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## Return of Organization Exempt From Income Tax

OMB No 1545 0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning 4/01 , 2010, and ending 3/31 , 2011

B Check if applicable

- Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

B.P.O. JUNEAU ELKS LODGE # 420  
P.O. BOX 33239  
JUNEAU, AK 99803

D Employer identification number

92-0006445

E Telephone number

1-907-790-4768

G Gross receipts \$

696,520.

 Yes  No  
 Yes  No

F Name and address of principal officer

Same As C Above

H(a) Is this a group return for affiliates?

H(b) Are all affiliates included?

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

I Tax-exempt status  501(c)(3)  501(c) ( 8 ) ▶ (insert no)  4947(a)(1) or  527

H(c) Group exemption number ► 1156

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1998

M State of legal domicile AK

## Part I Summary

- 1 Briefly describe the organization's mission or most significant activities: THE CORPORATION IS ORGANIZED TO FUNCTION AS A LODGE AFFILIATED WITH THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA. THE PURPOSES ARE ENTIRELY BENEVOLENT, FRATERNAL, CHARITABLE, SOCIAL AND NON-PROFIT.
- 2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets
- 3 Number of voting members of the governing body (Part VI, line 1a) 3 10
- 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
- 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 2
- 6 Total number of volunteers (estimate if necessary) 6 10
- 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
- b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Activities &amp; Governance

Revenue

Expenses

Net Assets / Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	27,773.	26,475.
9 Program service revenue (Part VIII, line 2g)	15,795.	14,529.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,818.	37,575.
11 Other revenue (Part VIII, column (A), lines 5-10 and 11e) <i>RECEIVED 8/18/2011</i>	515.	55.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,901.	78,634.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,100.	24,900.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <i>OPENED</i>	9,415.	9,216.
16a Professional fundraising fees (Part IX, column (A), line 11) <i>OPENED</i>		
b Total fundraising expenses (Part IX, column (D), line 25) ►		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,583.	26,258.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	65,098.	60,374.
19 Revenue less expenses Subtract line 18 from line 12	30,803.	18,260.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer <i>Tracy Olsen</i>	Date 7-6-11
	Type or print name and title <i>Tracy Olsen, Secretary</i>	

Paid Preparer Use Only	Print/Type preparer's name PHILLIP H. LEATON	Preparer's signature <i>Phillip H. Leaton</i>	Date 6/14/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ► Phillip H. Leaton CPA	Firm's EIN ► N/A			
	Firm's address ► 1451 S.E. Stuart Lane Milwaukie, OR 97267				

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

 Yes  No

g-13

d

## **Part III Statement of Program Service Accomplishments**

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

1

- 1 Briefly describe the organization's mission:

THE CORPORATION IS ORGANIZED TO FUNCTION AS A LODGE AFFILIATED WITH THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA. THE PURPOSES ARE ENTIRELY BENEVOLENT, FRATERNAL, CHARITABLE, SOCIAL AND NON-PROFIT.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

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

If 'Yes,' describe these changes on Schedule O.

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

4a (Code \_\_\_\_\_) (Expenses \$ 2,594. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**CHARITABLE AND SOCIAL WELFARE DONATIONS**

4b (Code. \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ 400. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**YOUTH ACTIVITIES MONETARY SUPPORT AND DONATIONS.**

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ 23,900.) (Revenue \$ \_\_\_\_\_)  
EDUCATION SCHOLARSHIPS. SCHOLARSHIPS RANGE FROM \$500 TO \$1,600 EACH WITH THE  
MAJORITY OF THE SCHOLARSHIPS BEING FOR \$1,000 EACH. SCHOLARSHIPS TOTALING \$23,900  
WERE GIVEN TO 23 STUDENTS.

**4d Other program services (Describe in Schedule O )**

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

**4e Total program service expenses ► 2,994.**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 <input checked="" type="checkbox"/>	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	X
4 <b>Section 501(c)(3) organizations</b> 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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 <input checked="" type="checkbox"/>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	X
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b <input checked="" type="checkbox"/>	X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c <input checked="" type="checkbox"/>	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d <input checked="" type="checkbox"/>	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b <input checked="" type="checkbox"/>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 <input checked="" type="checkbox"/>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b <input checked="" type="checkbox"/>	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 <input checked="" type="checkbox"/>	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 <input checked="" type="checkbox"/>	X
b If '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)	20b <input checked="" type="checkbox"/>	

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

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36 <b>Section 501(c)(3) organizations.</b> 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	X
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	X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** **1**  
**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b** **0**
- 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** **2**

- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?

- b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

- 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)?

- b** If 'Yes,' enter the name of the foreign country: ►

See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

- c** If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

- 6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

- b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**7 Organizations that may receive deductible contributions under section 170(c).**

- a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

- b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

- 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?

- f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

- g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

- h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

- 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?

**9 Sponsoring organizations maintaining donor advised funds.**

- a** Did the organization make any taxable distributions under section 4966?

- b** Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations.** Enter:

- a** 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 **10a**  
**10b**

**11 Section 501(c)(12) organizations.** Enter:

- a** Gross income from members or shareholders **11a**

- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

- b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year **12b**

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

- a** Is the organization licensed to issue qualified health plans in more than one state?

**Note.** See the instructions for additional information the organization must report on Schedule O.

- 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

- c** Enter the amount of reserves on hand **13b**  
**13c**

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

- b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **14a** **X**  
**14b**

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

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

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
b Enter the number of voting members included in line 1a, above, who are independent	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders? See Schedule O	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director 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	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
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. See Schedule O		
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	
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
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of 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	

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
► LISA BAKER PO BOX 33239 JUNEAU AK 99803 206-353-6405

