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Department of the Treasury Internal Reverete Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

<u>A I</u>	or the	2011 calendar year, or tax year beginning APR 1, 2011 and	ending M	<u>IAR 31, 2012</u>	
В	Check if pplicable	C Name of organization		D Employer identific	cation number
	Addre chang Name				24.54.50
느	chang Initial			317170	
느	Ireturn		Room/suite	E Telephone number	
<u>_</u>	Termir ated	1910 M SIKEEI		209-	723-1240
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>558,804.</u>
	Application	MERCED, CA 95540		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer SUSAN ALBERTONI		for affiliates?	Yes X No
		1910 M STREET, MERCED, CA 95340		H(b) Are all affiliates inc	luded? Yes No
1_	Tax-ex	empt status 501(c)(3)X 501(c)(8) ◀ (insert no) 4947(a)(1) o	or 🔲 527	If "No," attach a	list (see instructions)
J١	Nebsit	e:▶ N/A		H(c) Group exemption	n number 🕨
K F	orm of	organization: X Corporation	L Year	of formation: 1961 N	State of legal domicile. CA
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities SERV.	ICES 1	O BENEFIT M	EMBERS OF
& Governance		THE LODGE			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets
Š	≥3	Number of voting members of the governing body (Part VI, line 1a)		3	4
<u> </u>	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
აგ (≥5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
itie	6	Total number of volunteers (estimate if necessary)		6	0
÷€	1~2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,140.
¥.		Net unrelated business taxable income from Form 990-T, line 34		7b	-10,486.
	₹ <u>"</u>	Net difference business taxable income from 500 1, line 04		Prior Year	Current Year
	a.	Contributions and grants (Part VIII, line 1h)		170,531.	187,953.
Revenue	LUI	Program service revenue (Part VIII, line 2g)		2,250.	1,140.
Ver	12	•		14,263.	16,914.
Re	هرسا	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	► ✓	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,079.	78,169.
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		253,123.	284,176.
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A)-line 4)	—, ├-	68,054.	<u>0.</u> 58,518.
Expenses		Salaries, other compensation, employee benefits (Fart IX, column (AT Nine 55119)		00,054.	38,318.
Ë		Professional fundraising fees (Part IX, column (A), line 17e)	ിയി ⊢	0.	<u> </u>
쭚	b	Total fundraising expenses (Part IX, column (D), line		174 075	210 400
_	17	Other expenses (Part IX, column (A), lines 11a-11d 🐧 24e UU 🛚 🕉 2012		174,875.	219,488.
	l .	Total expenses Add lines 13-17 (must equal Part X, column (A), line 25)	器	242,929.	278,006.
	19	Revenue less expenses Subtract line 18 from line 12 OGDEN. UT		10,194.	6,170.
Sol			Be	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,425,132.	1,254,343.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>	1,230,875.	1,053,916.
몵	22	Net assets or fund balances Subtract line 21 from line 20		194,257.	200,427.
	art II	Signature Block			
		Ities of perjury, declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Degrafation of expoarer (other hard officers)'s based on all information of wh	hich prepare	r has any knowledge:	
		Viging C. T. Waygan		1/2/201	
Sig	n	Sugnature of officer		D/ate/	
Her	е	SUSAN ALBERTONI, EXALTED RULER			. <u> </u>
		Type or print name and title		Data - Tai - T	71 5710
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		GREY B. ROBERTS		8-27-17 self-employ	·
Prej	parer	Firm's name ► GREY B. ROBERTS & CO.		Firm's EIN	94-2451403
Use	Only	Firm's address 2824 PARK AVE. STE. B			
		MERCED, CA 95348		Phone no. 2	09-383-2442
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

			Form 99 0	(2011)
4e	0.42 (0.1			
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
	Other and the Color of the Colo			
			-	
		-		
			 -	
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
				··· ··· -
				-
		-		
	CHARITY.	PENECTI	Or_	·
4b	(Code) (Expenses \$21,919. including grants of \$) LODGE ACTIVITIES ARE OF A FUND RAISING NATURE FOR THI	(Revenue \$	OF)
	001 010			
			-	
	OF THE LODGE MEMBERS.			
	THE CLUB'S DINING ROOM AND BAR ARE OPERATED FOR THE I	·	BENEFI	T '
4a	others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$	(Revenue \$		١
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the total trust and the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(unt of grants and al	locations to	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	expenses	
3	If "Yes," describe these changes on Schedule O	10001	LTes L	A. NO
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ucae?	Yes [Y No
	the prior Form 990 or 990-EZ?		Yes [X No
2	Did the organization undertake any significant program services during the year which were not listed on			
			 	
1	Briefly describe the organization's mission: NONE			
Pai	Check if Schedule O contains a response to any question in this Part III			
Form	n 990 (2011) MERCED LODGE #1240 B.P.O. ELKS rt III Statement of Program Service Accomplishments	94-031	7170	Page 2

Y To get

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7,
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			7,7
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		^
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		х
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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	001::
		⊢orm	990 (2011)

| Part IV | Checklist of Required Schedules (continued)

		İ	res	140
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
æ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200	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	250		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
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		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			v
31	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	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
~_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	ソソ リ ()	2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a 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 X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 6a Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a

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

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

	· Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion 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 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
		8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
-	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	• .	
	MERCED ELKS LODGE - 209-723-1240			
	1910 M STREET, MERCED, CA 95340			
32006		Form	gan /	2011)

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

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	ge Po (do not chect box, unless pofficer and a		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SUSAN ALBERTONI		1						_			
EXALTED RULER	8.00		<u> </u>	Х		<u> </u>	ļ	0.	0.	0.	
(2) JOHN CALE					ŀ						
LEADING KNIGHT	8.00	-	-	Х	-	<u> </u>	<u> </u>	0.	0.	0.	
(3) LEN SAMUELSON	9 00			37					_	0	
SECRETARY	8.00	<u> </u>		X		├	<u> </u>	0.	0.	0.	
(4) KEN ROBERTS	8.00			x				0.	0.	0.	
TREASURER	8.00			Δ	<u> </u>			0.	0.	<u> </u>	
		_			-						
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Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue (D) Revenue (C) (B) (A) Unrelated Total revenue Related or excluded from business exempt function tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 118,386. 1b Membership dues c Fundraising events 1c d Related organizations 1đ Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 69,567 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 187,953. Total. Add lines 1a-1f **Business Code** 511110 1,140 1,140. Program Service 2 a ANTLER AD f All other program service revenue 1,140 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 16,914. 16,914 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (II) Personal (i) Real 27,800. 6 a Gross rents **b** Less rental expenses 27,800. Rental income or (loss) 27,800. 27,800. Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 8,807 Part IV, line 18 а 0. b Less direct expenses 8,807. 8,807. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 316,190. and allowances ь 274,628. b Less cost of goods sold c Net income or (loss) from sales of inventory 41,562 41,562 Miscellaneous Revenue 11 a b All other revenue Total. Add lines 11a-11d 1,140. 284,176. 58,476 36,607. Total revenue. See instructions 132009 01-23-12 Form 990 (2011)

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)

com	olete columns (B), (C), and (D)				
	Check if Schedule O contains a respons				<u> </u>
	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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			ł	
	trustees, and key employees	11,912.		11,912.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,998.	41,998.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				····
9	Other employee benefits				
10	Payroll taxes	4,608.	4,608.		
11	Fees for services (non-employees)				
а	Management		·-·-·		
b	Legal				
С	Accounting	8,999.	8,999.		
d	Lobbying				<u>-</u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·			
13	Office expenses	654.		654.	
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	3,571.	3,571.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,100.	11,100.		
23	Insurance	21,839.		21,839.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	UTILITIES	42,283.	42,283.		
	COMMITTEE ACTIVITIES	42,158.	42,158.		
С	SUPPLIES	11,973.	11,973.		
d	BULLETIN	11,626.	11,626.		
е	All other expenses SEE SCH O	65,285.	65,285.		
25	Total functional expenses Add lines 1 through 24e	278,006.	243,601.	34,405.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
3201	0 01-23-12				Form 990 (201

