11-03-82	200DBHY	5	64	0	0	0	64	64	0
Microwave	12-15-86	200DBHY	5	129	0	0	0	129	129	0
Mircocomputer	07-30-88	200DBHY	5	2,819	0	0	0	2,819	2,819	0
Mixer	12-23-89	200DBHY	7	233	0	0	0	233	233	0
Nacho Warmer	09-19-91	200DBHY	7	315	0	0	0	315	315	0
New Bar	11-20-74	150DBHY	15	5,554	0	0	0	5,554	5,554	0
Oreck Vaccum	03-31-10	200DBHY	5	215	0	0	0	215	43	69
Original Building	11-01-63	S/LMM	31 5	170,542	0	0	0	170,542	146,255	954
Original Equipment	11-01-63	200DBHY	10	21,141	0	0	0	21,141	21,141	0
Panel Red Room	12-06-80	200DBHY	10	865	0	0	0	865	865	0
Parking Lot	12-04-86	150DBHY	15	3,000	0	0	0	3,000	3,000	0
Parking Lot	08-31-81	200DBHY	5	2,362	0	0	0	2,362	2,362	0
Parking Lot	11-07-80	200DBHY	10	10,000	0	0	0	10,000	10,000	0
Piano	05-19-75	200DBHY	10	650	0	0	0	650	650	0
Pit Group Se	12-16-83	200DBHY	5	1,450	0	0	0	1,450	1,450	0
Pool Table	03-05-77	200DBHY	10	490	0	0	0	490	490	0
Printer	02-25-08	200DBHY	5	187	0	0	0	187	133	22
Quesadille Maker	08-15-03	200DBHY	7	32	0	0	16	16	14	1
Refrigerator	08-08-86	200DBHY	5	260	0	0	0	260	260	0
Refrigerator	08-31-72	200DBHY	3	125	0	0	0	125	125	0
Remodel North	07-14-86	200DBHY	5	885	0	0	0	885	885	0
Roof	02-08-00	S/LMM	39	62,700	0	0	0	62,700	18,444	1,608
Small Equipment	03-31-11	200DBMQ	5	537	0	0	0	537	0	27
Small Equipment	04-28-08	200DBMQ	7	148	0	0	0	148	69	23
Small Equipment	12-31-09	200DBHY	7	97	0	0	0	97	14	24
Snooker Table	08-30-83	200DBHY	5	1,500	0	0	0	1,500	1,500	0
Stack Chairs	06-11-76	200DBHY	10	485	0	0	0	485	485	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2010 Federal Depreciation Schedule

Benevolent and Protective Order of Elks #1528 BPOE
48-0137297

06-14-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Stage Carpet	01-23-80	200DBHY	7	875	0	0	0	875	875	0
Stage Material	09-19-79	200DBHY	7	180	0	0	0	180	180	0
Table	11-12-75	200DBHY	10	126	0	0	0	126	126	0
Television	02-15-84	200DBHY	5	302	0	0	0	302	302	0
Television	03-31-86	150DBHY	15	1,280	0	0	0	1,280	1,280	0
Troffeen	07-14-88	200DBHY	7	1,528	0	0	0	1,528	1,528	0
Typewriter	02-11-85	200DBHY	5	480	0	0	0	480	480	0
Used Chairs	03-22-02	200DBHY	7	150	0	0	0	150	150	0
Vaccuum	04-08-05	200DBHY	5	395	0	0	0	395	373	22
Wallcovering	11-20-74	200DBHY	7	657	0	0	0	657	657	0
Water Heater	06-03-99	200DBHY	7	399	0	0	0	399	399	0
Water Heater	05-24-78	200DBHY	10	1,203	0	0	0	1,203	1,203	0
Water Heater	05-02-90	200DBHY	7	2,338	0	0	0	2,338	2,338	0
Water Softner	05-24-78	200DBHY	10	585	0	0	0	585	585	0
126 Assets		Totals*		579,879	0	0	98	579,781	483,166	5,033
126 Assets		Grand Totals:		579,879	0	0	98	579,781	483,166	5,033

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction