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Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

> Yes □ No Form 990 (2010) 3

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

For the 2010 calendar year, or tax year beginning April 1 , 2010, and ending March , 2011 C Name of organization BPOE ELKS D Employer identification number CARLSBAD LODGE #1558 Check if applicable Doing Business As 85-0036680 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1558 ELKS DRIVE (575) 885-5838Initial return City or town, state or country, and ZIP + 4 Terminated CARLSBAD, NM 88220 G Gross receipts \$ 2,840,157 Amended return F Name and address of principal officer David Bradlev H(a) Is this a group return for affiliates? Yes X No. Application pending Carlsbad, New Mexico 88220 H(b) Are all affiliates included? Yes No) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) √ 501(c) (8 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ 1929 M State of legal domicile NM Form of organization Corporation Trust X Association Other Year of formation Part I Briefly describe the organization's mission or most significant activities: The Carlsbad Elks Lodge No. 1558 is a fraternal order organized under the rules governing the Grand Lodge of the Benevolent and Activities & Governance Protective Order of Elks for the exclusive benefit of its members. The Organization funds its activities through Membership Dues, Dining, Lounge, and Electronic Gaming revenues. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 56 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) plus Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a None 7b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1) RECEIVED 171**,**495 180,155 Revenue Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 9 0 3,373 5,788 10 411,594 486,416 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 588,877 669,944 12 Grants and similar amounts paid (Part 1) Column (A), lines 1-3) 0 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 65,599 59,073 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 535,056 649,995 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 715,594 594**,**129 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -5,252 -45,650 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 1,420,393 1,410,833 20 Total assets (Part X, line 16) 486**,**997 523,087 21 Total liabilities (Part X, line 26) . 933,396 887,746 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Keta Heth Sign Here KENT A. Hitchens Type or print name and title Date Print/Type preparer's name Paid 06/01/11 self-employed P01210523 Charles R. Jones Preparer Firm's EIN ▶ 85-0308942 Firm's name ▶ Jones & Kluesner CPA's **Use Only** Phone no (575) 885-3167 Firm's address ▶ 209 W. McKay, Carlsbad, NM 88220 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission Support youth programs and other activities. Also support of disadvantaged and special needs charities and the development of members through ritual training and competition.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:)(Expenses \$ 595,590 including grants of \$)(Revenue \$ 2,167,631) The Organization raises money from gaming activities, membership dues, and various other activities such as youth activities, charity drives, entertainment, and stag & ladies nite's. All of these activities are carried out by the membership. The revenues generated from the various activities listed above are used to provide support for Grand Lodge sponsored charities and also to provide local youth the opportunity to participate in organized athletic and social activities.
4b	(Code) (Expenses \$ 104,072 including grants of \$) (Revenue \$ 653,627) The Organization operates a Lounge and Restaurant for its members, the profit's, if any, are used to make charitable donations to various charitable organizations.
4c	(Code:)(Expenses\$ 15,932 including grants of\$)(Revenue\$ 18,899) The Organization request contributions from the membership and the amount's received are contributed to Cerebral Palsy, C B Trust, Elks National Foundation and other miscellaneous charities.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ None including grants of \$ None) (Revenue \$ None)
4 e	Total program service expenses > 715.594

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions). Did the organization engage in direct or indirect political campaign activities on behalf of or in opportant candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule III. Did the organization maintain any donor advised funds or any similar funds or accounts where do the right to provide advice on the distribution or investment of amounts in such funds or accounts? complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve op 	position to tion 501(h) the ship dues, shedule C, shorts have if "Yes," pen space, the space, the ship dues, shedule C, th	Yes N/	
 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opticandidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a sectic election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule III Did the organization maintain any donor advised funds or any similar funds or accounts where do the right to provide advice on the distribution or investment of amounts in such funds or accounts? complete Schedule D, Part I 	position to ition 501(h) ship dues, chedule C, onors have If "Yes," pen space, of "Yes," If "Yes,"		x X A
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6 Did the organization maintain any donor advised funds or any similar funds or accounts where do the right to provide advice on the distribution or investment of amounts in such funds or accounts? complete Schedule D, Part I.	pen space, 2 If "Yes," 6 7	N/	Α
•	pen space, . 7 ? If "Yes,"		×
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	? If "Yes,"	 	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets?		 	Х
 complete Schedule D, Part III			x x
Did the organization, directly or through a related organization, hold assets in term, permanent, endowments? If "Yes," complete Schedule D, Part V			X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI	If "Yes,"	X	
 b Did the organization report an amount for investments—other securities in Part X, line 12 that is 59 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 59 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		<u> </u>	x
 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its to reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 			×
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule			X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, F	t addresses		x
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI, XII, and XIII	<u> </u>		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Y the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.			x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, further business, and program service activities outside the United States? If "Yes," complete Schedule F, Participation.			х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistan organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and	nce to any		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or a to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising so Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			x
Did the organization report more than \$15,000 total of fundraising event gross income and contrib Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			х
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, Iir If "Yes," complete Schedule G, Part III		х	
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H			Х
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? No Form 990 filers that operate one or more hospitals must attach audited financial statements (see inst	20a	N/	