132010 01-23-12

Pa	rt X	Balance Sheet					·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	1,155,061.	2	921,341.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			393.	4	69,366.
	5	Receivables from current and former officers, di	rectors, trustees	, key			
		employees, and highest compensated employe	es Complete Pa	rt II			
		of Schedule L	-	L		5	
	6	Receivables from other disqualified persons (as	defined under se	ection			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ributing			
		employers and sponsoring organizations of sections	tion 501(c)(9) vol	untary			
		employees' beneficiary organizations (see instru	ictions)	Ĺ		6	
Assets	7	Notes and loans receivable, net		Į		7	
Ass	8	Inventories for sale or use		Ĺ	11,128.	8	13,264.
	9	Prepaid expenses and deferred charges		Ĺ		9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	736,117.			
	b	Less: accumulated depreciation	10b	485,745.	258,550.	10c	250,372.
	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	1		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,425,132.	16	1,254,343.
	17	Accounts payable and accrued expenses			49,471.	17	65,186.
	18	Grants payable				18	
	19	Deferred revenue			80,078.	19	74,049.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete	Part IV of Sched	ule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key	employees,			
iab		highest compensated employees, and disqualifi	ed persons Con	nplete Part II			
_	}	of Schedule L				22	<u> </u>
	23	Secured mortgages and notes payable to unrela	ated third parties	;	12,803.	23	
	24	Unsecured notes and loans payable to unrelate	•			24	'
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). Comple	te Part X of	1 000 500		014 601
		Schedule D	1,088,523.		914,681.		
	26_	Total liabilities. Add lines 17 through 25			1,230,875.	26	1,053,916.
		Organizations that follow SFAS 117, check he	ere 🟲 📖 aı	nd complete			
Ses		lines 27 through 29, and lines 33 and 34.		İ			
<u>a</u>	27	Unrestricted net assets	}		27		
Ва	28	Temporarily restricted net assets		28			
pu	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117, c	neck nere	and			
S		complete lines 30 through 34.			0	00	0
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		}	<u> </u>	30	0.
As	31	Paid-in or capital surplus, or land, building, or ed	•	do	0. 194,257.	31	200,427.
Net	32	Retained earnings, endowment, accumulated in	icome, or other ti	unus	194,257.	32	200,427.
_	33	Total net assets or fund balances		-	1,425,132.	33	1,254,343.
	34	Total liabilities and net assets/fund balances			1,443,134.	34	Earm 990 (2011)

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MERCED LODGE #1240 B.P.O. ELKS

Employer identification number

94-0317170 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) __ Yes No and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(7)(8) (9) (10)(11)

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

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 2. FIN 48 (ASC 740)

132053 01-23-12

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 MERCED LODGE #1240 B.P.O. E				<u>)317170 </u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments	-	4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)	:	8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		_	
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rever	nue per l	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	_2d]		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	r Retur	ฑ	
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					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c]		
d	Other (Describe in Part XIV)	2d		╛		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_]		
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pai	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl					4; Part
				,		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number MERCED LODGE #1240 B.P.O. ELKS 94-0317170 FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING OF RETURN FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: GRAND LODGE DUES: PROGRAM SERVICE EXPENSES 10,878. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,878. TAXES - OTHER: PROGRAM SERVICE EXPENSES 10,273. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,273. LAUNDRY: 8,995. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,995. JANITORIAL:

PROGRAM SERVICE EXPENSES

5,646.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization MERCED LODGE #1240 B.P.O. ELKS	Employer identification number 94-0317170
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,646.
STATE ASSOCIATION DUES:	
PROGRAM SERVICE EXPENSES	4,662.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,662.
BANK & CREDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	4,295.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,295.
DISTRICT RITUAL:	
PROGRAM SERVICE EXPENSES	3,360.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	3,050.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,050.

