

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



#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

the 2010 calend	dar year, or tax year begi	nning 4/01	, 2010,	and endin	<b>g</b> 3,	/31	, 2	011	
ck if applicable						D Employe	er Identificat	ion Number	
Address change	Benevolent & Pro	otective Order	r of Elks			62-0	019282	0	
	Nashville - Fran		o. 72			E Telepho	ne number		
	485 Oak Meadow I					615-	-591-5	664	
Terminated	Franklin, TN 370	)64-5559							
Amended return						G Gross re	eceipts \$	560	,266
Application pending	F Name and address of princip	oal officer			H(a) Is the	s a group return			
	Same As C Above					all affiliates inclu		Yes	
ax-exempt status	501(c)(3) X 501(c) (	8 ) <b>◄</b> (insert no )	4947(a)(1) or	527	IT NO	o, attach a list	(see instruct	ions) —	
Vebsite: ► N/					H(c) Grou	p exemption nu	mber -	1156	
orm of organization	X Corporation Trust	Association Other	- L.	Year of Format	ion 190	03 <b>M</b> s	tate of legal	domicile TI	<u> </u>
Summar									
Briefly describ	oe the organization's miss	sion or most significa	nt activities. F	raterna	l_Ord	er			
						<b></b> -			
	· <del></del>								
	x 🕨 🔲 if the organizati			osed of mo	re than	25% of its r	_ 1	5.	
	ting members of the gove dependent voting member			16)		}	3 4		
	of individuals employed	•	• •	•		}	5		1
	of volunteers (estimate if	_	(rait v, lille za	, .		-	6		
	d business revenue from		). line 12				7a	<del></del>	0
	business taxable income		•			ļ	7Ь		0
		· · · · · ·				Prior Year	1	Current Y	/ear
3 Contributions	and grants (Part VIII, line	e 1h)							
	ice revenue (Part VIII, lin					69,3	27.	72	2,864
Investment in	come (Part VIII, column (	(A), lines 3, 4, and 7d	d)			222,7	02.	192	2,894
	e (Part VIII, column (A), I					-31,0			,069
	<ul> <li>– add lines 8 through 1</li> </ul>			ne 12)	<b>↓</b>	260,9	98.	263	689
	milar amounts paid (Part			•			_		
•	to or for members (Part		•	•	<u> </u>				
	er compensation, employe	•	- *:	5-10)		16,8	92.	16	780
a Professional f	fundraising fees (Part IX,	column (A), line 11e	).						
b Total fundraising expenses (Part IX, column (D), line 25) ►									
Other expense	es (Part IX, column (A), I	ines 11a-11d, 11f-24f	1 BEC	EIVED	+	331,0	56.	332	2,384
3 Total expense	es Add lines 13-17 (must	equal Part IX, colum	n (A), line 25)	<b>→   4 □ □</b>		347,9	48.		,164
Revenue less	expenses. Subtract line	18 from line 12	~	,	18	-86,9	50.	-85	, 475
			B JUN 2	7 2011	Beginn	ing of Current	Year	End of Y	ear
Total assets (	Part X, line 16)		1 1.	•	S	6,129,4	46.	6,246	, 921
Total liabilities	s (Part X, line 26)		OCO	EN, UT	<u> </u>	60,0	92.	73	3,131
Net assets or	fund balances. Subtract	line 21 from line 20	0000	11V, U1		6,069,3	54.	6,173	,790
ll Signatur	e Block								
enalties of perjury, Irde	eclare that I have examined this re ther (other than affice) is based of	eturn, including accompanyii	ng schedules and state	ments, and to	the best o	f my knowledge	and belief,	it is true, corre	ect, and
e Deciaration actuaba	ner (other add) dilitery is based o	in all information of which pr	eparer has any knowle	euge		_, ,			
	V COMP					6-16	-[1		
l. ~.	re of officer	5. IL 1 -	TO 1		C	Date			
	ATE CLARY	Exalted	Kuler			6-16	<u>-//</u>		
	print name and title	<u> </u>					1 1		
	reparer's name	Prepare 's signature	open, CPB	Date		Check	if PTIN		
	d L. Cooper	Richard L. C	Cooper	6.6-	<u> </u>	self-employe	d PO	<u>0049576</u>	j
rer Firm's name		is & Company,	PLC			_			
Only Firm's addres						Firm's EIN		317955	
						Phone no			00
							Σ	Yes	No
or Paperwork Re	eduction Act Notice, see	the separate instruc	tions.	TEE	A0113L 1	12/21/10		Form 99	<b>10</b> (2010
		discuss this return with the prepare		Nashville, TN 37203  6 discuss this return with the preparer shown above? (see instructions)  aperwork Reduction Act Notice, see the separate instructions.	discuss this return with the preparer shown above? (see instructions)	discuss this return with the preparer shown above? (see instructions)	discuss this return with the preparer shown above? (see instructions)	discuss this return with the preparer shown above? (see instructions)	discuss this return with the preparer shown above? (see instructions)

	990 (2010) Benevolent & Protective Order of Elks	62-0192820	Page 2
<u> Pa</u> j	<del></del>	-	
	Check if Schedule O contains a response to any question in this Part III .		
1	Briefly describe the organization's mission.		
	<u>Fraternal_Order</u>		
2	Did the organization undertake any significant program services during the year which were not listed on	. – –	a
	Form 990 or 990-EZ?	Yes X	.] No
	If 'Yes,' describe these new services on Schedule O.		1 w.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If 'Yes,' describe these changes on Schedule O.	rices? Yes X	.] No
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by avpances Section E	11/01/21
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	l allocations to others, th	e total
	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 36,991. including grants of \$ ) (Re		)
	Christmas party for underpriviledged children; donations to Elks h	National Foundat	ion_
	Scholarship Program; and miscellaneous charities.		
	<del></del>		
4b	(Code:	venue \$	
	, ( )	<u> </u>	
		<del> </del>	<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Re	venue \$	)
		<b></b>	
		<b></b>	<b></b>
		<b></b>	
			<b></b>
		<b></b>	
			<b></b>
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 36,991.		

	•		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		Х	
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		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			
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		Х	
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				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х	
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		Х	
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		Х	
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,' complete Schedule D, Part VI	11 a	Х		
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	11 b		<u>X</u>	
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 .	11 c		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	11 d		X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e	Х		
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	11 f		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	
t	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	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		<u>X</u>	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
t	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		<u>X</u>	
	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		<u>X</u>	
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	
	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	
<b>20</b> a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х	
	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		10015	
BAA	TEEA0103L 12/21/10	Form	1 <b>990</b> (	(2010)	

Page 4

<u>حت</u> بن				
	•		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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		x
<b>24</b> a	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, and 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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
ď	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		
25 a	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		
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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		Х
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).			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .	28a	ļ	X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(	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	<b></b>	Х
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		Χ_
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		Х
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		х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	<u> X</u>
ā	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	

# Form 990 (2010) Benevolent & Protective Order of Elks Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			ot
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	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  18			
	• • • • • • • • • • • • • • • • • • • •	25	X	
	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	
2.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?  o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3a		^
	·	3ь		
	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		Х
b	olf '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.	ļ		
	a 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?	5 b		X
C	of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	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		Х
b	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
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
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	146		
BAA	TEEA0105L 11/30/10	Form	990 (	2010)

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 X 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 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 2 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 4 Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . X 7a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . 8a b Each committee with authority to act on behalf of the governing body? 8Ь X Is there any officer, director or 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 Х 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 Х **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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O`how this is done 12c 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 Х 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 15 a X **b** Other officers of key employees of the organization . . . 15b 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? Х 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►C. Wayne Harper 485 Oak Meadow Drive Franklin TN 37064-5559 615-591-5664

		_				
Form <b>990</b> (2010)	Benevolent	κ	Protective	Order	of Ell	r s

62-0192820

Page 7

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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		relate	d or			on co	mpe			
(A)	(B)	Pos	tion (	(C		hat app	hΛ	(D)	(E)	<b>(F)</b>
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Stephen Parsons			•			·				
Trustee	1		_X					0.	0.	0.
(2) Jeff Lapham Trustee	1		х					0.	0.	0.
(3) Garri Hall								0.	<u> </u>	
Trustee	1		Х					0.	0.	0.
(4) Donald B. Clark								_	_	
Exalted Ruler	10			Х				0.	0.	0.
_(5) Dave_Clemmens Leading Knight	2			х				0.	0.	0.
(6) Wayne Shaw					_			0.		<u></u>
Loyal Knight	2			х				0.	0.	0.
(7) Michael Von Dohlen LecturingKnight	2			Х				0.	0.	0.
(8) Carol Burgett	<del>_</del> _									
Secretary	16			Х				10,800.	0.	0.
(9) C. Wayne Harper	16			х						
Treasurer (10) Anthony Laura	10			^			-	3,600.	0.	0.
Tiler	4			х				110.	0.	0.
(11)										
(12)										- VIII.
(13)							·			
(14)										
(15)										
(16)										
(17)					,					
BAA	<u> </u>	T	EEA	107L	12	/21/10	L!	· · · · · · · · · · · · · · · · · · ·	L	Form <b>990</b> (2010)

हृह्यवृद्धिंशा   Section A. Officers, Directors, Trus	T	\ey	En			es,	an			mpioy		2_
(A)	(B) Average	Doc.	tion (		c)	hat a	nnlv	(D)	(E)		(F)	
Name and title	hours per week (describe hours for related organi zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation fro related organization (W-2/1099-MISC	ons )	Estimated amount of other compensation from the organization and related organizations	
	Sch O)	•	tee			sated						
_(18)												
(19)												
(20)												
(21)		-										
(22)										+		
(23)										_		
(24)										+	· · · · · · · · · · · · · · · · · · ·	
(25)										+	···	
(26)		-								+		
(27)					-					+-		
(28)										+		
(29)												
1 b Sub-total	<u> </u>	I					▶	14,510.		0.		0.
c Total from continuation sheets to Part VII, Section	Α						<b>-</b>	0.		0.		0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	14,510.		0.		0.
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se In	sted	abo	ove)	who	rec	ceived more than	\$100,000 in rep	юrtable	: compensati	on
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee, I	кеу	emp	oloye	ee, c	or hi	ghest compensate	ed employee	Ħ		No X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portable han \$15	cor 60,00	npei	nsat <i>If 'Y</i>	ion es'	and com	othe plete	er compensation to e Schedule J for	from		4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompens complete	atioi e Sc	n fro hedi	om a ule .	any i <i>J foi</i>	unre suc	late	d organization or erson	ındıvıdual	8	\$15 D.	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	ed inde	pend	lent	con	trac	tors	that	t received more th	an \$100,000 of			
(A) Name and business addres	s							(B) Description (	of services	Со	(C) empensation	
												_
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed t	o th	ose	liste	ed al	bove) who receive	ed more than	स्त्रीत १ वर्ष स्त्रीत १ वर्ष स्त्रीत १ वर्ष	and the supple that the supple to the supple	