Part	Checklist of Required Schedules (continued)			
rait	Checklist of Required Schedules (continued)	T	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
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		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		х
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	N/	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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 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):			表
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		X
С	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		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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? <i>If "Yes," complete Schedule R, Part I</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	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			
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	N/	A
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,		/	
38	Part VI	37	x	X

14b N/A

Form **990** (2010)

	90 (2010)			Page
Part				_
	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 1a 8		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ļ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
•	reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	N/	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: N/A			
	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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 	X
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/	Σ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	IN/	
Va	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		<u> </u>
	gifts were not tax deductible?	6ь	N/	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	N/	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	Α_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		1
	required to file Form 8282?	7c	N/	A
d	If "Yes," indicate the number of Forms 8282 filed during the year			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	N/	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h 2	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	N/	<u> </u>
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	\bar{N}	A
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	/	-
a	Did the organization make any taxable distributions under section 4966?	9a	N/	Ā
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/	A
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] N/A	. !		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	j !		ĺ
4.0	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b N/A	12a	N/	<u> </u>
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	┧ ¹		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	A -
а	Note. See the instructions for additional information the organization must report on Schedule O	.54	-17/	<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which		,	
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	l '		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

· . .

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Secti	ion 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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0		ĺ] j
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	í	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	ļ'
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.))
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N/	Α
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_N/	<u>A</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	N/	A
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	N/	A
b	Other officers or key employees of the organization	15b	_x_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Ñ/	A
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	ılable
	Own website Another's website Upon request			•
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.		rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶ Jones & Kluesner CPA's, 209 W. McKay St, Carlsbad, NM		220	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B) (C) Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tri	nstitutional trustee	Officer	a 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)David Bradley Exalted Ruler	10			х				0	0	0
(2)Matt Hentrick Leading Knight	10			х				0	0	0
(3)Jeff Gordon Loyal Knight	10			х				0	00	0
(4)Michael Johnson Lecturing Knight	10			х				0	0	0
(5)Matt Byers Esquire	10			х				0	0	0
(6)Dwayne Bradford Chaplain	10			х				0	0	0
(7)Robert Perozynski Inner Guard	10		_	х				0	0	0
(8)Kent Hitchens Secretary	25			х				7,500	0	0
(9)Sam Benefield Treasurer	25			х				4,500	0	0
(10)E.T. Holland Tiler	10	_		х				0	0	0
(11)Matt Byers Presiding Justice	10			х				0	0	0
(12)Kent Frink Trustee	10	х						0	0	0
(13)Bill Vera Trustee	10	х				_		0	0	0
(14)Alfonso Gomez Trustee	10	х	!			_		0	0	0
(15)Tom Huff Trustee	10	X						0	0	0
(16)Danny York Trustee	10	х						0	0	0

And Carlotte

Part	Section A. Officers, Directors, Tru (A)	stees, Key (B)	Empl	oye		and C)	High	est	Compensated (D)	Employees (E)	(contin		F)	
	Name and title	Average	1	-	•	•	that ap	ply)	Reportable	Reportabl		Estin	nated	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	ons	oti compe from organ and re	unt of ner nsation of the ization elated zations	
(17)		-												
(18)						_								
(19)								-						
(20)														
								┢						
											-			
(23)												 _		
								_		<u> </u>	-	·—-		
								-						
(27)														
(28)											-			
1b	Sub-total	<u> </u>	L	<u>. </u>		L			12,000		0			0
C	Total from continuation sheets to Part		n A					▶						_
d		·						<u> </u>	12,000		0			0
2	Total number of individuals (including but reportable compensation from the organization)) wh	o received mo	re than \$100),000 ir	n		
3	Did the organization list any former of							mn	lovoo or high	act compon	eated		Yes I	No
3	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch ı	ndiv	/Idu	aĺ	-		·		3		Х
4	For any individual listed on line 1a, is the organization and related organizations individual													-
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi		5		<u>X</u> X
Section	on B. Independent Contractors	7, 700, 0		-			,,,,,		<u> </u>			<u> </u>		^_
1	Complete this table for your five highest of compensation from the organization.	ompensate	ed ind	epe	nde	nt c	ontra	ctor	s that received	I more than	\$100,0	000 of		
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	tion	
	None	· - - ·												
								\vdash						
	Total number of independent controls	ro (molicidi-	a h		+ J	nite	d to	the	so listed show	(a) who				
2	Total number of independent contractor received more than \$100,000 in compens							แเบ	2007 II	e) will				

Part	VIII	Statement of Revenue						_
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ छ	1a	Federated campaigns	. 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .	1b	180,155				
υg E	C	Fundraising events .	1c	100,100				
ifts	d	Related organizations	1 1					!
j, g	e	Government grants (contributions						
Sin	f	All other contributions, gifts, grant						!
iti	'	and similar amounts not included abo]	ļ		ļ
불형			لـــنـــا	·				
8 5	g	Noncash contributions included in lines			100 155			
	h	Total. Add lines 1a-1f	 -	Business Code	180,155			
Program Service Revenue			ł	Business Code				l
S	2a							
ě	b							
Ş	С							
Ser	d							ļ. <u></u>
ᇣ	е							
ğ	f	All other program service reve						
6	g	Total. Add lines 2a-2f			0		-	
	3	Investment income (including	g dıvıde	nds, interest,				
		and other similar amounts)			3,373			3,373
	4	Income from investment of tax-ex	cempt bor	nd proceeds 🕨				
	5	Royalties		<u> ▶ .</u>	2,180	2,180		
i		(i) F	Real	(ii) Personal				
	6a	Gross Rents .						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				اً _ ا
	d	Net rental income or (loss)		•	0		_	
	7a	Gross amount from sales of (i) Sec	curities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						!
		and sales expenses				,		<u>'</u>
	С	Gain or (loss) .	0	0				,
	d	Net gain or (loss)		<u> ▶</u> _	0			
enne	8a	Gross income from fundraisin events (not including \$	g					
Other Reven		of contributions reported on line	1c)					1
Je.		See Part IV, line 18	· a					1
5	b	Less: direct expenses .	b					
	C	Net income or (loss) from fund		events . 🕨	0			
	9a	Gross income from gaming ac	- 4 1					!
		See Part IV, line 19 Statement	- 1	1,924,714				
	b	Less: direct expenses .		1,613,573				
	С	Net income or (loss) from gan		/ities ▶	311,141	311,141		
	10a	Gross sales of inventory,	less					
		returns and allowances	а	653,588				
	b	Less: cost of goods sold .						J
	С	Net income or (loss) from sale	s of inve		96,948	96,948		
		Miscellaneous Revenue		Business Code				
	11a						<u>-</u>	
	b							
	С							ļ. <u> </u>
	d	All other revenue		Statement 2	76,147			
	е	Total. Add lines 11a-11d		🟲	76,147			
	12	Total revenue. See instructio	ns .	. ▶	669,944	410,269		3,373

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	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.			gonoraranpanaca	Охроново
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 5	Benefits paid to or for members	12,000			
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 8	Other salaries and wages	47,789			
9	Other employee benefits	679			
10 11	Payroll taxes	5,131			
a b c	Management	19,704			
d e	Lobbying Professional fundraising services. See Part IV, line 17	137101			
f g	Investment management fees				
12 13	Advertising and promotion Office expenses	13,977			
14 15	Information technology				
16 17 18	Occupancy	63,113			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	7,715			
20 21	Interest	15,760 33,483			
22 23	Depreciation, depletion, and amortization . Insurance	75,550 18,838			
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 b c					
d e					
f 25	All other expenses Statement 4 Total functional expenses. Add lines 1 through 24f	401,855 715,594			
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part .	X Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	5,500	1	5 , 50
2	Savings and temporary cash investments	568,526	2	534,54
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of]_	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	-		
ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
(8	Inventories for sale or use	16,785	8	24,98
9	Prepaid expenses and deferred charges	8,136	9	5 , 81
10				
ł	other basis. Complete Part VI of Schedule D 2, 181, 543			
	Less: accumulated depreciation 10b 1,341,562	821,446		839,983
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,420,393	16	1,410,83
17	Accounts payable and accrued expenses	86,982	17	136,25
18	Grants payable		18	
19	Deferred revenue	106,231	19	116,08
20	Tax-exempt bond liabilities	- <u>-</u> -	20	
3 21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
21 22	Payables to current and former officers, directors, trustees, key			
2	employees, highest compensated employees, and disqualified persons			
j	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	293,784	24	270,749
25	Other liabilities Complete Part X of Schedule D	10000	25	
26	Total liabilities. Add lines 17 through 25	486,997	26	523,08
,	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
3	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
2 29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	933,396	32	887,740
33	Total net assets or fund balances	933,396	33	887,746
34	Total liabilities and net assets/fund balances	1,420,393	34	1,410,833