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

 Check if Schedule O contains a response to any question in this Part VII 
**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) Name and title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) ROXIE STARR TRUSTEE	1	X					0.	0.	0.
(2) STEVE PENNOYER Trustee	1	X					0.	0.	0.
(3) MARK JOHNSON TRUSTEE	1	X					0.	0.	0.
(4) STEVE HINCKLE TRUSTEE	3	X					0.	0.	0.
(5) BRYAN TURNER EXALTED RULER	4		X				0.	0.	0.
(6) NORMAN NIEMI LECTURING KNIGH	1		X				0.	0.	0.
(7) LARRY WHITE LEADING KNIGHT	1		X				0.	0.	0.
(8) RICK WHITE LOYAL KNIGHT	1		X				0.	0.	0.
(9) TRACY OLSON Secretary	6		X				5,400.	0.	0.
(10) CINDY NEFF Treasurer	1		X				0.	0.	0.
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organi- zations IN Sch O)	(C) Position (check all that apply)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) _____							
(19) _____							
(20) _____							
(21) _____							
(22) _____							
(23) _____							
(24) _____							
(25) _____							
(26) _____							
(27) _____							
(28) _____							
(29) _____							
1b Sub-total					► 5,400.	0.	0.
c Total from continuation sheets to Part VII, Section A					► 0.	0.	0.
d Total (add lines 1b and 1c)					► 5,400.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,475.			
	g Noncash contributions included in lns 1a-1f		\$			
<b>h Total.</b> Add lines 1a-1f		►	26,475.			
PROGRAM SERVICE REVENUE	2a Membership Dues & Assessments	Business Code	14,529.	14,529.		
	2b					
	2c					
	2d					
	2e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		►	14,529.		
3 Investment income (including dividends, interest and other similar amounts)		►	16,088.	16,088.		
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6a Gross Rents	(i) Real	(ii) Personal				
6b Less. rental expenses						
6c Rental income or (loss)						
6d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
7b Less cost or other basis and sales expenses	638,498.					
7c Gain or (loss)	617,011.					
7d Net gain or (loss)	21,487.		►	21,487.	21,487.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
8b Less. direct expenses	b					
8c Net income or (loss) from fundraising events		►				
9a Gross income from gaming activities. See Part IV, line 19	a	930.				
9b Less: direct expenses	b	875.				
9c Net income or (loss) from gaming activities		►	55.	55.		
10a Gross sales of inventory, less returns and allowances	a					
10b Less cost of goods sold	b					
10c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Business Code					
11a						
11b						
11c						
11d All other revenue						
<b>e Total.</b> Add lines 11a-11d		►				
<b>12 Total revenue.</b> See instructions		►	78,634.	52,159.	0.	
					0.	

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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	24,900.			
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	5,400.			
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.			
7 Other salaries and wages	2,475.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,341.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,734.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,875.			
g Other				
12 Advertising and promotion				
13 Office expenses	1,396.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,226.			
20 Interest				
21 Payments to affiliates	4,040.			
22 Depreciation, depletion, and amortization				
23 Insurance	346.			
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 <u>STORAGE EXPENSE</u>	3,555.			
b <u>CHARITABLE ACTIVITIES</u>	2,994.			
c <u>TELEPHONE</u>	694.			
d <u>SUPPLIES</u>	528.			
e <u>DATA PROCESSING</u>	340.			
f All other expenses	530.			
25 Total functional expenses Add lines 1 through 24f	60,374.			
26 Joint costs. Check here ► <input type="checkbox"/> 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)

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	31,283.	1	28,953.
	2 Savings and temporary cash investments	19,938.	2	16,852.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	387,103.		
	b Less accumulated depreciation.	10b 7,187.	3,378.	10c 379,916.
	11 Investments – publicly traded securities	973,724.	11	643,110.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
LIABILITIES	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)	1,028,323.	16	1,068,831.
	17 Accounts payable and accrued expenses	1,211.	17	907.
	18 Grants payable		18	
	19 Deferred revenue	6,000.	19	5,220.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	210.	25	218.
	26 Total liabilities. Add lines 17 through 25	7,421.	26	6,345.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	18,652.	27	390,123.
	28 Temporarily restricted net assets	1,002,250.	28	672,363.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,020,902.	33	1,062,486.
	34 Total liabilities and net assets/fund balances	1,028,323.	34	1,068,831.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	78,634.
2 Total expenses (must equal Part IX, column (A), line 25)	2	60,374.
3 Revenue less expenses. Subtract line 2 from line 1	3	18,260.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,020,902.
5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	23,324.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,062,486.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

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

BAA

Form 990 (2010)

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

Employer identification number

B.P.O. JUNEAU ELKS LODGE # 420

92-0006445

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

- d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		243,650.		243,650.
b Buildings		132,888.		132,888.
c Leasehold improvements				
d Equipment	10,565.		7,187.	3,378.
e Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ► 379,916.

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Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►</b>		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column(B), line 15)</b>	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	218.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25)</b>	<b>218.</b>

2. 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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 Revenue per Return N/A**

## 1 Total revenue, gains, and other support per audited financial statements

1

- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
    - a Net unrealized gains on investments
    - b Donated services and use of facilities
    - c Recoveries of prior year grants
    - d Other (Describe in Part XIV)
  - e Add lines 2a through 2d
  - 3 Subtract line 2e from line 1
  - 4 Amounts included on Form 990, Part VIII, line 12, 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 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 12.)

Part XIII | Reconciliation of Expenses per Audited Financial Statements

N/A

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

## 1 Total expenses and losses per audited financial statements

1

- 2** Amounts included on line 1 but not on Form 990, Part IX, line 25:
    - a** Donated services and use of facilities
    - b** Prior year adjustments
    - c** Other losses
    - d** Other (Describe in Part XIV.)
    - e** Add lines **2a** through **2d**
  - 3** Subtract line **2e** from line 1
  - 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** Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part IX, line 25.)*

**Part XIV | Supplemental Information**

1

**Part XIV | Supplemental Information**

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

**Part XIV Supplemental Information (continued)**

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**SCHEDULE I**  
(Form 990)**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**Department of the Treasury  
Internal Revenue ServiceComplete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.**2010**Open to Public  
Inspection

Name of the organization

B.P.O. JUNEAU ELKS LODGE # 420

Employer identification number  
92-0006445

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

See Part IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, Line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) _____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____	_____	_____	_____

2 Enter total number of section 501 (c)(3) and government organizations

3 Enter total number of other organizations

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

► 0

0

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TEEA901L 10/29/10

Schedule I (Form 990) 2010

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	23	24,900.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

THE LODGE IS ADVISED OF POTENTIAL RECIPIENTS OF SCHOLARSHIPS BY THE LOCAL HIGH SCHOOLS. SCHOLARSHIPS ARE PAID DIRECTLY TO THE RECIPIENTS' SCHOOL OF HIGHER EDUCATION. THE SCHOOLS NOTIFY THE LODGE IF ANY STUDENT IS NO LONGER ENROLLED ON A FULL TIME BASIS.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

B. P. O. JUNEAU ELKS LODGE # 420

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

92-0006445

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

**Part II 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.)

	(a) Name, address, and EIN of related organization	(b) Primary 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) Sec 512(b)(13) controlled entity?
(1)	BPOE OF THE UNITED STATES OF AMERICA 2750 NORTH LAKEVIEW AVENUE	NATIONAL ASSOC OF LODGES -	-----	-----	-----	-----	Yes
(2)	CHICAGO, IL 60614-1889	FRATERNAL AND CHARITABLE	IL	501 (c) 8	-----	N/A	X
(3)	ALASKA STATE ELKS ASSOCIATION PO BOX 1127	ASSOC OF STATE LODGES -	-----	-----	-----	-----	-----
(4)	SITKA, AK 99835-1127	FRATERNAL AND CHARITABLE	AK	501 (c) 8	-----	N/A	X
(5)	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----

**Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(k) General or managing partner?	
									Yes	No
(1) -----										
(2) -----										
(3) -----										

**Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or 'trust')	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
							Yes	No
(1) -----								
(2) -----								
(3) -----								

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a)	Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	BPOE OF THE UNITED STATES OF AMERICA	b	2,828.	CASH
(2)	ALASKA STATE ELKS ASSOCIATION	b	1,212.	CASH
(3)				
(4)				
(5)				
(6)	BAA			

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?  Yes      No	(g) Code V-1[B] in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?  Yes      No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

B.P.O. JUNEAU ELKS LODGE # 420

Employer identification number

92-0006445

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

THE LODGE CONSISTS ENTIRELY OF MEMBERS WHO MAINTAIN THEIR MEMBERSHIP BY PAYING ANNUAL DUES.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

ALL DECISIONS AND EXPENDITURES ARE PRESENTED ON THE LODGE FLOOR AND ARE VOTED ON BY THE MEMBERSHIP.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

ALL DECISIONS AND EXPENDITURES ARE PRESENTED ON THE LODGE FLOOR AND ARE VOTED ON BY THE MEMBERSHIP

**Form 990, Part VI, Line 11b - Form 990 Review Process**

A DRAFT COPY OF THE RETURN WAS PRESENTED TO THE LODGE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMISSION OF THE TAX RETURN.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

ALL MATTERS INVOLVING THE LODGE ARE BROUGHT TO THE LODGE FLOOR FOR DISCUSSION. ALL NEW MEMBERS RECEIVE A COPY OF THE BY-LAWS WHEN THEY ARE INITIATED.

2010

**Schedule O - Supplemental Information**

**Page 2**

B.P.O. JUNEAU ELKS LODGE # 420

92-0006445

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

Net Unrealized Gains or Losses on Investments

Total \$ 23,324.

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
B.P.O. JUNEAU ELKS LODGE # 420Identifying number  
92-0006445

Business or activity to which this form relates

Form 990/990-PF

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

## Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21		21	
22		22	
23			

Tuners Elks #920 92 - 0006445  
3-31-11

# Elks Fiscal Statement

B P O ELKS #420

## REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
1,000 0000	CITI CC ISSUANC ABS 2007	05/05/09	05/21/10	1,000 00	988 43	11 57 LT
1,000 0000	GOLDMAN SACHS GRO 4 50% 10	12/13/07	06/15/10	1,000 00	0 00	0 00
1,000 0000	GOLDMAN SACHS GRO 4 50% 10	03/12/09	06/16/10	1,000 00	989 43	10 57 LT
1,000 0000	CHASE ISSUANCE ABS 2009	11/03/09	06/15/10	1,000 00	1,000 93	(0 93) ST
5,000 0000	US TSY 1 125% DEC 15 2011	08/31/09	05/28/10	5,038 07	4,995 33	42 74 ST
1,000 0000	VERIZON GLOBAL FD 7.25% 10	12/13/07	07/07/10	1,027 22	1,009 81	17 41 LT
1,000 0000	VERIZON GLOBAL FD 7.25% 10	03/25/09	07/07/10	1,027 22	1,013 91	13 31 LT
6,000 0000	FEDERAL NATL MTGE ASSOC	12/07/07	07/01/10	6,555 84	6,198 09	357 75 LT
3,000 0000	CAPITAL ONE ABS 2007	12/01/09	07/15/10	3,000 00	2,980 66	19 34 ST
3,000 0000	FEDERAL NATL MTGE ASSOC	01/26/09	07/15/10	3,317 73	3,211 88	105 85 LT
1,000 0000	FEDERAL NATL MTGE ASSOC	03/12/09	07/15/10	1,105 91	1,064 91	41 00 LT
1,000 0000	USAA AUTO OWNER ABS 2007	08/28/08	08/16/10	32 42	32 26	0 16 LT
1,000 0000	USAA AUTO OWNER ABS 2007	06/30/09	08/16/10	32 43	33 03	(0 60) LT
2,000 0000	HONDA AUTO REC ABS 2009	05/05/09	08/05/10	652 03	433 60	218 43 LT
1,000 0000	HONDA AUTO REC ABS 2009	08/26/09	08/05/10	326 02	218 91	107 11 ST
3,000 0000	US TSY 2 000% NOV 30 2013	11/28/08	08/31/10	3,118 11	2,998 60	119 51 LT
2,000 0000	US TSY 2 000% NOV 30 2013	03/12/09	08/31/10	2,078 74	2,011 12	67 62 LT
2,000 0000	US TSY 2 000% NOV 30 2013	03/31/09	08/31/10	2,078 74	2,029 60	49 14 LT
3,000 0000	US TSY 2 000% NOV 30 2013	04/06/09	08/31/10	3,118 12	3,023 65	94 47 LT
1,000 0000	US TSY 2 000% NOV 30 2013	04/13/09	08/31/10	1,039 38	1,010 00	29 38 LT
1,000 0000	GEN ELEC CAP CRP 4.87% 10	12/13/07	10/21/10	1,000 00	1,000 00	0 00
1,000 0000	GEN ELEC CAP CRP 4.87% 10	03/25/09	10/21/10	1,000 00	1,000 00	0 00
1,000 0000	USAA AUTO OWNER ABS 2008	02/26/09	11/15/10	34 81	35 00	(0 19) LT
4,000 0000	US TSY 3 125% SEP 30 2013	07/15/10	11/24/10	4,274 67	4,234 06	40 61 ST
1,000 0000	US TSY 3 125% SEP 30 2013	08/05/10	11/24/10	1,068 67	1,064 01	4 66 ST
4,000 0000	US TSY 2 000% NOV 30 2013	04/13/09	12/15/10	4,116 55	4,036 52	80 03 LT
6,000 0000	US TSY 2 000% NOV 30 2013	04/13/09	12/31/10	6,176 48	6,053 89	122 59 LT
2,000 0000	US TSY 2 000% NOV 30 2013	04/27/09	12/31/10	2,058 83	2,010 51	47 92 LT
1,000 0000	CHASE ISSUANCE ABS 2006	02/19/10	02/15/11	1,000 00	998 43	1 57 ST
5,000 0000	US TSY 1 250% AUG 31 2015	08/31/10	02/25/11	4,847 64	4,973 31	(131 67) ST
1,000 0000	COMCAST CORP 5 50% MAR15 11	11/19/08	03/15/11	1,000 00	969 99	30 01 LT
1,000 0000	COMCAST CORP 5 50% MAR15 11	03/12/09	03/15/11	1,000 00	1,000 00	0 00
3,000 0000	JPMORGAN CHASE & CO 12% 12	06/30/09	02/25/11	2,997 26	77 74 LT	3 97 LT
1,000 0000	UNITEDHEALTH GROU 5 25% 11	08/07/08	03/15/11	996 03	996 03	0 00
1,000 0000	UNITEDHEALTH GROU 5 25% 11	03/12/09	03/15/11	1,000 00	1,000 00	0 00
						82. 94
						84. 49
						1. 585

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Statement Period Year Ending 03/31/11  
Account No 28H-02055

x 00016314

Transfers Cents # 420 92-000 6445

## ELKS Fiscal Statement

B P O ELKS #420

### FISCAL YEAR ACTIVITY

Date	Transaction	Quantity	Description	Price	Debit	Credit
Dividends and Interest						
			BANK DEPOSIT INTEREST			
			ML Bus Deposit Program	0.48	4.00	
			BANK DEPOSIT INTEREST		0.84	
			ML Bus Deposit Program		4.00	
			BANK DEPOSIT INTEREST		1.04	
			ML Bus Deposit Program		5.00	
			BANK DEPOSIT INTEREST		0.46	
			ML Bus Deposit Program		6.00	
			BANK DEPOSIT INTEREST		1.13	
			ML Bus Deposit Program		6.00	
			BANK DEPOSIT INTEREST		0.17	
			ML Bus Deposit Program		6.00	
			BANK DEPOSIT INTEREST		0.70	
			ML Bus Deposit Program		8.00	
			Sub Total		66.37	
			Net Total			5,322.36

### Other Activity

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
1,000,0000	HONDA AUTO REC ABS 2007	09/04/08	04/20/10	32.67	32.88	
2,000,0000	CTI CC ISSUANC ABS 2006	11/10/09	05/24/10	2,000.00	1,995.31	(0.21) LT 469 ST
x 00016313	PLEASE SEE REVERSE SIDE Page 29 of 32	Statement Period Year Ending 03/31/11	Account No 28H-02055			

Turner Elks # 420

3-31-11

# Elks

## Fiscal Statement

B P O ELKS # 420

### REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
154 0000	TRW PRICE US TR/INTM FD	03/09/09	02/25/11	897 81	919 38	(21 57) LT
1 0000	TRW PRICE US TR/INTM FD	03/31/09	02/25/11	5 83	6 09	(0 26) LT
1 0000	TRW PRICE US TR/INTM FD	04/01/09	02/25/11	5 83	6 10	(0 27) LT
2 0000	TRW PRICE US TR/INTM FD	04/30/09	02/25/11	11 66	11 96	(0 30) LT
1 0000	TRW PRICE US TR/INTM FD	05/29/09	02/25/11	5 83	5 90	(0 07) LT
1 0000	TRW PRICE US TR/INTM FD	06/01/09	02/25/11	5 83	5 84	(0 01) LT
1 0000	TRW PRICE US TR/INTM FD	06/30/09	02/25/11	5 83	5 86	(0 03) LT
1 0000	TRW PRICE US TR/INTM FD	07/01/09	02/25/11	5 83	5 86	(0 03) LT
1 0000	TRW PRICE US TR/INTM FD	07/31/09	02/25/11	5 83	5 88	(0 05) LT
1 0000	TRW PRICE US TR/INTM FD	08/03/09	02/25/11	5 83	5 84	(0 00) LT
1 0000	TRW PRICE US TR/INTM FD	08/31/09	02/25/11	5 83	5 83	(0 08) LT
1 0000	TRW PRICE US TR/INTM FD	09/01/09	02/25/11	5 83	5 92	(0 09) LT
1 0000	TRW PRICE US TR/INTM FD	10/01/09	02/25/11	5 83	5 99	(0 16) LT
1 0000	TRW PRICE US TR/INTM FD	10/30/09	02/25/11	5 83	5 95	(0 12) LT
1 0000	TRW PRICE US TR/INTM FD	12/07/09	02/25/11	5 83	6 02	(0 19) LT
8 0000	TRW PRICE US TR/INTM FD	12/08/09	02/25/11	46 64	46 72	(0 08) LT
1 0000	TRW PRICE US TR/INTM FD	12/08/09	02/25/11	5 83	5 84	(0 01) LT
1 0000	TRW PRICE US TR/INTM FD	12/09/09	02/25/11	5 83	5 85	(0 02) LT
1 0000	TRW PRICE US TR/INTM FD	12/31/09	02/25/11	5 83	5 72	0 11 LT
1 0000	TRW PRICE US TR/INTM FD	02/01/10	02/25/11	5 83	5 79	0 04 LT
1 0000	TRW PRICE US TR/INTM FD	03/01/10	02/25/11	5 83	5 81	0 02 ST
1 0000	TRW PRICE US TR/INTM FD	03/31/10	02/25/11	5 83	5 75	0 08 ST
1 0000	TRW PRICE US TR/INTM FD	05/03/10	02/25/11	5 83	5 80	0 03 ST
1 0000	TRW PRICE US TR/INTM FD	06/01/10	02/25/11	5 83	5 91	(0 08) ST
1 0000	TRW PRICE US TR/INTM FD	06/30/10	02/25/11	5 83	5 98	(0 15) ST
1 0000	TRW PRICE US TR/INTM FD	08/31/10	02/25/11	5 83	6 08	(0 25) ST
1 0000	TRW PRICE US TR/INTM FD	11/30/10	02/25/11	5 83	6 18	(0 35) ST
1 0000	TRW PRICE US TR/INTM FD	12/08/10	02/25/11	5 83	5 96	(0 13) ST
2 0000	TRW PRICE US TR/INTM FD	12/08/10	02/25/11	11 66	11 84	(0 18) ST
1 0000	TRW PRICE US TR/INTM FD	01/31/11	02/25/11	5 84	5 88	(0 04) ST
0 2460	TRW PRICE US TR/INTM FD	01/31/11	02/25/11	1 43	1 44	(0 01) ST
16 0000	PIONEER STRAT INCO CL Y	10/05/10	02/25/11	177 60	176 64	0 96 ST
0 5950	PIONEER STRAT INCO CL Y	01/31/11	02/25/11	6 60	6 56	0 04 ST
35 0000	HARTFORD CAPITAL APP I	10/06/09	02/25/11	1,246 69	1,003 80	242 89 LT
0 0320	HARTFORD CAPITAL APP I	10/06/09	02/25/11	1 14	0 92	0 22 LT
1 0000	HARTFORD CAPITAL APP I	10/07/09	02/25/11	35 63	28 87	6 76 LT
7 0000	CALVERT SHORT DURATION	03/09/09	02/25/11	116 41	107 81	8 60 LT
0 1070	CALVERT SHORT DURATION	03/09/09	02/25/11	1 78	1 65	0 13 LT
0 3130	CALVERT SHORT DURATION	10/05/10	02/25/11	5 20	5 26	(0 06) ST

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Statement Period Year Ending 03/31/11

Account No 28H-02007

2,075  
16,985

Transac<sup>cts</sup> # 420  
3-31-11

## MFA<sup>™</sup> Fiscal Statement

B P O ELKS # 420

### FISCAL YEAR ACTIVITY

Date	Transaction	Quantity	Description	Price	Debit	Credit
Dividends and Interest						
1/08/10	Divd Reinv	1	FPA NEW INCOME INC			
10/07/10	Dividend		FPA NEW INCOME INC			
10/07/10	Reinvestment		FPA NEW INCOME INC			
10/07/10	Divd Reinv	1	FPA NEW INCOME INC			
12/20/10	Dividend		FPA NEW INCOME INC			
12/20/10	Reinvestment		FPA NEW INCOME INC			
12/20/10	Divd Reinv	1	FPA NEW INCOME INC			
	Sub Total				<u>61.47</u>	<u>61.47</u>
	<b>Net Total</b>				<u>810.41</u>	<u>856.86</u>
Funds Received/Withdrawals						
06/30/10	Withdrawal		CK C 00315-13425		<u>3,574.00</u>	
	<b>Net Total</b>				<u>3,574.00</u>	
Other Activity						
~1/06/10	Journal Entry		MFA QTRLY FEE			
1/07/10	Journal Entry		MFA QTRLY FEE			
10/05/10	Journal Entry		MFA QTRLY FEE			
01/12/11	Journal Entry		MFA QTRLY FEE			
	<b>Net Total</b>				<u>260.66</u>	

### REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
101 9980	BLACKROCK LG CAP VALUE I	03/09/09	04/20/10	1,496.30	907.78	588.52
10 0000	BLACKROCK LG CAP VALUE I	10/06/09	04/20/10	146.70	131.69	15.01
1 0000	BLACKROCK LG CAP VALUE I	12/17/09	04/20/10	14.68	13.55	1.13
135 0780	TCW TOTAL RETURN BOND I	03/09/09	04/20/10	1,349.41	1,234.62	114.79
	PLEASE SEE REVERSE SIDE					
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x 00016200						

Twelve Elks #420

3-31-11

## Elks Fiscal Statement

B P O ELKS # 420

### REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain (Loss)
1 0000	TCW TOTAL RETURN BOND I	03/10/09	04/20/10	9.99	9.09	0.90 LT
3 0000	TCW TOTAL RETURN BOND I	03/31/09	04/20/10	29.97	27.36	2.61 LT
1 0000	TCW TOTAL RETURN BOND I	04/01/09	04/20/10	9.99	9.12	0.87 LT
22 0000	TCW TOTAL RETURN BOND I	04/23/09	04/20/10	219.80	202.17	17.63 ST
107.6960	TRW PRICE US TR/INTM FD	03/09/09	04/20/10	621.40	642.95	(21.55) LT (23.98) LT
120.0000	TRW PRICE US TR/INTM FD	03/09/09	04/20/10	692.41	716.39	1.775 14 LT
60.8300	AMERICAN GROWTH FUND	03/09/09	04/20/10	1,775.02	737.88	30.69 LT
31 0000	TCW TOTAL RETURN BOND I	04/23/09	06/28/10	284.89	0.02	284.89 LT
0.2660	TCW TOTAL RETURN BOND I	06/18/10	06/28/10	2.71	40.30	0.69 LT
31.0000	AMER CNT INF'L ADJ BD INV	03/09/09	06/28/10	365.49	325.19	40.30 LT
0 5360	AMERICAN CENTURY	03/09/09	06/28/10	6.32	5.63	0.69 LT
0.1240	AMER CNT INF'L ADJ BD INV	06/18/10	06/28/10	1.46	1.45	0.01 ST
19.0000	PRDNTL JENNSN VALUE CL Z	10/06/09	06/28/10	241.49	233.70	7.79 ST
0.6810	PRUDENTIAL JENNISON	10/06/09	06/28/10	8.66	8.38	0.28 ST
0.2680	PRDNTL JENNSN VALUE CL Z	06/18/10	06/28/10	3.40	3.40	(0.14) ST
78 0000	DELAWARE CORP BOND INST	10/06/09	06/28/10	463.32	447.72	15.60 ST
0.4600	DELAWARE CORP BOND INST	06/22/10	06/28/10	2.73	2.71	0.02 ST
12 0000	MFS VALUE FD CL I	04/20/10	06/28/10	239.28	269.16	(29.88) ST
0 6120	MFS VALUE FD CL I	04/20/10	06/28/10	12.21	13.73	(1.52) ST
0.0200	MFS VALUE FD CL I	06/24/10	06/28/10	0.39	0.01	0.38 LT
55.0000	METRO W/TTL RTRN BD CL I	10/09/08	06/28/10	570.90	71.50 LT	499.40
0 6820	METROPOLITAN WEST TOTAL	10/09/08	06/28/10	7.08	0.88 LT	
0 2940	METRO W/TTL RTRN BD CL I	06/18/10	06/28/10	6.20	0.61 LT	
38 0000	TRW PRICE US TR/INTM FD	03/09/09	06/28/10	3.05	3.04	0.01 ST
0.2780	T ROWE PRICE US TREASURY	03/09/09	06/28/10	228.00	226.86	1.14 LT
0 1740	TRW PRICE US TR/INTM FD	06/18/10	06/28/10	1.67	1.66	0.01 LT
42 0000	MAINSTAY LG CP GRTH CL I	04/20/10	06/28/10	1.04	1.03	0.01 ST
0.3930	MAINSTAY LG CP GRTH CL I	06/18/10	06/28/10	247.80	278.88	(31.08) ST
4 0000	HARTFORD CAPITAL APP I	10/06/09	06/28/10	2.32	2.41	(0.09) ST
4 0000	HARTFORD CAPITAL APP I	10/06/09	06/28/10	114.80	114.72	0.08 ST
0 5550	HARTFORD CAPITAL	10/06/09	06/28/10	114.80	114.72	0.08 ST
0 3310	HARTFORD CAPITAL APP I	06/18/10	06/28/10	15.93	15.92	0.01 ST
21.0000	CALVERT SHORT DURATION	03/09/09	06/28/10	9.50	9.87	0.37 ST
0.0220	CALVERT SHORT DURATION	03/09/09	06/28/10	347.48	323.43	24.05 LT
0 4280	CALVERT SHORT DURATION	06/25/10	06/28/10	0.37	0.34	0.03 LT
5 0000	FPA NEW INCOME INC	11/29/07	06/28/10	7.08	7.07	0.01 ST
4 0000	FPA NEW INCOME INC	12/21/07	06/28/10	55.31	55.31	0.03 LT
1 0000	FPA NEW INCOME INC	12/24/07	06/28/10	44.28	43.72	0.56 LT
3 0000	FPA NEW INCOME INC	04/04/08	06/28/10	11.07	10.91	0.16 LT
2 0000	FPA NEW INCOME INC	07/07/08	06/28/10	33.21	33.06	0.15 LT
				22.14	21.88	0.26 LT

