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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 $04/01/10$, and ending $03/31/11$			
В	Check if applicable	_ 		D Employer	identification number
\exists	Address change	Elks Lodge No. 1267		58_0.	467802
	Name change	Doing Business As	Doom/outo		
	Initial return	Number and street (or P O box if mail is not delivered to street address) P.O. BOX 1586	Room/suite	E Telephone	HUMBER
7	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	DALTON GA 30722		G Gross receipts	s 267,298
Ħ	Application pendir	E. Nome and address of principal officer	116.5	<u> </u>	
	Application pendil	у 	H(a) Is this a g	group return for affilia	
			1 ' '	affiliates included	
			I If "N	lo,* attach a list (see instructions)
1	Tax-exempt st		4		1156
	Website: ◆	N/A		exemption numbe	
	Form of organiza		ear of formation	M	State of legal domicile
		Summary			
		describe the organization's mission or most significant activities			
çe	, Ra	ise money to support charities and do public good			
nan					
Ver	0.05	the bar A	-f .ta mat annat	_	
ô	2 Check	this box ◆ ☐ if the organization discontinued its operations or disposed of more than 25% er of voting members of the governing body (Part VI, line 1a)	or its net asset	s 3	
ళర ග	3 Numb	er of voting members of the governing body (Fart VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)		4	
įŧie	5 Total	number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
Activities & Governance	6 Total	number of volunteers (estimate if necessary)		6	· · · · · · · · · · · · · · · · · · ·
⋖		unrelated business revenue from Part VIII, column (C), line 12		7a	191,231
	i .	related business taxable income from Form 990-T, line 34		7b	103,075
_			Pnor Ye		Current Year
Revenue	8 Contri	butions and grants (Part VIII, line 1h)	7	2,185	76,067
	9 Progra	m service revenue (Part VIII, line 2g)		4 040	07 156
Şe.	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		4,949	87,156
_	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,862	104,075
	T	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,996	267,298
		s and similar amounts paid (Part IX, column (A), lines 1–3)			
	45 Colors	ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	6,086	76,030
penses	15 Salari	ssionarium a principal des (Part IX, Column (A), line 11e)		3,000	
en	h Tofal	undraising expenses (Part IX, column (D), line 25) ♦ 25,344			
Ä	1-	expenses (Part IX, column (A)) lines 11a–11d, 11f–24f)	20	0,120	193,998
	18 Total	expenses Add lines (13117 (must equal Part IX, column (A), line 25)		6,206	270,028
		nue-less-expenses, Subtract Ine 18 from line 12		0,790	-2,730
5		OGDEN, UT	Beginning of Cu		End of Year
Net Assets or	20 Total	assets (Part X, line 16)		4,638	1,698,208
et A	21 Total	labilities (Part X, line 26)		8,547	4,847
		ssets or fund balances. Subtract line 21 from line 20	1,69	6,091	1,693,361
	Part II	Signature Block			
	•	of perjury, I declare that I have examined this return, including accompanying schedules and statements, an I complete Declaration of preparer (other than officer) is based on all information of which preparer has any		y knowledge and	belief, it is
	1	B. II Shi		 	
Ç;	gn 📗	Signature of officer		Date	
	ere	Bill Larimer Treas:	urer	Date	
		Type or print name and title			· · · · · · · · · · · · · · · · · · ·
_	Prin	/Type preparer's name Preparer's signable	Date	Check	if PTIN
Pa		LeBin Cain	-	4/11 self-emplo	
Pro	eparer Firm	's name " Crowe & Carnes, CPA, P.C.		Firm's EIN **	20-0368652
Us	e Only	PO Box 1405			
	Firm	's address " Dalton, GA 30722-1405		Phone no	706-226-5507
	y the IRS dis	cuss this return with the preparer shown above? (see instructions)			Yes No
		Reduction Act Notice, see the separate instructions.			Form 990 (2010)
DA	Α				

		cotective Order of	58-0467802	Page 2
		ervice Accomplishments	this Part III	$\overline{\mathbf{X}}$
	neck if Schedule O con the street of the organization's mission	tains a response to any question ir	i this Part III	A
Raise mo	oney to support	charities and do publ	lic good	
		ant program services during the year which w	ere not listed on the	Yes X No
•	90 or 990-EZ? cribe these new services on So	chedule O		
3 Did the organ		nake significant changes in how it conducts, a	ny program	
services?	cribe these changes on Sched	ule O		Yes X No
		s for each of the organization's three largest $\mathfrak p$	program services by expenses Section	
		section 4947(a)(1) trusts are required to repor	t the amount of grants and allocations to	
others, the to	otal expenses, and revenue, if	any, for each program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$)
Donated	to variuos cha	rities.		
4b (Code.) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$,
4d Other progr	am services. (Describe in Scho	edule O)		
(Expenses	\$	including grants of \$) (Revenue \$)
4e Total progr	ram service expenses ◆	174,001		Form 990 (2010
UMM				, OHH GOO (EUTO

	990 (2010) Benevolent & Protective Order of 58-0467802		P	age 3
<u>Pa</u>	rt IV Checklist of Required Schedules		1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		x
2	complete Schedule A 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	_	-	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		_X_
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a		
þ		11b		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	 	
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١
	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			17
	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		v	
	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?	100		v
0.0	If "Yes," complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	 ^
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some	201-		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	1

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	The transfer to deliver to the transfer to the				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				res	NO
_ 1	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		Ī			
	organization's current and former officers, directors, trustees, key employees, and highest compensated				İ	
	employees? If "Yes," complete Schedule J			23	İ	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?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a						
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I		1	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		Х
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)					.,
а	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		Ì			
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					x
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			30		x
24	conservation contributions? If "Yes," complete Schedule M			30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			31		x
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>		
32	complete Schedule N, Part II			32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
- 1	IV, and V, line 1			34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		Х
а	Did the organization receive any payment from or engage in any transaction with a					
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X 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		
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	<u> </u>	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

Form **990** (2010)

orm	990 (2010) Benevolent & Protective Order of 58-0467802		Р	age \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V			┵
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			х
_	reportable gaming (gambling) winnings to prize winners?	1c		^
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			l
		2b		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			Ì
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	1
	and services provided to the payor?	7a		ļ—
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	 	}
đ	If "Yes," indicate the number of Forms 8282 filed during the year	─ │ , ,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization recovered a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
h R	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>		†
•	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ì		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 -	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	}	╂—
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans 13b	 		
C	Enter the amount of reserves on hand Did the exposuration receive any payments for indeer tanging services during the tay year?	14a	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	 	+ *
D	ii res, has ithied a norm rzo to report mese payments rii no, provide an explanation in schedule o	טידו ן	1	1 _

State the name, physical address, and telephone number of the person who possesses the books and records of the

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organization.

DAA

FORM 990 (2010) Delievotelic & Plocective Older Ol Services	Form 990 (2010) Benevolent	æ	Protective	Order	of	58-0467
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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

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

- 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

(A) Name and Title	(B) Average hours per				all t	hat ap		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) BILL LARIMER	2 22											
TRUSTEE (2) GEORGE MCARTHUR	0.00	╂				Н		0	0			
SEC MCARITUR	20.00			x				5,720	0			
(3)	20.00			A				3,720				
(4)		-				_						
(5)	<u> </u>											
(6)												
(7)									<u></u>			
(8)		 										
(9)		-										
10)		 										
(11)				ļ								
12)												
(13)												
(14)												
(15)												
(16)		\dagger		\vdash								

	(A) Name and Title	(B) Average hours per	<u> </u>			k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation from	Esti	F) mated unt of	
		Week (describe hours for related organizations in Schedule O)		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	o compe froi orgar and	her ensation in the nization related izations					
17)													
8)													
9)											:		
20)													
!1)													
22)													
23)													
24)													
25)													
26)						-							
27)													
28)													•
1b	Sub-total		<u></u>	L	L	1		•	5,720				
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				* •	5,720				
2	Total number of individuals (increportable compensation from	_			iose	liste	d abo	ve)	who received more than \$1	00,000 in			
3	Did the organization list any fo				stee	. ke	/ emr	olove	ee, or highest compensated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schede 1a, is the sum of	ule J if rep	for s ortat	uch i	indiv omp	ndual ensat	ion	and other compensation fro	m the	3		X
	organization and related organ										4	ļ	x
5	Did any person listed on line 1 for services rendered to the or										5		Х
Sec 1	ction B. Independent Contract Complete this table for your five		nsate	ed in	depe	nde	nt co	ntrad	ctors that received more tha	n \$100,000 of			
	compensation from the organiz	Zation (A) I business address							Descri	(B) otion of services		(C) Compensa	ation
			•									•	
								t		·			
								H					
								-					
_	Tatal number of the last	anton character - 1	alua ·				4 4 - 41		Liptori pherial rub -				
2	Total number of independent of received more than \$100,000								s listed above) who	0			

<u>rt V</u>	III Statement of Rev	enue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				Total revenue	exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
1a b c d e f	Membership dues	1b	54,588				
С	Fundraising events	1c	21,479	j			
d	Related organizations	1d					
е	Government grants (contributions)	1e					
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f					
g	Noncash contributions included in lines 1a	a-1f \$					
<u>h</u>	Total. Add lines 1a-1f		•	76,067			
			Busn. Code				
2a							
ь							
С							
d							
e	All other program convec rove	nuo.					
	All other program service rever Total . Add lines 2a–2f	enue	•				
3	Investment income (including	dwidends int					
"	and other similar amounts)	dividends, iin	△	87,156		87,156	
4	Income from investment of tax	k-exempt bon	d proceeds	0.,000		,	
5	Royalties	· onompt com	•		······································		
	(i) Real		(II) Personal				
6a	Gross Rents						
ь	Less rental exps						
С	Rental inc or (loss)						
d	Net rental income or (loss)		•				
7a	Gross amount from (i) Securiti	es	(II) Other				
	other than inventory						
b	Less cost or other						
	basis & sales exps						
С	Gain or (loss)					1	
d	Net gain or (loss)		•				
8a	Gross income from fundraising ev	ents					
	(not including \$						
	of contributions reported on line 10	s)					
	See Part IV, line 18	a		İ			
	Less direct expenses	b [
1	Net income or (loss) from fundamental Gross income from gaming activition		is $lacksquare$				
9a	See Part IV, line 19						
<u>,</u>	Less direct expenses	a b					
1	Net income or (loss) from gar		•				
1	Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·				
"	returns and allowances	a					
ь	Less cost of goods sold	Б —					
1	Net income or (loss) from sale		y •				
	Miscellaneous Reveni		Busn. Code				
11a	Club revenue		900099	89 <u>,</u> 437		89,437	
Ь			900099	14,638		14,638	
c	;						
d	All other revenue						
е	Total. Add lines 11a-11d		*	104,075			
12	Total revenue. See instruction	ns	• [267,298	C	191,231	

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	· · · · · · · · · · · · · · · · · · ·		скрепаса	general expenses	<u> </u>
'	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		i.		
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	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,				
Ŭ	trustees, and key employees				
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	69,873	23,291	23,291	23,291
8	Pension plan contributions (include section 401(k)	3373.3			
Ŭ	and section 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes	6,157	2,052	2,052	2,053
11	Fees for services (non-employees)	0,23.	2,002	-/	
	Management]	
b	Legal				
c	Accounting	8,170	4,085	4,085	
d		0/2/0	-1,555	- 7,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other	155,870	114,615	41,255	
12	Advertising and promotion				
13	Office expenses				
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				
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	Depreciation	29,958	29,958		
b	•				
c			-		
d		· · · · · · · · · · · · · · · · · · ·			-
e				-	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	270,028	174,001	70,683	25,344
26	Joint costs. Check here ◆ If following			10,100	
_0	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				