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			944
2	Total expenses (must equal Part IX, column (A), line 25)	2			594
3	Revenue less expenses. Subtract line 2 from line 1	3			650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	33 <u>,</u>	396
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	8	87,	746
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O	in ın			
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	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explanation of the second sec	ain ın			-
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both	were			
3a		rth in	3a	-~-	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	N/	
	,,,,,,				(2010)
			. 5		,,,

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DENEMOLENM (DROMECHIVE ORDER OF FIVE CARLERAN LODGE #1550

Employer identification number

85-0036680

<u></u>	VOLENT & PROTECTIVE ORDER OF ELK			0036660
Par	Organizations Maintaining Donor organization answered "Yes" to Form		Funds or	Accounts. Complete if the
	organization answered Tes to For	(a) Donor advised funds	T	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failes		(b) I dilds and other accounts
1 2	Total number at end of year			
3	Aggregate grants from (during year)		_	
4	Aggregate value at end of year		+	
5	Did the organization inform all donors and do	oner advisors in writing that the asse	ts held in	donor advised
3	funds are the organization's property, subject t			
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing that	grant fund	is can be used
	only for charitable purposes and not for the b			
	conferring impermissible private benefit?			· · · Pres D No
Part	Conservation Easements. Complet	te if the organization answered "Ye	es" to For	rm 990, Part IV, line 7
1	Purpose(s) of conservation easements held by			
-	Preservation of land for public use (e.g., red			storically important land area
	☐ Protection of natural habitat	·		tified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contril	oution in th	ne form of a conservation
	easement on the last day of the tax year.	·		
	•			Held at the End of the Tax Year
а	Total number of conservation easements .			2a
b	Total acreage restricted by conservation easen			2b
c	Number of conservation easements on a certifi			2c
ď	Number of conservation easements included			
-	historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified,		terminate	
•	tax year ▶	,,		,
4	Number of states where property subject to co	inservation easement is located >		
5	Does the organization have a written policy		ınspectio	n. handling of
•	violations, and enforcement of the conservation			· Yes No
6	Staff and volunteer hours devoted to monitoring		tion easen	
•		g, mepooling, and omeromy contents		mente dannig tine year
7	Amount of expenses incurred in monitoring, in:	specting, and enforcing conservation	easements	during the year
•	▶ \$	speciming, and emercing concernation		, cag , ca.
8	Does each conservation easement reported or	line 2(d) above satisfy the requiremen	nts of sect	ion 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?			· ·
٥	In Part XIV, describe how the organization repo	orts conservation easements in its reve	enue and e	
·	balance sheet, and include, if applicable, the te			
	organization's accounting for conservation eas			
Part			. or Othe	r Similar Assets.
	Complete if the organization answer			
1a	If the organization elected, as permitted under			ue statement and balance sheet
	works of art, historical treasures, or other sir			
	public service, provide, in Part XIV, the text of t			
b	If the organization elected, as permitted under	er SFAS 116 (ASC 958), to report in	its revenu	ue statement and balance sheet
_	works of art, historical treasures, or other sin			
	public service, provide the following amounts r			
	(i) Revenues included in Form 990, Part VIII, lii	——————————————————————————————————————		. > \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of	art, historical treasures, or other sir	nilar asset	ts for financial gain provide the
-	following amounts required to be reported und			
2	Revenues included in Form 990, Part VIII, line			▶ \$
a L	Assets included in Form 990, Part X		•	<u> </u>

_				
Р	a	a	е	4

Part	Organizations Maintaining Co	llections of A	۱rt, His	toric	al Treasures	, or O	her Similar <i>F</i>	Assets (cont	inued)
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and oth			-		•	significant u	se of its
а	☐ Public exhibition				Loan or excha				
b	Scholarly research		е		Other				
С	☐ Preservation for future generations								
4	Provide a description of the organization's	s collections a	nd expl	ain ho	w they further	the org	janization's exc	empt purpose	in Part
	XIV.			_					
5	During the year, did the organization solu								
	assets to be sold to raise funds rather than								
Part	Escrow and Custodial Arrange					answe	red "Yes" to I	-orm 990, P	art IV,
	line 9, or reported an amount on					4:			
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				ry for contribu				
								·	⊔ No
b	If "Yes," explain the arrangement in Part X	IV and comple	ete the to	ollowii	ng table			Amount	
_	Description belongs					10	_ 	Amount	
C	Beginning balance			• •		10		 .	
d	Additions during the year					1e		····	
e f	Distributions during the year Ending balance					1f			
2a	Did the organization include an amount on						<u> </u>	☐ Yes	□ No
	If "Yes," explain the arrangement in Part X		u t 🔼, III i	5 2 1 :				ies	140
	V Endowment Funds. Complete i		ation ar	nswe	red "Yes" to I	Form 9	90 Part IV lir	ne 10	
) Current year		or year			(d) Three years ba		ars back
1a	Beginning of year balance								1
b	Contributions				- 				
C	Net investment earnings, gains, and		-						
	losses								İ
d	Grants or scholarships				<u> </u>				 i
е	Other expenditures for facilities and								
	programs							İ	}
f	Administrative expenses								}
g	End of year balance								ĺ
2	Provide the estimated percentage of the y	ear end baland	e held a	as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶%	6							
С	Term endowment ▶ % Are there endowment funds not in the po								
3a		ssession of the	e organi	ızatıor	n that are held	and ad	ministered for		
	organization by							Ye	s No
	(i) unrelated organizations				• • •	•	•	. 3a(i)	
	(ii) related organizations			C-	, hadula DO			. 3a(ii)	+
_	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon					•		. 3b	
4 Part									
ган	Description of investment	(a) Cost or oth			ost or other basis	(2)	Assumulated	(d) Dook v	
	Description of investment	(investme		(0) ((other)		Accumulated epreciation	(d) Book va	_
1a	Land				36,857				,857
b	Buildings		 	1	,809,219	1,	126,361	682	858
C	Leasehold improvements			<u> </u>	555 - 55		015 005		
d	Equipment			 	335,467		215,201	120	,266
<u>e</u>	Other	1	VA C 1	Ĺ	(0) 1				
i otal.	Add lines 1a through 1e. (Column (d) must	equal Form 99	ıu, Part .	x, col	umn (B), line 10	U(C).)	•	839	981

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation narket value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)		· · · · ·		
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(-) (H)				
(l)				- -
	(b) must equal Form 990, Part X, col. (B) line 12)			<u> </u>
Part VIII	Investments—Program Related	. See Form 990, Part X,	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
_(1)				
(2)				
(3)				
_(4)				
_(5)				
_(6)				
(7)				
_(8)				·
<u>(9)</u>		<u> </u>		
(10) Total (Column	(b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. See Form 990, Pa	ort X line 15	<u> </u>	
) Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			 -
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<u>-</u>
(9)				
(10)	umn (b) must equal Form 990, Part X, co	ol (P) lino 15 \		
Part X	Other Liabilities. See Form 990,		· · · · · · · •	
1.	(a) Description of liability	(b) Amount	Γ	
	I income taxes	(0) 1 110 2 111		
(2)				
(3)		 		
(4)				
(5)				
(4) (5) (6) (7) (8) (9)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	1h - 4 - 4 - 5 4h - 5 - 4 - 4 - 4 - 4 -	<u> </u>	

	<u></u>		<u>-</u>
Pari			660 044
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	669,944
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	715,594
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-45,650
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
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	0
10		10	- 45,650
Part		Retu	irn
1	Total revenue, gains, and other support per audited financial statements	1	2,283,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	1	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	1,613,573
3	Subtract line 2e from line 1	3	669,944
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	ļ	
b	Other (Describe in Part XIV.)	1	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	669,944
Part		r Re	
1	Total expenses and losses per audited financial statements	1	2,329,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,613,573
3	Subtract line 2e from line 1	3	715,594
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)	1	j
	Add lines 4a and 4b	4c	1 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	715,594
	XIV Supplemental Information		
Comp Part V any ad	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F , line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com Iditional information.	plete	this part to provide
Par	XII: Gaming direct expenses reported as expense in au	ιαιτ	report,
	not net of revenue as reported in Part VIII line	9b	of this
	990 report.		
Par	XIII: Gaming direct expenses reported as expense in au	dit	report,
	not net of revenue as reported in Part VIII line	9b	of this
	990 report.	.	
-			·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number 85-0036680 BENEVOLENT & PROTECTIVE ORDER OF ELKS CARLSBAD LODGE #1558 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 e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events C d ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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. (v) Amount paid to (or retained by) (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col (I) Yes Nο 1 2 3 5 9 10 Total 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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
υe			(21311, 47, 27)	(5.50.7)	(Carried)	
Revenue	1 2	Gross receipts Less: Charitable				
ш.	_	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes)		
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	<u> </u>			
Direc	8	Entertainment				
	9	Other direct expenses				
j		Direct expense summary. Ad	ld lines 4 through 0 in	column (d)		()
	10 11				. •	·
Pa	10 11 rt III	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9	ine line 3, column (d) e organization answ	, and line 10 .), Part IV, line 19, or re	eported more
	11	Net income summary Comb Gaming. Complete if the	ine line 3, column (d) e organization answ	, and line 10 .), Part IV, line 19, or ro	eported more (d) Total gaming (add col (a) through col (c))
Revenue a	11	Net income summary Comb Gaming. Complete if the	ine line 3, column (d) e organization answ 90-EZ, line 6a.	, and line 10 vered "Yes" to Form 990 (b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c))
Revenue	11 rt III	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9	ine line 3, column (d) e organization answ 90-EZ, line 6a.	, and line 10 vered "Yes" to Form 990 (b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	11 rt III	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9	ine line 3, column (d) e organization answ 90-EZ, line 6a.	, and line 10 vered "Yes" to Form 990 (b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses Revenue	11 rt III 1	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue . Cash prizes	ine line 3, column (d) e organization answ 90-EZ, line 6a.	, and line 10 vered "Yes" to Form 990 (b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963
Revenue	11 rt III 1	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes	ine line 3, column (d) e organization answ 90-EZ, line 6a. (a) Bingo	, and line 10 /ered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 1,924,714 1,308,963 178,389 126,221	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963
Expenses Revenue	11 rt III 1 2 3	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	ine line 3, column (d) e organization answ 90-EZ, line 6a. (a) Bingo	, and line 10 vered "Yes" to Form 990 (b) Pull tabs/instant	(c) Other gaming 1,924,714 1,308,963	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963 0 178,389
Expenses Revenue	11 rt III 1 2 3 4 5	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine line 3, column (d) e organization answ 90-EZ, line 6a. (a) Bingo	, and line 10	(c) Other gaming 1,924,714 1,308,963 178,389 126,221 Yes %	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963 0 178,389
Expenses Revenue	11 rt III 2 3 4 5	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	Yes No	, and line 10	(c) Other gaming 1,924,714 1,308,963 178,389 126,221 Yes %	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963 0 178,389 126,221
Ø Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue . Cash prizes Noncash prizes Rent/facility costs . Other direct expenses Volunteer labor . Direct expense summary. Ad Net gaming income summary after the state(s) in which the or	Yes No Id lines 2 through 5 ing. Combine line 1, column (d) Organization answers Organization operates of	, and line 10 //ered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo //ered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo //ered "Yes" //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered //ered	(c) Other gaming 1,924,714 1,308,963 178,389 126,221 ☐ Yes% ☑ No MEXICO	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963 0 178,389 126,221 (1,613,573) 311,141
ω Direct Expenses Revenue	11	Net income summary Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add Net gaming income summary the organization licensed to opthe organization licensed to opthe summary.	Yes No Id lines 2 through 5 ing. Combine line 1, column (d) Yes Combine line 1, column (d) Yes Combine line 1, column (d) Yes Combine line 1, column (d) Yes Combine line 1, column (d)	, and line 10 //ered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo "Yes % No No No No No No No No No No No No No	(c) Other gaming 1,924,714 1,308,963 178,389 126,221 Yes % No MEXICO	(d) Total gaming (add col (a) through col (c)) 1,924,714 1,308,963 0 178,389 126,221 (1,613,573) 311,141

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

	le G (Form 990 or 990-EZ) 2010		Page 3
1	Does the organization operate gaming activities with nonmembers?	☐ Yes	⊠ No
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		<u></u>
_	formed to administer charitable gaming?	∐ Yes	🗵 No
3	Indicate the percentage of gaming activity operated in: The organization's facility	1,	00.%
a b			0.%
4	An outside facility	L	0.70
•	records		
	Name▶ Jack Lanier		
	Address► 1558 Elks Drive, Carlsbad, NM 88220		
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	⊠ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ N/A and the	_	
	amount of gaming revenue retained by the third party $ ightharpoonup$ \$ N/A .		
С	If "Yes," enter name and address of the third party		
	Name		
	Address ▶		
•	Gaming manager information		
	Name▶ Allen Todd Jones		
	Name ► Allen Todd Jones		
	Gaming manager compensation ▶ \$ 9,625		
	Description of services provided ► Manage operations & prepare reports for New Mexi	co Gami	ng Boa
	☑ Director/officer ☐ Employee ☐ Independent contractor		
7	Mandatan, distributions		
a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	X Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	221 103	
	spent in the organization's own exempt activities during the tax year ▶ \$ 116,377		
art	Supplemental Information. Complete this part to provide the explanations required by Part I,	line 2b,	
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co		nis
	part to provide any additional information (see instructions).		
			

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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 Name of the organization 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

Employer identification number

BENEVOLENT & PROTECT	FIVE ORDER OF ELKS CARLSBAD LODGE #1558 85-0036680
Part VI: Line 6.	There are 2,098 members and no stockholders and of those
	there are 4 Officers and 5 Trustees that can vote.
Part VI: Line 11b.	The Form 990 is presented at a special meeting along
	with the annual audit report. After that it goes to the
	next monthly meeting and it is presented to the board
	members and voted on for approval.
Part VI: Line 15b.	The Trustee's approve all pay amounts including raises.
Part VI: Line 18.	Form 1023 application was filed before July 15, 1987
	and is not required to make available to public
	inspection
Part VI: Line 19.	No documents are made available to the public.
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

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OMB No 1545-0047

Open to Public

Employer Identification number

85-0036680

(f)
Direct controlling
entity

(e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) ▶ See separate instructions. #1558 (b) Pnmary activity CARLSBAD LODGE ► Attach to Form 990. PROTECTIVE ORDER OF ELKS (a) Name, address, and EIN of disregarded entity ß BENEVOLENT ď $\stackrel{\backslash}{\scriptstyle \sim}$ Part I

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(2)

(5)

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(2)

9

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

one or more related tax-exempt organizations during the tax year.	iring the tax year.)						
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) ed ?
						Yes	N _o
(1) Benvolent & Protective Order of Elks Grand Lodge 346 Beebe Road, Minneola, NY 11501-1112	Fraternal	New York	501(c)(8) N/A	N/A	N/A	×	
(2) EIN NOT KNOWN							
(6)							
(4)							
(9)	,		E				
(9)							
(<u>)</u>							

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

(h) Percentage Percentage ownership ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (I) General or managing partner? Yes No end-of-year assets (g) Share of (I)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (d)
(Direct controlling entity (f) Share of total income (c) Legal domicile foreign country) (state or (e)
Predominant
income (related, sections 512-514) excluded from unrelated, tax under (b) Primary activity (d)
(Direct controlling entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN related organization N?A N?A <u>a</u> (1) Part IV Part III 2 9 3 **€** 9 9 9 0 ε 2 ල 4

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Receipt of (prices til) and the cognization (s) Out, gant, or captal contribution to other organization (s) Out, gant, or captal contribution to other organization (s) Cit, gant, or captal contribution from other organization (s) Leans or fragmentes by or for other organization (s) Sale of assets to other organization (s) Sale of assets to other organization (s) Lease of facilities, equipment, or other assets to other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Lease of facilities, equipment, or other assets from other organization (s) Sharing of facilities, equipment, or other assets from other organization (s) Sharing of backers of members in or other assets Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expens	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax vear, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	organizations listed I	in Parts II–IV?		L GS	2
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sets n(s) n(s) nation ration for information on who must complete this line, including covered relationships and transaction Transaction Amount involved (a-f)	mance of services or membership or fundraising solicitations for other organization(s)	•		*		×
sets in(s) in(s) incitions for information on who must complete this line, including covered relationships and transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transaction Transact	mance of senices or membership or fundaising solicitations by other organization(s)	•	• •	=		: ×
n(s) uctions for information on who must complete this line, including covered relationships and taston Italian (b) Transaction type (a-r) (c) Transaction type (a-r)	o of facilities, equipment, mailing lists, or other assets	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Ę		: ×
n(s) uctions for information on who must complete this line, including covered relationships and (b) Ization Transaction type (a-r)	g of paid employees		•	=		×
n(s)						
n(s) uctions for information on who must complete this line, including covered relationships and transaction Transaction Transaction Type (a-r) Type (a-r)	ursement paid to other organization for expenses			10		×
ns for information on who must complete this line, including covered relationships and transaction (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ursement paid by other organization for expenses			1p		×
nns for information on who must complete this line, including covered relationships and transaction Amount involved type (a-r)				1		
ns for information on who must complete this line, including covered relationships and (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ransfer of cash or property to other organization(s)			. 19		×
for information on who must complete this line, including covered relationships and (b) Transaction Amount involved type (a-r)	ransfer of cash or property from other organization(s)			. 18		×
(b) (c) Transaction type (a/) (b) (c) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ns f	e, including covered r	relationships and tran	saction thre	eshold	s
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Method of ogen	d) determir involvec	guir
	Z Z					
				-		

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (e) Name address, and EIN of entity Primary activity Legal domicile Are all partners Share	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate		(h) Genera	ralor
			section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	iging ner?
			Yes No	1	Yes No		Yes No	2
(1) N/A								
(2)								
(3)								
(4)								
(9)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
						Schedule R (Form 990) 2010	ım 990) 2010

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BENEVOLENT AND PROTECTIVE ORDER OF ELKS CARLSBAD LODGE #1558 EIN 85-0036680

PART VIII: LINE 9C Gaming Activities		STATEMEN	<u>Γ1</u>	
	GROSS	DIRECT		NET
DESCRIPTION OF EVENTS	RECEIPTS	EXPENSES		INCOME
ELECTRONIC GAMING				311,141
<u> </u>		\$ 1,613,573	\$	311,141
N .	1,924,114	<u>Ψ 1,013,373</u>	Ψ	311,141
PART VIII: LINE 11d OTHER REVENUE		<u></u>	ST	ATEMENT 2
		Business Code		
OTHER REVENUES				
CHARITY DRIVES		900099	\$	17,183
ENTERTAINMENT		900099		23,430
RITUAL PROGRAMS		900099		- -
MISC		900099		2,427
OTHER EVENTS		900099		5,970
STAG & LADIES NITE		900099		13,882
YOUTH ACTIVITIES		900099		11,985
MEETING NITE MEALS		900099		1,270
			\$	76,147
			<u>*</u>	
PART IX: LINE 21 PAYMENTS TO AFFI	LATEC		CTAT	EMENT 3
PARTIX: LINE 21 PATIMENTS TO AFFI	LIATES		SIAI	EMENI 3
AFFILIATES NAME:		AFFILIATES A	ADDR	ESS
BENEVOLENT & PROTECTIVE ORDER OF	ELKS	346 BEEBE ROA	D. MII	NNEOLA. NY
- GRAND LODGE		11501-1112	, .	,
GRAND LODGE MEMBERSHIP ASSES	SMENT		\$	27,994
STATE MEMBERSHIP ASSESSMENT	OMENT		•	5,489
OTATE MEMBEROIM ACCESSMENT			\$	33,483
			<u> </u>	33,463
PART IX: LINE 24f OTHER EXPENSES			TATE	EMENT 4
PARTIA. LINE 241 OTHER EXI ENGES	·.····			
OTHER TAXES INCLUDING GAMING			\$	10,023
SCHOLARSHIPS & YOUTH				21,402
STAG & LADIES NITE				9,767
RITUAL EXPENSES				2,566
ENTERTAINMENT				43,099
CONTRIBUTIONS				128,427
EXALTED RULER EXPENSES				13,577
PARKS & RECREATION				26,899
MEMBERSHIP & VETERANS SERVICES				26,339
MISC.				6,811
CONTRACT LABOR				13,623
BULLETIN EXPENSE				13,108
SUPPLIES				28,077
EQUIPMENT RENTAL & MAINTENANCE				58,137
			\$	401,855
			<u>~</u>	701,000