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**TRANS & EXTS # 420**  
**3-31-11**  
**ELKS** **Fiscal Statement**

B P O ELKS # 420

**REALIZED CAPITAL GAIN AND LOSS SUMMARY**

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
1 0000	FPA NEW INCOME INC	07/08/08	06/28/10	11.07	10.97	0.10 LT
2.0000	FPA NEW INCOME INC	10/06/08	06/28/10	22.14	21.92	0.22 LT
15 0000	FPA NEW INCOME INC	10/09/08	06/28/10	166.06	164.54	1.52 LT
0 0180	FPA NEW INCOME INC	06/18/10	06/28/10	0.20	0.20	0.00
29 0000	PRDNTL JENSN VALUE CL Z	10/06/09	07/07/10	362.79	356.70	6.09 ST
0 2410	PRDNTL JENSN VALUE CL Z	10/06/09	07/07/10	3.01	2.96	0.05 ST
18 0000	MFS VALUE FD CL I	04/20/10	07/07/10	356.58	403.74	(47.16) ST
0.0420	MFS VALUE FD CL I	04/20/10	07/07/10	0.84	0.95	(0.11) ST
0 3880	MFS VALUE FD CL I	04/20/10	07/07/10	7.68	8.70	(1.02) ST
6 0000	HARTFORD CAPITAL APP I	10/06/09	07/07/10	170.52	172.08	(1.56) ST
0 4130	HARTFORD CAPITAL APP I	10/06/09	07/07/10	11.74	11.84	(0.10) ST
22.0000	TCW TOTAL RETURN BOND I	04/23/09	10/05/10	227.48	202.18	25.30 LT
0 4100	TCW TOTAL RETURN BOND I	04/23/09	10/05/10	4.24	4.24	0.47 LT
0.5020	TCW TOTAL RETURN BOND I	09/30/10	10/05/10	5.19	5.18	0.01 ST
85 0000	DELAWARE CORP BOND INST	10/06/09	10/05/10	533.80	487.90	45.90 ST
0 1240	DELAWARE CORP BOND INST	09/22/10	10/05/10	0.77	0.78	0.01 ST
40.0000	MFS VALUE FD CL I	04/20/10	10/05/10	856.79	897.20	(40.41) ST
1 0000	MFS VALUE FD CL I	06/24/10	10/05/10	21.42	20.39	1.03 ST
1 0000	MFS VALUE FD CL I	09/28/10	10/05/10	21.43	22.37	(0.94) ST
0 1050	MFS VALUE FD CL I	09/28/10	10/05/10	2.25	2.21	0.04 ST
40 0000	METRO W TTL RTRN BD CL I	10/09/08	10/05/10	428.00	363.20	64.80 LT
0.2320	METRO W TTL RTRN BD CL I	09/30/10	10/05/10	2.48	2.44	0.04 ST
201 0000	MAINSTAY LG CP GRTH CL I	04/20/10	10/05/10	1,328.61	1,334.64	(6.03) ST
0 4560	MAINSTAY LG CP GRTH CL I	06/18/10	10/05/10	3.01	2.79	0.22 ST
14 0000	FPA NEW INCOME INC	10/09/08	10/05/10	153.29	153.58	(0.29) LT
1 0000	FPA NEW INCOME INC	10/10/08	10/05/10	10.95	10.94	0.01 LT
2.0000	FPA NEW INCOME INC	12/19/08	10/05/10	21.90	21.86	0.04 LT
1.0000	FPA NEW INCOME INC	04/06/09	10/05/10	10.95	10.99	(0.04) LT
40.0000	FPA NEW INCOME INC	04/23/09	10/05/10	438.01	440.40	(2.39) LT
0 0700	FPA NEW INCOME INC	04/23/09	10/05/10	0.77	0.78	(0.01) LT
0 8140	FPA NEW INCOME INC	07/07/10	10/05/10	8.91	8.97	(0.06) ST
2 0000	METRO W TTL RTRN BD CL I	10/09/08	01/11/11	20.80	18.16	2.64 LT
0 3030	METROPOLITAN WEST TOTAL	10/09/08	01/11/11	3.16	2.76	0.40 LT
0 0710	METRO W TTL RTRN BD CL I	12/31/10	01/11/11	0.73	0.74	(0.01) ST
65 0000	PRDNTL JENSN VALUE CL Z	10/06/09	02/25/11	1.017.89	799.49	2,840 LT
1 0000	PRDNTL JENSN VALUE CL Z	12/07/09	02/25/11	15.67	12.76	2.91 LT
0 4440	PRDNTL JENSN VALUE CL Z	11/29/10	02/25/11	6.95	6.02	0.93 ST
25 0000	DELAWARE CORP BOND INST	10/06/09	02/25/11	143.50	4.00 LT	0.02 LT
0 1020	DELAWARE CORPORATE BOND	10/06/09	02/25/11	0.61	0.59	(0.01) ST
0.0420	DELAWARE CORP BOND INST	02/22/11		0.25		

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TRANSWEEKS # 420  
3-31-11

## **Fiscal Statement**

B P O ELKS #420

## REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
4,000,0000	US TSY 2 125% NOV 30 2014	01/29/10	08/11/10	4,149 06	3,973 02	176.04 ST
4,000,0000	US TSY 2 125% NOV 30 2014	03/10/10	08/11/10	4,149 06	3,975 95	173.11 ST
8,000,0000	US TSY 2 125% NOV 30 2014	03/31/10	08/11/10	8,298 13	7,895 65	402.48 ST
3,000,0000	US TSY 2 125% NOV 30 2014	07/30/10	08/11/10	3,111 80	3,096.96	14.84 ST
27,950,0000	FHLMC B1 8469 05 50%62020 COR	12/13/07	08/10/10	9,348 00	N/C	N/C
5,000,0000	FNMA P906476 05%2022 COR	11/19/07	08/10/10	1,996 22	1,867 33	N/C
5,021,0000	FNMA P911072 05%2022 COR	12/13/07	08/10/10	2,841 99	2,671 06	N/C
11,000,0000	FNMA P981257 05%2023 COR	03/31/08	08/10/10	7,052.72	6,721 08	N/C
6,000,0000	FNMA P982170 05%2023 COR	03/12/09	08/10/10	4,090 87	3,985 94	N/C
10,000,0000	FHLMC J0 8202 05%2023 COR	10/08/08	08/10/10	5,625 69	5,292 32	N/C
6,000,0000	FHLMC G1 3255 05%2023 COR	03/12/09	08/10/10	3,483 11	3,395 82	N/C
6,000,0000	FNMA P970531 05%2023 COR	10/08/08	08/10/10	3,602.87	3,390 43	N/C

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**Travaw Cutts # 420**  
**3-31-11**  
**ENW Fiscal Statement**

B P O ELKS #420

**REALIZED CAPITAL GAIN AND LOSS SUMMARY**

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
1,000 0000	HONDA AUTO REC ABS 2007	09/04/08	04/20/10	32 67	32 88	(0.21) LT
4,000 0000	CTI CC ISSUANC ABS 2006	11/10/09	05/24/10	3,990 62	9 38 ST	
4,000 0000	CTI CC ISSUANC ABS 2006	11/17/09	05/24/10	3,988 90	11 10 ST	
2,000,0000	GOLDMAN SACHS GRO 4 50% 10	12/13/07	06/15/10	2,000 00	2,000 00	0.00
) 1,000,0000	GOLDMAN SACHS GRO 4.50% 10	10/15/08	06/15/10	1,000 00	952.60	47 40 LT
) 1,000,0000	GOLDMAN SACHS GRO 4 50% 10	03/12/09	06/15/10	1,000 00	989.43	10 57 LT
8,000 0000	CAPITAL ONE ABS 2009	12/03/09	06/16/10	8,000 00	8,023.12	(23 12) ST
12,000,0000	US TSY 1.125% DEC 15 2011	08/31/09	05/28/10	12,091 37	11,988.79	102 58 ST
2,000,0000	VERIZON GLOBAL FD 7 25% 10	12/13/07	07/07/10	2,054 44	2,019.65	
1,000 0000	VERIZON GLOBAL FD 7 25% 10	10/15/08	07/07/10	1,027 22	1,002 36	
1,000 0000	VERIZON GLOBAL FD 7 25% 10	03/25/09	07/07/10	1,027 22	1,003 91	
3,000,0000	FEDERAL NATL MTGE ASSOC	11/30/07	07/01/10	3,277 91	3,106.06	171 85 LT
11,000,0000	FEDERAL NATL MTGE ASSOC	12/13/07	07/01/10	12,019 05	11,381.73	637 32 LT
1,000 0000	FORD CR AUT ABS 2009	11/06/09	07/15/10	118 56	117.96	0.60 ST
1,000 0000	USAA AUTO OWNER ABS 2009	07/30/09	07/15/10	13.40	13.54	(0.14) ST
8,000 0000	FEDERAL NATL MTGE ASSOC	01/26/09	07/15/10	8,847 28	8,565.06	282 22 LT
2,000 0000	AT&T CORP	12/13/07	08/10/10	2,149 72	2,052.10	97 62 LT
1,000 0000	AT&T CORP	10/15/08	08/10/10	1,074 86	997.35	77 51 LT
4,000 0000	BEAR STEARNS CO 5 35% 2012	06/18/10	08/10/10	4,249.96	4,223.81	26 15 ST
4,000,0000	CITIGROUP FUNDING 1 25% 11	07/21/09	08/10/10	4,024 92	4,004 12	20 80 LT
1,000 0000	COMCAST CORP 5 50%MAR15 11	10/15/08	08/10/10	1,022.50	956.41	66 09 LT
2,000,0000	COMCAST CORP 5 50%MAR15 11	11/19/08	08/10/10	2,045.00	1,939.98	105 02 LT
1,000 0000	COMCAST CORP 5.50%MAR15 11	03/12/09	08/10/10	1,022.50	1,004 63	17 87 LT
2,000 0000	GEN ELEC CAP CRP 4.87% 10	12/13/07	08/10/10	2,015.00	2,003.12	11 88 LT
1,000 0000	GEN ELEC CAP CRP 4 87% 10	11/03/08	08/10/10	1,007 50	998.82	8 68 LT
1,000 0000	GEN ELEC CAP CRP 4 87% 10	03/25/09	08/10/10	1,007 50	1,001 74	5 76 LT
) 8,000 0000	JPMORGAN CHASE & CO 12% 12	06/30/09	08/10/10	8,233.12	7,992.70	240 42 LT
4,000 0000	KRAFT FOODS INC 6 25% 2012	04/08/09	08/10/10	4,343 12	4,134 86	208 26 LT
1,000,0000	TIME WARNER CABLE 5 40% 12	10/15/08	08/12/10	1,071.82	891 83	179 99 LT
1,000,0000	TIME WARNER CABLE 5 40% 12	03/12/09	08/12/10	1,071 82	940 39	131.43 LT
2,000 0000	TIME WARNER CABLE 5 40% 12	12/04/09	08/12/10	2,143 65	2,111 06	32 59 ST
2,000 0000	UNITEDHEALTH GROU 5 25% 11	08/07/08	08/10/10	2,047 00	1,992 06	54 94 LT
1,000 0000	UNITEDHEALTH GROU 5 25% 11	10/15/08	08/10/10	1,023.50	964 18	59 32 LT
1,000 0000	UNITEDHEALTH GROU 5 25% 11	03/12/09	08/10/10	1,023 50	1,001 64	21.86 LT
4,000 0000	VERIZON GLOBAL FD 7 37% 12	07/07/10	08/10/10	4,502 00	4,490 07	11 93 ST
4,000 0000	WESTERN UNION CO	06/18/09	08/10/10	4,551.92	4,187 60	364 32 LT
20,000 0000	FHLMC E0 2703 04%2025 COR	07/01/10	08/10/10	20,810 43	20,605 66	N/C
3,000,0000	FEDERAL HOME LN MTG CORP	12/13/07	08/10/10	3,308 16	3,030 35	277 81 LT
9,000 0000	FEDERAL HOME LN MTG CORP	11/28/08	08/10/10	9,924 47	9,375 52	548 95 LT