	K Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			63,129	1	48,598
2	Savings and temporary cash investments		Γ	1,324,886	2	1,361,845
3	Pledges and grants receivable, net		Г		3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors, tr	ustees, kev				
-	employees, and highest compensated employees. Compl				J	
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	nder section	Ī			
	4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing				
	employers and sponsoring organizations of section 501(c					
	employees' beneficiary organizations (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ĺ	6	
7 8	Notes and loans receivable, net		F		7	
8	Inventories for sale or use			17,053	8	18,153
9	Prepaid expenses and deferred charges				9	
108	Land, buildings, and equipment cost or		T			
	other basis Complete Part VI of Schedule D	10a	449,363			
l b	Less accumulated depreciation	10b	179,751	299,570	10c	269,612
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11		<u> </u>		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)		ļ .	1,704,638	16	1,698,208
17	Accounts payable and accrued expenses			8,547	17	1,698,208 4,847
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
ı,	Escrow or custodial account liability Complete Part IV of	Schedule D	<u> </u>		21	
22						
<u> </u>	employees, highest compensated employees, and disqua					
21 22	Complete Part II of Schedule L				22	
23	•	narties			23	
24	Unsecured notes and loans payable to unrelated third pai				24	
25	Other liabilities Complete Part X of Schedule D		F		25	
26	Total liabilities. Add lines 17 through 25			8,547	26	4,847
,	Organizations that follow SFAS 117, check here ◆	and complete				
3	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		1		27	
27 28	Temporarily restricted net assets		F		28	
29	• •		F		29	
29	Organizations that do not follow SFAS 117, check her	re ♦ 🗓 and	F			
5	complete lines 30 through 34.		1			
30					30	
31	Paid-in or capital surplus, or land, building, or equipment	fund	f		31	
32	Retained earnings, endowment, accumulated income, or		F	1,696,091	32	1,693,361
30 31 32 33 34	Total net assets or fund balances		F	1,696,091	33	1,693,361
34	Total liabilities and net assets/fund balances		-	1,704,638		1,698,208

Form **990** (2010)

огт	990 (2010) Benevolent & Protective Order of 58-0467802			Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			298	
2	Total expenses (must equal Part IX, column (A), line 25)	2		270,028		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,69		730	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
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	1,6	<u>93,</u>	<u> 361</u>	
Pa	rt 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. X 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	
С	If "Yes" to line 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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a separate basis, consolidated basis, or both					
	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		<u> </u>	
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		3b		1	