Name of the organization MERCED LODGE #1240 B.P.O. ELKS	Employer identification number 94-0317170
TELEPHONE:	
PROGRAM SERVICE EXPENSES	2,963.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,963.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	2,591.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,591.
LICENSES:	
PROGRAM SERVICE EXPENSES	2,448.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,448.
DRINK TICKETS:	
PROGRAM SERVICE EXPENSES	2,291.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,291.
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	1,215.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 132212 01-23-12 19	0 . Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization MED CED TODGE #1.240 P. D. O. ELV.C.	Employer identification number 94-0317170
MERCED LODGE #1240 B.P.O. ELKS	
TOTAL EXPENSES	1,215.
GIFT CERTIFICATES:	
PROGRAM SERVICE EXPENSES	793.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	793.
PEST CONTROL:	
PROGRAM SERVICE EXPENSES	575.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	575.
BADGES & PINS:	
PROGRAM SERVICE EXPENSES	350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	350.
DIGNITARY ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	322.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	322.
ALARM SERVICE:	
PROGRAM SERVICE EXPENSES	240.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page Employer identification numbe
MERCED LODGE #1240 B.P.O. ELKS	94-0317170
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	240
PUBLICITY & PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	238
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	238
DONATIONS:	
PROGRAM SERVICE EXPENSES	100
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	100
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 65,285

MERCED LODGE #1240 B.P.O. ELKS [03700]