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Turner Elks # 420  
3-3-11  
EWA™ Fiscal Statement

B P O ELKS #420

REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Amount	Cost Basis	Gain or (Loss)
6,000,0000	FEDERAL HOME LN MTG CORP	12/22/08	08/10/10	6,616,32	230,42	LT
9,000,0000	FEDERAL HOME LN MTG CORP	12/31/08	08/10/10	9,924,48	9,587,25	LT
15,000,0000	FEDERAL HOME LN MTG CORP	01/21/09	08/10/10	16,540,80	15,924,92	LT
7,000,0000	FEDERAL HOME LN MTG CORP	03/12/09	08/10/10	7,719,05	7,409,32	LT
7,000,0000	CITI CC ISSUANC ABS 2006	08/04/10	08/10/10	7,161,88	7,261,40	(99,52) ST
1,000,0000	USAA AUTO OWNER ABS 2008	02/26/09	08/10/10	192,14	144,92	LT
7,000,0000	FEDERAL NATL MTGE ASSOC	12/31/07	08/10/10	7,612,36	7,239,25	LT
2,000,0000	FEDERAL NATL MTGE ASSOC	02/29/08	08/10/10	2,174,96	2,093,21	LT
9,000,0000	FEDERAL NATL MTGE ASSOC	10/08/08	08/10/10	9,787,32	9,388,89	LT
6,000,0000	FEDERAL NATL MTGE ASSOC	03/12/09	08/10/10	6,524,88	6,393,63	LT
5,000,0000	CHASE ISSUANCE ABS 2006	02/19/10	08/10/10	4,903,13	4,992,18	(89,05) ST
1,000,0000	USAA AUTO OWNER ABS 2007	07/02/08	08/10/10	30,82	32,62	(180) LT
1,000,0000	USAA AUTO OWNER ABS 2007	08/28/08	08/10/10	30,82	32,26	(144) LT
2,000,0000	USAA AUTO OWNER ABS 2007	11/20/08	08/10/10	61,65	63,67	(2,02) LT
2,000,0000	USAA AUTO OWNER ABS 2007	06/30/09	08/10/10	61,66	66,07	(44) LT
1,000,0000	FORD CR AUT ABS 2008	06/12/09	08/10/10	422,57	396,22	LT
1,000,0000	HONDA AUTO REC ABS 2009	05/05/09	08/05/10	326,01	216,80	LT
3,000,0000	HONDA AUTO REC ABS 2009	06/23/09	08/05/10	978,05	654,19	LT
1,000,0000	HONDA AUTO REC ABS 2009	06/30/09	08/05/10	326,02	218,19	LT
1,000,0000	HONDA AUTO REC ABS 2009	08/26/09	08/05/10	326,02	218,91	LT
1,000,0000	HONDA AUTO REC ABS 2008	11/17/09	08/05/10	396,77	332,88	LT
1,000,0000	HONDA AUTO REC ABS 2009	10/30/09	08/05/10	563,30	430,65	LT
1,000,0000	FEDERAL NATL MTGE ASSOC	01/26/09	08/10/10	1,111,93	1,069,13	LT
2,000,0000	FEDERAL NATL MTGE ASSOC	03/12/09	08/10/10	2,223,86	2,127,12	LT
3,000,0000	FEDERAL NATL MTGE ASSOC	04/02/09	08/10/10	3,335,78	9674	LT
11,000,0000	FEDERAL NATL MTGE ASSOC	09/21/09	08/10/10	12,231,23	12887	LT
5,000,0000	FEDERAL NATL MTGE ASSOC	04/30/10	08/10/10	5,559,65	475,57	ST
14,000,0000	FEDERAL NATL MTGE ASSOC	05/28/10	08/10/10	15,567,03	14294	ST
8,000,0000	USTSY 3 125% SEP 30 2013	07/15/10	08/10/10	8,515,70	5179	ST
3,000,0000	USTSY 3 125% SEP 30 2013	08/05/10	08/10/10	3,212,82	118	ST
10,000,0000	USTSY 2 000% NOV 30 2013	11/28/08	08/10/10	10,373,43	9,995,35	LT
1,000,0000	USTSY 2 000% NOV 30 2013	03/12/09	08/10/10	1,037,34	1,005,65	LT
6,000,0000	USTSY 2 000% NOV 30 2013	03/31/09	08/10/10	6,224,06	6,090,32	LT
8,000,0000	USTSY 2 000% NOV 30 2013	04/06/09	08/10/10	8,298,75	8,064,19	LT
27,000,0000	USTSY 2 000% NOV 30 2013	04/13/09	08/10/10	28,008,28	27,274,68	LT
8,000,0000	USTSY 2 000% NOV 30 2013	04/27/09	08/10/10	8,298,75	8,049,40	LT
12,000,0000	USTSY 2 000% NOV 30 2013	07/21/09	08/10/10	12,448,12	11,950,82	LT
12,000,0000	USTSY 2 000% NOV 30 2013	10/27/09	08/10/10	12,448,13	11,966,76	LT
12,000,0000	USTSY 2 000% NOV 30 2013	10/30/09	08/10/10	12,448,14	12,031,03	LT
8,000,0000	USTSY 2 125% NOV 30 2014	11/30/09	08/11/10	8,298,12	8,037,93	LT

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