Form **990** (2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

2010

Open to Public

Inspection

Name of the organization **Employer identification number** Benevolent & Protective Order of Elks Lodge No. 1267 58-0467802 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		& Protective		_	58-046			Page 2
Pa	rt III Organizations Maintaining C						continue	ed)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check a	ny of the following t	hat are a s	ignificant use	of its		
а	Public exhibition	d Loan or	exchange program	s				
b	Scholarly research	e Other						
С	Preservation for future generations							
4	Provide a description of the organization's collect	ions and explain how they	further the organiza	ation's exe	mpt purpose	ın Part		
	XIV							
5	During the year, did the organization solicit or rec	eive donations of art, histo	orical treasures, or o	other simila	ır			
	assets to be sold to raise funds rather than to be						Yes	
Pa	rt IV Escrow and Custodial Arran			ition ans	wered "Ye	es" to Form 99	0, Part	IV,
	line 9, or reported an amount							
1a	Is the organization an agent, trustee, custodian o	r other intermediary for co	ntributions or other	assets not			_	
	ıncluded on Form 990, Part X?						Yes	s [No
b	If "Yes," explain the arrangement in Part XIV and	complete the following tal	ole			F		
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Form	990, Part X, line 21?					Yes	s 📙 No
	If "Yes," explain the arrangement in Part XIV				00 D-+ IV	/ line 10		
Pa	ert V Endowment Funds. Complet			1			(a) Faur	voore book
_		(a) Current year	(b) Pnor year	(c) Iwo	years back	(d) Three years back	(e) Four	years back
	Beginning of year balance			<u> </u>				
	Contributions							
С	Net investment earnings, gains, and							
	losses	-		-				
	Grants or scholarships			-				
е	Other expenditures for facilities and							
	programs							
T	Administrative expenses			· · · · ·				
g	•	d balance hold so		<u> </u>				
2	Provide the estimated percentage of the year en- Board designated or quasi-endowment •	w balance field as.						
a h	Permanent endowment ◆ %	70						
C								
	Are there endowment funds not in the possession	n of the organization that :	are held and admin	stered for t	he			
Ja	organization by	in or the organization that t	are neid and admin	310100 101 1			Γ	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list	ted as required on Schedu	ile R?				3b	
4	Describe in Part XIV the intended uses of the org	•					<u> </u>	
	art VI Land, Buildings, and Equipr			0.				
	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accun	nulated	(d) Book	value
		(investment)	(other)		depreci			
1a	Land		75	,000			7	75,000
	Buildings							
	Leasehold improvements	·						
ď								
е	Other	• • •						
	II. Add lines 1a through 1e (Column (d) must equa	l Form 990, Part X, colum	n (B), line 10(c))					75,000
		·		-		Schedul		990) 201

Schedule D (F	orm 990) 2010 Benevolent & Protecti	ve Order of	58-0467802	
Part VII	Investments—Other Securities. See Form 99			
	(a) Description of security or category	(b) Book value	(c) Method of v	aluation
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
	eld equity interests			
(3) Other	,			
(A)		-		
(B)				
(C)				
(D)			-	
(E)				
(F)		· · · · · · · · · · · · · · · · · · ·		
(G)				
(H)			-	
<u>(I)</u>	(1) (5) (5) (7) (7) (7)			
	n (b) must equal Form 990, Part X, col (B) line 12)	O Dert V June 12		
Part VIII	Investments—Program Related. See Form 99		(c) Method of v	aluation
	(a) Description of investment type	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
(10)				
· · · · · · · · · · · · · · · · · · ·	in (b) must equal Form 990, Part X, col (B) line 13.)	•		
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		*	
Part X	Other Liabilities. See Form 990, Part X, line 2	25.		
1.	(a) Description of liability	(b) Amount		
	I income taxes			
(2)			_	
(3)				
(4)				
(5)				
(6)		<u> </u>	7	
(7)				
(8)			7	
		 	-	
<u>(9)</u>			+	
(10)				
(11)	on (b) must equal Form 990, Part X, col. (B) line 25.)			
	nn (b) must equal Form 990, Part X, col. (B) line 25) SC 740) Footnote. In Part XIV, provide the text of the footnote to	<u> </u>	statements that reports the	
∡. ΓΙΝ 48 (A	30 (40) FUNCTION IN FARENTY, provide the text of the mothode to	one organization S illiancial	statements that reports the	

58-0467802

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

Sche	dule D (Form 990) 2010 Benevolent & Protective Order	of	58-046780	2	Page 4
Pa	rt'XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	<u> </u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	<u> </u>
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			1_	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
a	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
C	Other losses	2c			
ď	Other (Describe in Part XIV)	2d	· · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c 5	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> </u>

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010 Benevolent & Protective Order of
Part XIV Supplemental Information (continued)

58-0467802

Page 5

SCHEDULE G (Form 990 of 990-EZ)