Depreciation Expense

Federal

Sorted: General - tax link

94-0317170 04/01/2011 - 03/31/2012

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Soried: General - tax link	ı - tax linx				rederal 04/01/2011 - 03/31/2012	al 3/31/2012				Business % A	Business % Applied to Depreciation	4 5
Sys S tem No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv. %	Sec 179/ Bonus/ (Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)	
990, Pg 10 #1 -	990, Pg 10 #1 · Form 990, Page 10											
BUILDING & IMPROVEMENTS 1	PROVEMENTS											
1 BUILDING	OING	4/1/1932	SL / N/A	50.0000	45,996 31	100.0000	000	000			45,996.31	
NPR	IMPROVEMENTS	10/1/1932	SL/N/A	20 0000	13,393 37	100 0000	0.00	86			13,393 37	
	DOWNSTAIRS ACCONIT NEW BUILDING	9/16/2005	SL/N/A	39 0000 50.0000	45,585 00 181,250.60	100 0000	86	88	6,569.70 110,864 88	3,62 3,62	7,764.19 114,489.89	
	IMPROVEMENTS		SL/N/A	15 0000	13,024 27	100 0000	000	0.00			13,007 39	
	BOILDING IMPROVEMENT LOH PLANS	9/30/1983	SL/NA SL/NA	33.0400 50 0000	2.617 87	100 0000	0000	0.0		0.00 52.36	17,345,56	
	BATHROOM REMODEL		SL/N/A	50.0000	11,574.00	100.0000	000	000	6,307 35	CV C	6,538 83	
	BATHROOM REMODEL BATHROOM REMODEL	3/1/1984	A/N/ N/N/ N/N/	20 000	17,053,00 28,438,00		86			341.06	9,606.46 15,972,92	
13 BUILE	BUILDING IMPROVEMENT	9/1/1985	SL/N/A	15.0000	16,706.89	100.0000	0.00	000			16,706.89	
	MPROVEMENTS	12/15/1989 ADS / MIM	ADS / MM	40.0000	90,745 55	100 0000	000	000		2,268 64	50,571.77	
	IMPROVEMENTS PABKING LOT LIGHTS	3/1/1990	3/1/1990 ADS / MM 2/9/1992 St / N/A	40 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20 000 20	3,600,04	100 0000	96	000			11,097.98	
	LANDSCAPING		SE/NA	20.0000	2,234 01	100 0000	800	000			2,487,30	
•	TILE DINING ROOM ENTRY		ADS / HY	10 0000	1,345.00	100 0000	0.00	000	-		1,345.00	
	ROOF		SL/N/A	40.000	22,500.00	100 0000	00.0	000	ர	α,	9,932.81	
25 DOLC	DOLCH DOOK REMODEL LADIES ROOM	11/20/1994	SL/NA SL/NA	40.000 40.000 40.000	1.271.37	100 0000	900	800	342 66 520 41	31.25	363.91 552 19	
	DOOR WIRING		SL/N/A	10.0000	361.80	100.0000	0.00	0.00			357 28	
	STAIRCASE HAND RAILING	12/18/1995	SL/N/A	10.0000	105.00	100 0000	0.00	0.00			105.00	
30 LIGHTS/FA	FIXTURES LIGHTS/FANS	2/22/1996 SL / N/A 2/22/1996 SI / N/A	N / N/A	10.000	263.91	100.000	00.0	0.00	243 91	900	243.91	
	UPSTAIRS BAR NEON LIGHTS		SL / N/A	10.0000	421.00	100.0000	0.00	000			421.00	
32 CABIL	CABINETS SEWER LINE	10/15/2007	SL/NA SL/NA	39 0000	462.58 13.950.00	100.000	0.00	0 0 0 0	462.58 1.251 92	0.00 357 69	462.58 1.609.61	
ototal:	!			 	552,084.04		0.00	0.0	335,	10,	345,323 37	
Subtotal: BUILE	Subtotal: BUILDING & IMPROVEMENTS			[552,084 04		0.00	0.00	335,273.15		345,323.37	
FURNITURE & EQUIPMENT	GUIPMENT											
_												
	COMPUTER CASH REGISTER	4/13/2006 M / HY 4/24/2006 M / HY	<u></u>	5.0000	636 00 344 78	100 0000	000	000		36.63 30.77	636.00 298.62	
	CHAIRS SPEAKERS	7/24/2006 7/18/2006	<u>}</u>	7.0000	4,944.65 1,000.00	100.0000	0.00	0000	3,841 39 776.89		4,282 69 866.13	
	COMPUTERS TABLES	7/26/2006 8/21/2006	<u></u>	5 0000 7 0000	611.36 449.32	100 0000	8 8 0 0	0.0		35.21 40.10	611.36 389.17	
	CASH REGISTER	11/10/2006	∀ Η Σ	7.0000	323 24	100 0000	000	88	251 12		279.97	
	EE	5/14/2008 M / HY	H. ₩	5 0000	442.39	100.0000	80	000			291 28 404 17	
	2 COMPUTERS CHAIRS	4/30/2009 M / HY 1/18/2012 M / MO	ΣΗΥ ΜΥ	5.0000 7.0000	1,633 34 2,922 42	100 0000 100 0000	000	000	1,241.34		1,398.14	
38 USED	USED STEEL FREEZER KITCHEN & RAB FOLLIPMENT	6/1/1977 SL / N/A	SL/N/A	10 0000	948.70	100.0000	0.00	0.00		000	948.70	
	TABLE & CHAIRS	3/2/1989 M / HY 0/15/1989 M / HY	∀H/₩	5.0000	3,122 34	100.000	800	000	3,122,33		3,122.33	
	ART PABLE	9/15/1989	□ / □	0000 e	300.00	100.000	0.00	0.00			300.00	

Page 1 of 3

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MERCED LODGE #1240 B.P.O. ELKS [03700] **Depreciation Expense**