Pa	t 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
<u></u>	1 a Federated campaigns 1a				3.2, 3.3, 3.3.
N ST					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues. 1b				
S, G	c Fundraising events 1c				
FR	d Related organizations 1d			Ì	
S, C	e Government grants (contributions)				
NO.	f All other centributions gifts grants and				ŀ
돌뷜	f All other contributions, gifts, grants, and similar amounts not included above				
E 0	g Noncash contributions included in Ins 1a-1f: \$		}	ļ	
N N	h Total. Add lines 1a-1f				
$\overline{}$	Business Code				
2		72.064			72 064
E	2a Membership Dues & Assessments	72,864.			72,864.
in E	b	· · · · · · · · · · · · · · · · · · ·			
Ž	c				
SER	d			<u> </u>	
Ψ	e				
S.	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	72,864.			
	3 Investment income (including dividends, interest and	,			
	other similar amounts)	192,894.	į		192,894.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties.			<del></del>	
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)		·		
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	h Long cost or other have				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)		}		
	d Net gain or (loss)				
	u net gain or (1033)	<u> </u>			<u> </u>
ä	8a Gross income from fundraising events				
ᆲ	(not including \$				
Ē	of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18. a				
王	b Less. direct expenses . b				
١	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities.				
	9a Gross income from gaming activities. See Part IV, line 19				
	<b>b</b> Less. direct expenses <b>b</b>				,
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances. a 294,508.				
	<b>b</b> Less. cost of goods sold <b>b</b> 296,577.				1
	c Net income or (loss) from sales of inventory	-2,069.	-		-2 060
	Miscellaneous Revenue Business Code	-2,009.			-2,069.
					'
	11a				
	b	·			
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions.	263,689.	0.	0.	263,689.

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 i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	14,510.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,270.			
11	Fees for services (non-employees)·				
ā	Management				
t	Legal				
C	: Accounting	5,820.			
C	<b>I</b> Lobbying				
6	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other				
	Advertising and promotion				
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy Travel				
18	11.5.				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	4,330.			
	Payments to affiliates				<del></del>
	Depreciation, depletion, and amortization	82,852.			
	Insurance	10,269.			
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	Repairs & Maintenance	62,210.			
t	Utilities	49,315.			
c	: Service Programs	29,799.	29,799.		
	Activities	23,198.			
	General Taxes	19,178.			
	All other expenses See Sch. 0	45,413.	7,192.		
	Total functional expenses. Add lines 1 through 24f	349,164.	36,991.	0.	0.
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				
BAA					Form 990 (2010)

		•	(A) Beginning of year		( <b>B)</b> End of year
	1,	Cash – non-interest-bearing .	36,743.	1	50,235
	2	Savings and temporary cash investments .	31,095.	2	23,923
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .	935.	4	511
	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	
Ą	7			7	
š	8	Inventories for sale or use	11,015.	8	13,066
A S S E T S	9	Prepaid expenses and deferred charges.	1,497.	9	8,329
١	_	Land, buildings, and equipment, cost or other basis.	1,401.		0,323
	_	Complete Part VI of Schedule D  Less: accumulated depreciation.  10a 3,495,336.  1,038,519.	2,544,032.	10-	2 456 017
		——————————————————————————————————————	3,504,129.	10 c	2,456,817. 3,694,040.
		Investments – publicly traded securities .	3,504,129.		3,094,040
	_	Investments – other securities. See Part IV, line 11		12	<del></del>
	13	Investments – program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets	<del>-</del>	14	
		Other assets. See Part IV, line 11	5 100 115	15	
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,129,446.	16	6,246,921.
	17	Accounts payable and accrued expenses	7,680.	17	11,323.
	18	Grants payable .		18	
.	19	Deferred revenue	12,120.	19	22,920.
1	20	Tax-exempt bond liabilities		20	
β	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del> .
AB1L1T1	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		20	
Ë	22	of Schedule L		22	<del></del>
5	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
-		' '	40.000	24	20.000
	25	Other liabilities. Complete Part X of Schedule D	40,292.	25	38,888.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► and complete lines	60,092.	26	73,131.
Ĕ		27 through 29 and lines 33 and 34.			
.	27	<del>-</del>		-	
ASSETS	27	Unrestricted net assets	-	27	
Ţ	28	Temporarily restricted net assets .		28	<del></del>
O R	29	Permanently restricted net assets		29	
- 1		Organizations that do not follow SFAS 117, check here ► X and complete			
F UND	20	lines 30 through 34.			
- 1	30	Capital stock or trust principal, or current funds		30	
ķ	31	Paid-in or capital surplus, or land, building, or equipment fund	6 060 05:	31	
ŘΙ	32	Retained earnings, endowment, accumulated income, or other funds	6,069,354.	32	6,173,790.
BALAZCEN	33	Total net assets or fund balances.	6,069,354.	33	6,173,790.
s	34	Total liabilities and net assets/fund balances.	6,129,446.	34	<u>6,24</u> 6,921.

BAA

Form **990** (2010)

Both consolidated and separate basis

BAA

separate basis, consolidated basis, or both.

Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2010)

X

3a

3b

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2010

Open to Public Inspection
Employer Identification number

			i						
	Benevolent & Protective Order of Elks								
	shville - Franklin Lodge No. 7			62-0192820					
Pa	the organization answered 'Yes' to	r Advised Funds or Other Similar Funds o Form 990. Part IV. line 6.	s or Acco	ounts. Complete if					
		(a) Donor advised funds	(b) F	unds and other accounts					
1	Total number at end of year	(a) borior advised failes	(0) 1 1	unds and other accounts					
2									
3									
4									
_	· ·	<b>L</b>							
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held in dono to the organization's exclusive legal control?	or advised	Yes No					
6	Did the organization inform all grantees, dono used only for charitable purposes and not for t purpose conferring impermissible private bene	rs, and donor advisors in writing that grant funds he benefit of the donor or donor advisor, or for ar fit?	can be ny other	☐Yes ☐ No					
Da			· Form Of						
	•	ete if the organization answered 'Yes' to	Form 95	90, Part IV, line 7.					
'	Purpose(s) of conservation easements held by								
	Preservation of land for public use (e.g., re	· • • • • • • • • • • • • • • • • • • •		ally important land area					
	Protection of natural habitat  Preservation of open space	Preservation of a	a certified r	nistoric structure					
2		on held a qualified conservation contribution in the							
_	last day of the tax year.	or nero a quantied conservation contribution in the	e form of a	conservation easement on the					
			Н	eld at the End of the Tax Year					
	a Total number of conservation easements		2a						
	<b>b</b> Total acreage restricted by conservation easer	nents	2b						
	c Number of conservation easements on a certif	ied 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		2d						
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminated	l by the org	anization during the					
4	Number of states where property subject to co	nservation easement is located >							
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitoring, inspection, handl ts it holds?	ling of viola	itions, Yes No					
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation easeme	ents during	the year					
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easements	during the	year					
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the requirements of section	on	☐ Yes ☐ No					
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its revenue and expense to the organization's financial statements that design	statement,	and balance sheet, and organization's accounting for					
n.	conservation easements.								
Pa	Complete if the organization answ	ctions of Art, Historical Treasures, or Overed 'Yes' to Form 990, Part IV, line 8.	tner Sim	illar Assets.					
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	SFAS 116 (ASC 958), not to report in its revenue held for public exhibition, education, or research cial statements that describes these items.	e statement i in furthera	t and balance sheet works of ance of public service, provide,					
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items.	SFAS 116 (ASC 958), to report in its revenue stad for public exhibition, education, or research in f	atement and furtherance	d balance sheet works of art, of public service, provide the					
	(i) Revenues included in Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X			<b>►</b> \$					
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 (ASC 958) relating to these items.	financial ga	ain, provide the following					
	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$					
	<b>b</b> Assets included in Form 990, Part X .			►Ś					

Schedule D (Form 990) 2010 Benevications Maintain					or Ot	62-019			Page 2
<ul> <li>3 Using the organization's acquisiti items (check all that apply):</li> <li>a Public exhibition</li> </ul>	on, accession	n, and other		eck any of the follor or exchange progr	-	t are a significant u	se of its	collec	lion
b Scholarly research			e H Other	r exchange progr	ans				
c Preservation for future generations									
4 Provide a description of the organ Part XIV.		lections and	l explain how	they further the	organizati	on's exempt purpos	e ın		
5 During the year, did the organiza assets to be sold to raise funds r							Yes		No
<b>Part V</b> Escrow and Custodia 9, or reported an amo	l <mark>Arrange</mark> n unt on For	n <b>ents.</b> Co m 990, Pa	mplete if o art X, line	organization ar 21.	nswered	'Yes' to Form 9	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other	intermediary	for contributions	or other a	ssets not	Yes		No
b If 'Yes,' explain the arrangement					•	!		L	Tuo
2				.g .ab.o.	Γ		Amount		
c Beginning balance .						1c	ranount		
					<u> </u>	1d			
e Distributions during the year					· t	1 e			
					۱	11			
2a Did the organization include an a		rm 990. Par	t X. line 21?				Yes	Г	No
b If 'Yes,' explain the arrangement		,	.,,			[		L	٥,,,
Part V Endowment Funds. Co		he organi	zation ans	wered 'Yes' to	Form 9	90 Part IV line	10		
	(a) Current		(b) Prior year			(d) Three years back	T	our years	s hack
1 a Beginning of year balance			, , , , , , , , , , , , , , , , , , ,	(0, 1,10)	4	(b) this years black	(c)	our jour	- Buck
<b>b</b> Contributions					- 3	<del></del>	<del> </del>	<del></del>	
	·				a la		ţ		
c Net investment earnings, gains, and losses				1			i)		
d Grants or scholarships						<del></del>	<del></del>		
e Other expenditures for facilities					4		<del> </del>		
and programs						أجي	į		
f Administrative expenses .	-				3				
<b>g</b> End of year balance .					1				
2 Provide the estimated percentage	of the year	end balance	held as.						
a Board designated or quasi-endow	/ment ►		%						
<b>b</b> Permanent endowment ►	8								
c Term endowment ►	%								
3a Are there endowment funds not a	n the nosses	sion of the c	organization (	that are hold and	administa	rad for the			
organization by.	ii ale posses	sion of the c	ngamzation i	inat are rield and	aummate	red for the	Г	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations	-						3a(ii)		
<b>b</b> If 'Yes' to 3a(ıı), are the related of	rganizations	listed as red	quired on Sc	hedule R?			3b		
4 Describe in Part XIV the intended	uses of the	organization	n's endowme	nt funds.					
PartVI Land, Buildings, and I	<b>Equipment</b>	. See For	m 990, Pa	rt X, line 10.					
Description of investment		` (inves	other basis tment)	(b) Cost or other basis (other)	er (d	Accumulated depreciation	( <b>d)</b> B	ook va	lue
<b>1a</b> Land			12,387.					612,	387.
<b>b</b> Buildings		2,6	03,610.			823,304.	1,	780,	306.
c Leasehold improvements.									
<b>d</b> Equipment									
e Other		<del></del>	79,339.			215,215.		64,	124.
Total. Add lines 1a through 1e (Column	n (d) must ed	ual Form 99	90, Part X, c	olumn (B), line 10	)(c).)	<u></u> .	2,		817.
BAA						Schedi	ule <b>D</b> (Fo		
							-		

Schedule D (Form 990) 2010 B Part VII Investments—Ot				62-019	2820 Page 3
(a) Description of secu (including name of		(b) Book value		(c) Method of valua t or end-of-year mar	tion. ket value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	<b></b>				
(A)				-	
<u>(B)</u>					
<u>(C)</u>				· · · · · · · · · · · · · · · · · · ·	
<u>Q</u>					
<u>(E)</u>		_		<u></u>	
<u>(F)</u>	· <b></b>				
<u>(G)</u>		-			
<u>(l)                                    </u>		-			
Total. (Column (b) must equal Form 990	Part X, column (B) line 12)	<b>•</b>			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments-Pro		e Form 990, Part X, I	ine 13) N/	'A	· · · · · · · · · · · · · · · · · · ·
(a) Description of inv		(b) Book value	•	(c) Method of valua	
(1)			Cos	t or end-of-year mar	ket value
(2)				· · -· -· -·	· · · · · · · · · · · · · · · · · · ·
(3)					<u> </u>
(4)					
(5)					
(6)					
					<del></del>
(8)					
(9)	- · · - · · · · · · · · · · · · · · · ·				V
(10) Total. (Column (b) must equal Form 990, i	Part V. salumn (P) lune 12 )	>			
Part IX Other Assets. (Se	ee Form 990, Part >				
		Description			(b) Book value
(1)					(-)
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)					<del></del> -
(4)					
_(5)					
(6)					
(8)				·	<del></del>
(9) (10)					
Total. (Column (b) must equal Fo	orm 990 Part X column	n(R) line 15)		<b>&gt;</b>	
	(See Form 990, Pa		·		
(a) Description	<del></del>	(b) Amount			
(1) Federal income taxes					
(2) Restricted Funds		38,88	8.		
(3)					
(4)					
(5)	<del></del>				
(6)			_		
<u>(7)</u>	<del></del>		_		
<u>(8)</u> (9)					
(10)		<del></del>			
\· <del>·</del>					

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25).

38,888.

<sup>2.</sup> FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 Benevolent & Protective Order of EIRS	62-0192820 Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	s N/A
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments .	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8.	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return N/A
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:	200 T
a Net unrealized gains on investments.	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	The state of the s
e 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:	New to
a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV.)  4b	
c Add lines 4a and 4b	A -
	.   4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Ex	tpenses per keturn N/A
1 Total expenses and losses per audited financial statements .	Fuguer :
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Donated services and use of facilities	
b Prior year adjustments.	<b></b> _
c Other losses 2c	
d Other (Describe in Part XIV.)	<u>**</u>
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 Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information	<u>5</u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 any additional information.	and 4, Part IV, lines 1b and 2b, . Also complete this part to provide
<del></del>	
	~ <b>~~~</b>

Schedule D (Fo	orm 990) 2010	Benevolent & Information (co	Protective	Order_of	Elks		2-0192820	Page 5
	<u>appromontal</u>	momune (co	uouy	<del> </del>				
				<del>-</del> -				
		<b></b>	<b></b>					
				<del>-</del>				
		<b></b>						
		<del></del>						
		<b></b>						
		<b>-</b>						
		<b></b>						
		<b>-</b>						
		<b></b>						
		<b></b>						
					<del></del> _	<del>-</del>		
		<b></b>						
		<del>-</del> <del></del>						
							<b></b>	

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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.

Open to Public Inspection

Name of the organization Benevolent & Protective Order of Elks	Employer identification number
Nashville - Franklin Lodge No. 72	62-0192820
Form 990, Part VI, Line 11b - Form 990 Review Process	
The organization's Auditing and Accounting Committee reviews the	ne financial
statements_and_form_990_and_submits_them_to_the_membership_and	to the national
parent_association.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The organization discloses its governing documents, policies, a	and financial
statements to its membership and to its national parent associate	ation on at least an
annual_basis. This information will be made available for insp	pection by others upon
specific request	
	<del>-</del>
	· · · · · · · · · · · · · · · · · · ·

2010

## **Schedule O - Supplemental Information**

Page 2

Client E0192820

Benevolent & Protective Order of Elks Nashville - Franklin Lodge No. 72

62-0192820

5/19/₹1

11:32AM

Form 990, Part IX, Line 24f Other Expenses

	(A)	(B) Program	(C) Management	(D)
	<u>Total</u>	Services	& General	Fundraising
Audit	1,375.			
Bank Charges	54.			
Contingencies	2,461.			
Internet & Website	1,146.			
Janitorial Expense	17,614.			
Miscellaneous Expenses	905.			
Office Expense	2,961.			
Officer's Expense	983.			
Per Capita - Grand Lodge	6,496.	6,496.		
Per Capita - State	696.	696.		
Postage and Shipping	861.			
Printing and Publications	5,414.			
Security	2,532.			
Telephone	1,915.			
rerephone	Total \$ 45,413.	\$ 7,192.	\$ 0.	\$ 0
	10ca1 <u>v 45,415.</u>	7,132.	<del>y</del> 0.	<del>y</del> 0.

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

Total \$ 189,911.

189,911.