Department of the Treasury Internal Revenue Service

10

Total

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

Open To Public Inspection

Benevolent & Protective Order of Employer identification number Name of the organization 58-0467802 Elks Lodge No. 1267 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Dld fund-(vi) Amount paid to (I) Name and address of individual (ii) Activity (Iv) Gross receipts (v) Amount paid to raiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of col (i) ontributions Yes No 2

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 Benevolent & Protective Order of

58-0467802

Page 2

Sch	edule G (Form 990 or 990-EZ) 2		& Protective (-0467802 Page 2	
P		vents. Complete if the orga				
		000 of fundraising event co		income on Form 990-	EZ, lines 1 and 6b. List	
	events with gro	ss receipts greater than \$5				
		(a) Event #1	(b) Event #2	(c) Other events		
		00000+117771-		None	(d) Total events (add col (a) through	
		990PtVIIIc (event type)	(event type)	None (total number)	col (c))	
Revenue		(event type)	(event type)	(total number)		
	1 Gross receipts	21,479			21,479	
Re	1 Gross receipts 2 Less. Charitable	21,313				
	contributions	21,479			21,479	
	3 Gross income (line 1 minus	,				
	line 2)					
	4 Cash prizes					
	5 Noncash prizes					
		ļ				
ses	6 Rent/facility costs					
Direct Expenses	7 Food and beverages					
	7 Food and beverages					
	8 Entertainment					
_						
	9 Other direct expenses					
	•	Add lines 4 through 9 in column (d)			<u> </u>	
_	11 Net income summary. Con	nbine line 3, column (d), and line 10		000 D-40/ E 40 -	P	
۲		olete if the organization ans on Form 990-EZ, line 6a.	wered res to Form	990, Part IV, line 19, o	r reported more	
_	(11211 \$ 13,000 0	in tom 990-L2, line oa.	(b) Pull tabs/instant	(d) Total gaming (add		
nue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
Revenue						
<u>~</u>	1 Gross revenue					
es	2 Cash prizes					
Exp	3 Noncash prizes					
Direct Expens	A Double-oilde onto					
ے	4 Rent/facility costs					
	5 Other direct expenses					
		Yes %	Yes	% Yes	%	
	6 Volunteer labor	No	No .	No		
						
	7 Direct expense summary	Add lines 2 through 5 in column (d)	• (
_	8 Net gaming income summ.	ary Combine line 1, column d, and	line 7			
	F-44b4		4			
9	Enter the state(s) in which the	9a Yes No				
a	If "No," explain	operate gaming activities in each of	these states '		98 TES NO	
L.	, п. но, охрівії					
10a	Were any of the organization's	gaming licenses revoked, suspend	ed or terminated during the t	tax year?	10a 🔲 Yes 🗌 No	
b	If "Yes," explain	·	-			

	ule G (Form 990 or 990-EZ) 2010 Benevolent & Protective Order of	58-0467802 P	age 3
11 [Does the organization operate gaming activities with nonmembers?	Yes	No
12 I	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_
f	ormed to administer charitable gaming?	Yes [No
13	ndicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
ь /	An outside facility	[13b]	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
ŀ	Name ◆		
,	Address ◆		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∏ Nc
ь	If "Yes," enter the amount of gaming revenue received by the organization ♦ \$	and the	
í	amount of gaming revenue retained by the third party ◆ \$		
c l	if "Yes," enter name and address of the third party		
1	Name ◆		
,	Address ◆		
16	Gaming manager information		
ı	Name ◆		
	Gaming manager compensation ◆ \$		
	Description of services provided ◆		
ļ	Director/officer Employee Independent contractor		
l			
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ſ	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	• • • • • • • • • • • • • • • • • • • •	•	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap	oplicable. Also complete this	
	part to provide any additional information (see instructions).		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047
2010
Open to Public

Inspection

Internal Revenue Service

Name of the organization

Benevolent & Protective Order of Elks Lodge No. 1267

Employer identification number

58-0467802

Form 990, Part III, Line 4d - All Other Achievements

Donated to various charities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public