Sorted: General - tax link 04/01/2011 - 03/31/2012

94-0317170

04/01/2011 - 03/31/2012

Business % Applied to Depreciation Bus./ Inv. 擅

3,172.50 7,303.26 1,474.67 1,587.56 10,159.00 1,138.40 1,103.24 2,286.34 7,238.97 4,713.89 7,68.98 1,415.00 500.00 500.00 500.00 2,67.06 5,082.34 4,323.34 1,112.45 1,112.45 1,112.45 1,112.49 1,112.49 1,144.84 1,144.84 1,144.84 1,144.84 1,144.84 1,144.84 1,144.84 1,185.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1,188.86 1 Depreciation/ (Sec. 179) 140,421.30 140,421.30 1,049.71 1,049.71 Depreciation Beg. 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Only) 100.0000 100.0000 100.0000 700.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 3,172.50 7,303.26 1,474.67 1,587.56 10,159.00 2,544.00 1,103.24 2,806.59 1,103.24 7,738.97 7,738.97 7,738.99 7,738.99 1,415.00 500.00 500.00 500.00 500.00 500.00 1,116.98 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 1,415.00 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OVERHAUL ICE MACHINE & A/C UNIT B-B-Q TRAILER 5 TABLES & 20 CHAIRS OFFICE CHAIR 50 ROUND/PLYWOOD/FOLDING TABL BINGO MACHINE BLOWER VERIFIER INTERCOM W/ACCESS CONTROL 5 MINI END TABLES & GLASS TOP BEER COOLER-UPSTAIRS SALAD BAR & SNEEZE GUARD TABLE TOP DEEP FRYER SALAD BAR SNEEZE GUARD MOTOR HEATING SYSTEM TELEPHONE SYSTEM ICE MACHINE QUICKBOOKS SOFTWARE Subtotal: FURNITURE & EQUIPMENT Description 990, Pg 10 #1 · Form 990, Page 10 2 COLOR TV MONITORS 2 BAR BEER COOLERS MOTOR DISHWASHER 2 DOORS W/ETCHING BLINDS & CURTAINS **BINGO MICROPHONE** POPCORN MACHINE **DFFICE DESK CHAIR** PUMP--A/C SYSTEM HANDICAP CHAIR SOLAR SCREENS TABLE CART SHUFFLEBOARD MPERIAL FRYER FURNITURE & EQUIPMENT 33 BAR STOOLS 4 CHAIRS POOL TABLE ICE MACHINE CE MACHINE PLAQUE 24 CHAIRS CARPET SALAD BAR 24 TABLES 12 CHAIRS JUKE BOX SHELVES Subtotal:

6/20/2012	2:01:30PM

MERCED LODGE #1240 B.P.O. ELKS [03700]

Depreciation Expense

94-0317170 04/01/2011 - 03/31/2012

Sorted: General - tax link

Federal

04/01/2011 - 03/31/2012

Business % Applied to Depreciation

Total Depreciation/ (Sec. 179)		485,744.67	0.00	485,744.67		485,744.67	0.00	485,744.67
Current Depreciation		11,099.93	00.00	11,099.93		11,099.93	0.00	11,099.93
Beg. Accum. Depreciation/ (Sec. 179)		474,644.74	00 0	474	H	474,644.74	0.00	474,
Salvage/ Basis Adj.		0.00	00 0	0.00		0.00	0.00	0.00
Sec. 179/ Bonus/ (Cur. Yr. Only)		0.00	000	0.00		0.00	0.00	0.00
Bus./ Inv. %								
Life Cost / Other Basis		696,666.49	0.00	696,666.49		696,666.49	0.00	696,666.49
Lfe								
Date in Method / Service Conv.								
Date In Service								
Description	990, Pg 10 #1 · Form 990, Page 10	Subtotal: 990, Pa 10 #1 - Form 990, Page 10	Loss dispositions and exchanges:	Net for: 990, Pa 10 #1 · Form 990, Page 10			Less dispositions and exchanges:	
Sys S tem No.	990, Pg 10 #	Subtotal: 990	l ese disp	Net for: 990.		Subtotal	l ecc dien	Grand Totals: