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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)

Department of the Treasury

Open to Public

OMB No 1545-0047

		Processing the Service In the organization may have to use a copy of this return to satisfy state rep		Inspection		
		2009 calendar year, or tax year beginning , and en				
_	theck if ap	use IRS		entification number		
Ħ	Address o	1000	88-0099912			
닏'	Name cha	ange print or Number and street (or P.O box if mail is not delivered to street address) Rox type.	om/suite E Telephone nu	ımber		
יוַן	nitial retu		702-642-9431			
Ц	reminate	Instruc- I				
==	Amended		67 G Gross receipt			
	\opticatio	on pending F Name and address of principal officer:	H(a) Is this a group return	for affiliates? Yes X No		
		Terry Travelstead 6380 Carmen Blvd., Las Vegas, NV 89108	H(b) Are all affiliates includ	led? Yes No		
1 7	ax-exer	mpt status: X 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)		
			H(c) Group exemption nun	nher ▶ 1156		
			of formation:			
_			Or IOTHIAGON.	M State of legal domicile NV		
	art l	Summary				
	1	Briefly describe the organization's mission or most significant activities: Provide s	ervice for the commu	inity and		
		allows National organization to service the needs of the community	•••••			
ä						
Activities & Governance	1 _					
é	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of the continued its operations of				
ෂේ	3	Number of voting members of the governing body (Part VI, line 1a)		3 200		
쁥	4	Number of independent voting members of the governing body (Part VI, line 1b).	· · · · · ·	4 0 5 6		
충	5	Total number of employees (Part V, line 2a)		5 6		
⋖	6	Total number of volunteers (estimate if necessary)				
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 0 7b 0		
	b	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year		
9	8	Contributions and grants (Part VIII, line 1h)	76,6			
	9	Program service revenue (Part VIII, line 2g)	18,1			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		348 671		
ş	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,3			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	119,3			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0 0,010		
	14	Benefits paid [8] [7] [7] [7] [7] [7] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8		0 0		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,9	910 4,041		
Expenses		Professional fundraising fees (Part X column (A), line 11e)		0 0		
<u> </u>	b	Professional fundraising fees (Part IX) column (A), line 11e)	Carlo Tara Carlo Carlo	· 1000000000000000000000000000000000000		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).	118,4			
	18	Total expenses (Add times 18+17 (must equal Part IX, column (A), line 25)	144,3			
	19	Revenue less expenses. Subtract line 18 from line 12	-24,9			
5 %			Beginning of Current Ye			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	350,0	336,778		
A B	21	Total liabilities (Part X, line 26)	14,5	595 11,177		
25	22	Net assets or fund balances. Subtract line 21 from line 20	335,4	325,601		
	rt II	Signature Block				
		Under penalties of perjury declare that I have examined this return, including accompanying schedule				
)		and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all in	itormation of which prepared	r has any knowledge.		
			180	6-2010		
Sig	n	Signature of officer	Date	<u> </u>		
He	re	Robert CARROW (CEO)	Date			
		Type or print name and title				
<u>.</u>			eck if			
P ai	d	signature	if-			
1)	- parer's		ployed ► ∠			
7C 17	Only	Firm's name (or yours if self-employed) Julie Shaw	EIN >			
		address, and AP+4 2333 Florissant Dr. Las Vegas NV 89128	Phone no ► (7	702) 228-2856		
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		
		Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)		

om	990 (2009)	BPOE #2353	88-0099912 Page 2
Pa	rt III	Statement of Program Service Accomplishments	
1	Briefly de	escribe the organization's mission:	
		Services for the communtiy	
2		organization undertake any significant program services during the year which were	not listed on
	•	Form 990 or 990-EZ?	Yes X No
_	-	describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any	program Yes X No
		?	les 🗡 No
4		e the exempt purpose achievements for each of the organization's three largest prog	ram services by expenses
7	Section !	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to runs to others, the total expenses, and revenue, if any, for each program service repo	eport the amount of grants and
	anocano	is to others, the total expenses, and revenue, if any, for each program service repor	ned.
	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
-u	(0000.	/ (ZAPONOSO V	
41	···	0 ') (Daniel and the control of the con
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$0)
			• • • • • • • • • • • • • • • • • • • •
4c	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
		••••••	
	••••		
4d	Other pr	ogram services. (Describe in Schedule O.)	
		es \$ including grants of \$ 0) (Revenue \$	0)
40		ogram service expenses ► 62 724	-

Form 9	990 (2009) • BPOE #2353	8-0099912	F	Page 3
Par	t 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,"			1
	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule	. c,		
	Part II	. 4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) noti	ice		
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		†	\top
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	. 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	· 		+^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
	•	-	 	+^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8_	├	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		}	İ
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		-	١.,
	complete Schedule D, Part IV	. 9	├	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		İ	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	. 11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ļ	
	Schedule D, Part VI	*		.
•	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.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	1	1 *
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ŀ	İ	L .
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	*		S .
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	*	ł	-
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	.4	l	k.
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	4	1	P
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part	tX		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	222		6
	Schedule D, Parts XI, XII, and XIII.	12	X	1
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes	No 9		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X		ľ
13		13	1-	X
	Did the organization maintain an office, employees, or agents outside of the United States?		 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising.		† —	 ``
_	business and manner continue activities auticities auticities of the Chatago Killy and the Continue Co	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	. 140	├─	 ^
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	· -13	├	 ^
10	and the state of t	46		,
47		. 16	├	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	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			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	Ιx

Par	Checklist of Required Schedules (continued)	·		
`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_22		_X_
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			£as.
	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 of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	000		V
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
-	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-30		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)? If "Yes," complete			
	Schedule R, Part V, line 2	35		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	Х	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
Ia	U.S. Information Returns. Enter -0- if not applicable		'	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	;	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		,
·	gaming (gambling) winnings to prize winners?	1c	X	
2a		· · ·		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	and the second of the second o			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible?	6a	ļ	_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l		
u	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			· ·
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
·· a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h	If "Ves " enter the amount of tay exempt interest received or accrued during the year			

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.

Sect	ion A. Governing Body and Management					·——
		ı	1	. 	Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	2	<u>oo</u>		
b	Enter the number of voting members that are independent	1b				7
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	hip with			2
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or					
	supervision of officers, directors or trustees, or key employees to a management company of			3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 wa	s filed?.	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	5		X
6	Does the organization have members or stockholders?	•		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or	more r	nembers			
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther pe	ersons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertaker	n during	* `	. ^ •	
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		•	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedu			9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	ne Inte	rnal			
	enue 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 sucl	n chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization			10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body					
	form?			11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 99).		, (3)		. 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the po					
	describe in Schedule O how this is done	٠.		12c	x	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and				3 1	ž ,
	independent persons, comparability data, and contemporaneous substantiation of the delibe				<u>;</u> 、	7.
а	The organization's CEO, Executive Director, or top management official.			15a	"x	1
b			•	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			45.34	\$\hat{\chi}'\	. 236
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar			3,	W	[prob] [
	with a taxable entity during the year?	unung	Onion	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	n to ev	aluate	-	£,,,, }	1
-	its participation in joint venture arrangements under applicable federal tax law, and taken ste			1 12 M	**************************************	
	the organization's exempt status with respect to such arrangements?	, po .o .	dioguaia	16b		
Sect	ion C. Disclosure	•	· · · ·	1.00	Ш.	L
17	List the states with which a copy of this Form 990 is required to be filed ► NV					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and QQ)_T (501/^\/2\	e Only)		
	available for public inspection. Indicate how you make these available. Check all that apply.	411U 331	J-1 (JU1(U)(J)	o orny)		
40	Own website Another's website Upon request	.ma-4-	conflict of :			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	ments	, conflict of in	erest		
00	policy, and financial statements available to the public.	L = - 1		£ 41		
20	State the name, physical address, and telephone number of the person who possesses the					
	organization: Sue Bohnett		702-642-	9431		
	2939 Van Der Meer, N. Las Vegas, NV 89030					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compe	ensate any curre	ent of	fice	r, c	lire	ctor, o	r tri	ustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director				a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
George Montgomery Secretary	35.	Х			х			2,000	0	0
William Bohnett Exalted Ruler	30.	x			ļ		<u> </u>	0	0	0
James Archibald Lecturing Knight	22.	Х			<u> </u>			0	0	0
Vanessa Young Esquire	20.	х			į			0	0	0
Jeannette Thompson Tiler	16.	х						0	0	0
Kenneth Gonzales Inner Guard	15.	х						0	0	0
Mark Lancaster Chaplin	10.	x						0	0	0
Dean White Treasurer	30.	х			x		х	1,050	0	0
Bob Carroll Leading Knight	25.	х						0	0	0
Gary Meade Loyal Knight	25.	х						0	0	0
Leannasue Sunda Treasurer	30.	х			x		х	300	0	0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (Political Clark and list apply and list a	orm	990 (2009) BPOE #2353				_					88-009	9912		Page 8
Name and tike Average houses in the provided in the story of the provided in the story of the provided in the story of the provided in the story of the provided in the provi	Pa	t VII Section A. Officers, Directors, Tru	istees, Key Er	mploy	/ees	, and	d Hig	thes	t Co	mpensated Em	ployees (cont	inuec	<u>) </u>	
Total		` (A)	(B)	ŀ			•			(D)	(E)		(F)	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 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		Name and title	hours per	├	institutional trus					compensation from the organization	compensation from related organizations] .	amount other ompensa from th organiza and rela	of ation ne tion ited
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 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														
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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 for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received		Total number of individuals (including but no		se lis	ted a	above	e) wł	no re	•			0		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 for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation 0 0 10 10 10 10 10 10 10 10		reportable compensation from the organizat	ion ►			0								
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 for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (A) (B) (C) Compensation 0 0 10 10 10 10 10 10 10 10	3						yee,	or h	ighe	st compensated	·	2		NO
individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation O Total number of independent contractors (including but not limited to those listed above) who received	4	For any individual listed on line 1a, is the su	m of reportable	e com	pen	satio					1	3		
services rendered to the organization? If "Yes," complete Schedule J for such person		individual									·	4		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation O O O Total number of independent contractors (including but not limited to those listed above) who received		services rendered to the organization? If "Yo										5		X
compensation from the organization. (A) (B) (C) Compensation O O Total number of independent contractors (including but not limited to those listed above) who received											4.44.44			
Name and business address Description of services O O Total number of independent contractors (including but not limited to those listed above) who received	1	•	npensated inde	epend	lent	contr	acto ——	rs th ———	at re	ceived more tha	in \$100,000 of			
2 Total number of independent contractors (including but not limited to those listed above) who received			ddress								vices C			
2 Total number of independent contractors (including but not limited to those listed above) who received														
2 Total number of independent contractors (including but not limited to those listed above) who received														
Total number of independent contractors (including but not limited to those listed above) who received						_								0
	2				ed to	thos	se lis			e) who received				0

Par	: VIII	Statement of Revenue						
T	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
र र	1a	Federated campaigns	. 11	a 0		Tevenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Membership dues		b 17,172	[
g E	c	Fundraising events	_	c 0				
ifts Fa	d	Related organizations	_	d 0	i	:		
n. 9.58	e	Government grants (contributions)	_	e 0				
sir sir	,	All other contributions, gifts, grants, and	Ė	<u> </u>	1			
arti Fe	'	similar amounts not included above	1	If 25,730				
를 를	a	Noncash contributions included in lines 1a-		<u> </u>				
a Sc	l b	Total. Add lines 1a–1f	π. Ψ	ŏ	42,902			
	- ''	Total: Add lines 1a-11		Business Code	42,002			
ă S	2a	Charity/Ink/Disaster		900099	511		- programme and the state of th	
Šev	b			900099	330	·		
8	C	CNIC		900099	1,799		 	
چَ	d	State Major Project		900099	2,048		 	
Š	e			900099	5,310			
g	f	Building Fund/RV All other program service revenue		900099	0,510			
Program Service Revenue	<u>'</u>	Total. Add lines 2a–2f			9,998		<u> </u>	
					0,000			
	3	Investment income (including dividends, into	erest,		074			
	١.	other similar amounts)		. , ▶	671			
	4 -	Income from investment of tax-exempt bond	proce	eas	0			
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	(ii) Personal	0			<u>.</u>
			Real	····			\	
	6a	Gross Rents	18,18		-			
	b	Less: rental expenses	9,12		1			
	C	Rental income or (loss) .	9,0		0.000	· — — — — — — — — — — — — — — — — — — —		
	d	Net rental income or (loss)			9,066			
	7a		cunties	(II) Other	1			
		assets other than inventory		0 0	1			
	b	Less: cost or other basis					1	
	_	and sales expenses		0 0	1			
		Gain or (loss)						
		• , ,	• •	· <u>· · · · · · · · · · · · · · · · · · </u>	0			1
ē	oa	Gross income from fundraising						
E E		events (not including \$ 0						
Š		of contributions reported on line 1c).						
œ	_	See Part IV, line 18		a 0	}			
Other Revenue		Less: direct expenses		b0	0			
ŏ		Net income or (loss) from fundraising event	S .	· · · · · · · · · · · · · · · · · · ·				
	ya	Gross income from gaming activities. See Part IV, line 19.						
	.	*		b 0	-			
		Less: direct expenses			0		 	
		Gross sales of inventory, less		· - · · · ·				
	Iva	returns and allowances		11 202				
	_	Less: cost of goods sold		a 11,383 b 6,505	-1			
					4,878			
	- ا	Net income or (loss) from sales of inventory Miscellaneous Revenue	· · ·	Business Code	4,070			
	11a			Dualitess Code	 			
]				0			
	b				0		 	
	C	All other revenue			0		 	-
	d	Total. Add lines 11a–11d			0			
	θ 12	Total revenue. See instructions						t
	14	TOTAL LEAGING. OCC INSURCIONS			1 07,010	1	η	<u> </u>

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 req	uned to complete	Columns (b), (C), a	iliu (<i>D)</i> .
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	ol	Ì		
2	Grants and other assistance to individuals in				-
	the U.S. See Part IV, line 22	ol			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	3,350	3,350		
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	0			
8	Pension plan contributions (include section 401(k)			·	
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	691	691		
11	Fees for services (non-employees).				
а	Management	0			
b	Legal	0			
C	Accounting	4,135	4,135	······································	
đ	Lobbying	0		·····	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	181	181		
13	Office expenses	4,028	4,028		
14	Information technology	2,392	2,392		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0	· · ·		
19 20	Conferences, conventions, and meetings	0			<u> </u>
21	Interest	0	-		
22	Depreciation, depletion, and amortization	3,185	3,185		0
23	Insurance	7,428	7,428		
23 24	Other expenses. Itemize expenses not	1,420	1,420		<u> </u>
_~	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		ĺ		
	5% of total expenses shown on line 25 below.)				
а	see attached statement	62,724	62,724		
b		0	02,727		
c		0	-		
ď		0			<u> </u>
e		0		-	
f	All other expenses	O			······································
25	Total functional expenses. Add lines 1 through 24f	88,114	88,114	0	0
26	Joint costs. Check here ▶ if following	,			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising		ļ		
	solicitation				

88-0099912

Form 990 (2009),

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 20,913 14,737 2 2 202,811 198,148 0 3 3 ol 4 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 Assets 7 Ol 7 2,957 8 2,957 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less. accumulated depreciation . . . 10b 123,341 10c 120,156 0 11 0 11 ol 0 12 12 Investments—other securities See Part IV, line 11 ol 13 0 Investments—program-related See Part IV, line 11 13 0 0 14 14 Other assets. See Part IV, line 11 ol 15 780 15 350,022 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 336,778 17 790l 17 919 18 18 13,805 10,258 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key ٠, ء employees, highest compensated employees, and disqualified 0 22 23 Secured mortgages and notes payable to unrelated third parties . ol 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . ol 24 25 οl 25 0 26 14,595 Total liabilities. Add lines 17 through 25. 26 11,177 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . . 28 29 29 Organizations that do not follow SFAS 117, check here ▶ 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 ... 335,427 31 325,601 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances 335,427 325,601 33 Total liabilities and net assets/fund balances 350,022 336,778

Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	200	~*	1111
	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	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	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 consolidated basis, separate basis, or both			
	X 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		Х
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		
		Ec	aa r	(2000)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

BP0	#2353			88-0099912
Part	Organizations Maintaining Doi	nor Advised Funds or Othe	r Similar Fun	nds or Accounts. Complete if
	the organization answered "Yes"	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	s	(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	ne assets held i	n donor advised
	funds are the organization's property, subj	ect to the organization's exclus	ve legal control	l? Yes No
6	Did the organization inform all grantees, d		-	
	used only for charitable purposes and not	for the benefit of the donor or d	onor advisor, o	r for any other
	purpose conferring impermissible private t			
art				
	Purpose(s) of conservation easements he			<u> </u>
1		· · · -		f on historically important land area
	Preservation of land for public use (e.	g., recreation or pleasure)		f an historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organi	zation held a qualified conserva	ation contributio	n in the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements .			2a
b	Total acreage restricted by conservation e	asements		2b
С	Number of conservation easements on a conservation	certified historic structure includ	ed in (a)	2c
d	Number of conservation easements include	led in (c) acquired after 8/17/06		. 2d
3	Number of conservation easements modifi	ied, transferred, released, extin	guished, or tern	ninated by the organization
	during the tax year		-	
4	Number of states where property subject t	o conservation easement is loc	ated >	
5	Does the organization have a written polic	y regarding the periodic monito	ring, inspection	, handling of
	violations, and enforcement of the conserv	vation easements it holds?		Yes No
6	Staff and volunteer hours devoted to moni	toring, inspecting, and enforcing	g conservation	easements during the year
	•			
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing cor	nservation ease	ments during the year
	▶ \$			-
8	Does each conservation easement reporte	ed on line 2(d) above satisfy the	requirements of	of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)	?		Yes No
9	In Part XIV, describe how the organization	reports conservation easemen	its in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, t	he text of the footnote to the or	ganization's fina	ancial statements that describes
	the organization's accounting for conserva	ation easements.		
Part	III Organizations Maintaining Collec	tions of Art, Historical Treasu	res, or Other S	Similar Assets.
	Complete if the organization answer	red "Yes" to Form 990, Part IV,	line 8.	
1a	If the organization elected, as permitted un	nder SFAS 116, not to report in	its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar as			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted un			
	historical treasures, or other similar assets		cation, or resear	rch in furtherance of public
	service, provide the following amounts rela	ating to these items:		
	(i) Revenues included in Form 990, Part \(\) (ii) Assets included in Form 990, Part X	/III, line 1		• \$
	(ii) Assets included in Form 990, Part X.			▶ \$
2	If the organization received or held works	of art, historical treasures, or of	her similar asse	ets for financial gaın, provide the
	following amounts required to be reported			
а	Revenues included in Form 990, Part VIII,	line 1		. ▶ \$
b	Assets included in Form 990, Part X.			. > \$

-Parl	TIII Organizations Maintainin	g Collections of	Art, His	torical 1	<u> reasures</u>	, or Oth	<u>ner Similar As</u>	sets (c	ontinu	ued)
3	Using the organization's acquisition use of its collection items (check all		ther reco	rds, ched	k any of th	e followi	ng that are a si	gnıfican	t	
а	Public exhibition	mac apply).	а□	Loan	or exchang	e progra	ams			
_			H	Other	or exerially	o progre				
b	Scholarly research		e	Other					 -	
С	Preservation for future generation	ations								
4	Provide a description of the organiz Part XIV.	ation's collections	and expl	ain how t	hey further	the orga	anization's exe	npt purp	ose in	1
5	During the year, did the organizatio assets to be sold to raise funds rath								es 🗌	No
Par	IV Escrow and Custodial An IV, line 9, or reported an an	~		-	-	answe	red "Yes" to F	orm 99	0, Par	t
1a	Is the organization an agent, trustee		er interm	ediary for	r contributio	ns or of	her assets not			1
	included on Form 990, Part X?							Y₁	es	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	table:		- _T			
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	Mount		
C	Beginning balance					1 <u>c</u>				
d	Additions during the year						+			
e	Distributions during the year					. <u>1e</u> . 1f				
f	•				•	. [11				<u> </u>
2a	Did the organization include an amo		Part X, li	ne 21?	•			Y	es X	No
b	If "Yes," explain the arrangement in		ination o		- "\/oo" to	Form 0	00 Dort IV Ii-	10		
Part	V Endowment Funds. Com				(c) Two year		(d) Three years bad			
4	Designing of year belongs	(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years bac	K (e) FO	our years	s back
1a	Beginning of year balance .				4.3	227	;; · · · · · · · · · · · · · · · · · ·			ŶŮ ·
b	Contributions					** · 32	- Aliki .	* * *		137
С	Net investment earnings, gains, and losses								*	
d	and losses		-			7. 7.				- 224 103
e	Other expenditures for facilities	,-			<u></u> <u></u>	330				. 400
•	and programs		İ		A Section of the sect	公款分				
f	Administrative expenses							1 1/4		7.
g	End of year balance	0		0						
2	Provide the estimated percentage of	f the vear end bal	ance held		w m w					
а	Board designated or quasi-endown	•	%							
b	Permanent endowment	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in t	he possession of t	the organ	ization th	at are held	and adi	ministered for tl	ne		
	organization by:								Yes	No
	(i) unrelated organizations.							3a(i)		
	(ii) related organizations					·		3a(ii)		
b	If "Yes" to 3a(iı), are the related org							3b		
4	Describe in Part XIV the intended u							_		
Part	VI Investments—Land, Buil	<u>dings, and Equ</u>	ipment.	See For	m 990, Pa	art X, lir	<u>ne 10.</u>			
	Description of investment	(a) Cost or of (investm	nent)		st or other s (other)		Accumulated preciation	(d) B	ook valu	е
1a	Land		112,385		0				11	2,385
b	Buildings	·	189,720		0		189,720			0
C	Leasehold improvements		15,167		0		10,019			5,148
đ	Equipment	·	47,174		1,062		45,613	_		2,623
<u>e</u>	Other		0		0	407 1	0			0
iota	I. Add lines 1a through 1e. (Column	a) must equal Foi	m 990, P	art X, col	umn (B), lir	ne 10(c)) •		12	0,156

Page 3

-Part-VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	arket_value
Financial de	erivatives	0		
-	d equity interests	0		
Other		0		_
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
	b) must equal Form 990, Part X, ∞l (B) line 12)	0		
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0	1	
	b) must equal Form 990, Part X, ∞l (B) line 13)			4 23
Part IX	Other Assets. See Form 990, P			
	(a) Description		(b) Book value
				0
			***************************************	0
	- AIA	···········		0
				0
				0
	<u> </u>			0
				0
				0
Total (Coli	umn (b) must equal Form 990, Part X,	ool (R) line 15.)		0
Part X	Other Liabilities. See Form 990) Part X line 25	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1.	(a) Description of liability	(b) Amount		**
Federal inc		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 * *	
		 	0 7	
			0	
			0	۶.
			0	
			<u> </u>	
			_0	
			0	
	 		<u> </u>	4
Total. (Column /	b) must equal Form 990, Part X, col (B) line 25)			
	ootnote. In Part XIV, provide the text o	the footnote to the organiz	<u> </u>	reports the
	n's liability for uncertain tax positions u			

BPOE #2353 88-0099912 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued) ⁻Part⁻XIV ⁻⁻

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Inspection Employer identification number

BPOE #2353	88-0099912
Form 990 Part VI Section A Line 10 The return is reviewed prior to signing for reasonableness	and
accuracy	
Form 990 Part VI Section C Line 18 The information is available upon request to the organizat	on's
office	
Form 990 Part VI Section C Line 19 The information is available upon request to the organizat	on's
office	
•••••	

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Sequence No 67

Name(s) shown on return	1	vity to which this f	orm relates		Identifying nur	nber	
BPOE #2353 Part I Election To Expense Certain	990	lor Section 17		-	88-0099912		_
Note: If you have any listed property, co							050,000
1 Maximum amount See the instructions for	-				•	1 2	250,000
2 Total cost of section 179 property placed in							900,000
3 Threshold cost of section 179 property before				•		3	800,000
4 Reduction in limitation. Subtract line 3 from						4	0
5 Dollar limitation for tax year. Subtract line 4		·	ter -u If mar	ried illing		_	050.000
separately, see instructions	· · · · ·	·		· · ·		5	250,000
6 (a) Description of property		(b) Cos	t (business use	e Offig)	(c) Elected	2051	:
		-			-		
7 Listed property. Enter the amount from line	20			7	_		
8 Total elected cost of section 179 property.					<u> </u>	8	
9 Tentative deduction. Enter the smaller of li			s o and r			9	0 0
10 Carryover of disallowed deduction from line						10	U
11 Business income limitation Enter the small			than zoro) or	line 5 (see up	ctructions)	11	
12 Section 179 expense deduction. Add lines				III 2 (266 III	structions).	12	0
13 Carryover of disallowed deduction to 2010.				. ▶ 13	_ · · · ·	0	U
Note: Do not use Part II or Part III below for list				. 13	L		
Part II Special Depreciation Allowa				clude listed r	roperty) (See	instruc	tions)
14 Special depreciation allowance for qualified					roperty.	1 1	Alons /
during the tax year (see instructions)	i property (other	man noted prop	city) placed i	III SCIVICE		14	
15 Property subject to section 168(f)(1) election					•	15	
16 Other depreciation (including ACRS)			• •		•	16	
Part III MACRS Depreciation (Do not	t include listed	property.) (Se	e instruction	s)	•	1.01	
	•	Section A	<u> </u>	,			
17 MACRS deductions for assets placed in ser	rvice in tax vear		ore 2009 .			17	2,260
18 If you are electing to group any assets place				nore			*
general asset accounts, check here					. ▶ □		
Section B - Assets Placed in					reciation System	<u></u> em	
	(b) Month and	(c) Basis for	(d) Recovery		(f)		(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Denrec	וש) iation deduction
(a) oldoomoalion of proporty	in service	(business/investment)			IVICTIO	Воргос	allon deddellon
19 a 3-year property	3 //	(Casineos investment)				 	-
b 5-year property	1						
c 7-year property	1. ' ; . *						
d 10-year property	1 111			· · · · · · · · · · · · · · · · · · ·			
e 15-year property							-
f 20-year property	٠						
g 25-year property	1 ,		25 yrs.		S/L		
h Residential rental			27.5 yrs.	ММ	S/L	1	_
property			27.5 yrs.	MM	S/L		
i Nonresidential real			39 yrs.	MM	S/L		-
property				MM	S/L		
Section C - Assets Placed in S	Service During	2009 Tax Year	Using the Al			tem	-
20 a Class life					S/L		
b 12-year	1 ,		12 yrs.		S/L		
c 40-year			40 yrs.	ММ	S/L		
Part IV Summary (See instructions.)					•		-
21 Listed property. Enter amount from line 28						21	925
22 Total. Add amounts from line 12, lines 14 tl		19 and 20 in co	olumn (g), and	l line 21.			
Enter here and on the appropriate lines of y					ons	22	3,185
			corporations	000 111011 0011		1 ~~ !	
23 For assets shown above and placed in serv					<u> </u>	1	0,.00

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

		•	TOT WITHCH YOU E		-		•			_	•	-	Joinpie	ie.	
Secti	only 24a ion A—Depreciatio		ns (a) through (<u> </u>		
	Do you have evidence					Yes	No				he evide			Yes	No
	(a)	(b)	(c) Business/		d)		sis for dep-	-		1			n)		
	Type of property	Date placed	investment use	•	stor	1 ''	sis ioi dep- 1 (business	- 1	(f) decovery	1	g) :hod/	Depre		Elected se	I) action 170
	(list vehicles first)	in service	percentage		basis		ent use only	- 1	penod	1	ention	•	ction		ecuon 179 ost
25	Special depreciation														¥ ;
	year and used mo										25				, S. J. J.
26	Property used mor							<u>-</u> -		•					
Comp		4/12/2007			1,097		1,09	97	5	200DI	3 - MQ		197		
	rity System	11/15/2007	100.00%		3,700		3,70		7		3 - MQ		728		
27	Property used 50%	6 or less in a	qualified busine	ess use	:										
			%				·			S/L -					
	-		%							S/L -					*
			%							S/L -				,	
	Add amounts in co	• • •	•					age 1		•	28		925	* '	
29	Add amounts in co	olumn (i), line							·	<u> </u>			29		C
						nation o									
	lete this section for ve												ed vehic	es to	
	employees, first answe												_		
30	Total business/inves				a)	(t	· I		(c)	1 '	d)	-)	-	f)
	during the year (do r	not include con	nmuting	Vehi	cle 1	Vehi	cle 2	Ver	icle 3	Veh	cle 4	Veh	cle 5	Vehi	cle 6
24	miles)		a the year			-									
31 32	Total commuting mil Total other personal					-									
32	miles driven	(HOHCOHIHIUUH	9)			-									
33	Total miles driven du	Iring the vear	•												
V	Add lines 30 through					 									
34	Was the vehicle avail		nal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	use during off-duty h	•				1.00			 	1.00	110		110	103	110
35	Was the vehicle use		a more than												
	5% owner or related														
36	Is another vehicle av	allable for							1						
	personal use?														
		Section C—C	Questions for E	mploy	ers Wi	no Provi	de Vehi	cles f	or Use	by The	ir Emp	oyees			
Answ	er these questions	to determine	if you meet an	excepti	on to c	ompletin	g Sectio	n B fo	r vehic	les use	d by em	ployee	s who		
are n	ot more than 5% or	wners or relat	ted persons (se	e instru	ictions))									
														Yes	No
37	Do you maintain a w	ritten policy sta	atement that prohi	bits all p	personal	l use of ve	ehicles, in	cludın	g comm	uting,				İ	
20	by your employees?											_			
38	Do you maintain a w							•	nmuting,	by your	employe	es?			
20	See the instructions					s, or 1% c	r more ov	vners		•					<u> </u>
39 40	Do you provide more	-				formation	from you	r omni		haut					ļ
40	Do you provide more the use of the vehicle				ibiain in	iomation	IIOIII you	emp	oyees a	bout					
41	Do you meet the req				Mah alu	onetration	11002/56	a inet	ructions	`					
71	Note: If your answer									•					
Part			40, 01 41 13 163,	40 1101	comple	te decilor	T D TOT THE	COVE	rea verno	3103				<u> </u>	·
		(a)			(b)	Date	(c)		Τ (d)	T "	(e)			f)
	De	scription of costs				tization	Amortiz			ode	Amor	tization p	enod	· ·	ation for
						egins	amou		ł .	ction	i .	percenta		i	year
42	Amortization of co	sts that begin	ns during your 2	009 tax											
	Amortization of co	_	•		•								43		
44	Total. Add amour	nts in column	(f). See the inst	ruction	s for w	here to r	eport .	_					44	i	(

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	17,172 2	
	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Lodge Activites	10,021	
	Convention	15,709	
		05.700	
_	Other contributions total	25,730 6	
_7	Total	42,902 7	0

Part·VIII, Line 10 (990) - Gi	ross Sales of Inventory
-------------------------------	-------------------------

Part	VIII, Line 10 (990) - Gross Sales of Inventory	11,383	6,505	4,878
	Category	Gross Sales	Cost of Goods Sold	Net
1	Bar	11,383	6,505	4,878
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13		_		0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part IX. Line 22 (990) - Depreciation, Depletion, and Amortization

rait in, Line 22 (330) - Depreciation	i, Depietion, and	Allioluzation		
	(A)	(B)	(C)	(D)
•	Total	Program	Management	Fundraising
		services	and general	
1 Depreciation	1 3,185	3,185		
2 Depletion	2 0			
3 Amortization	3 0			
4 Total	4 3,185	3,185	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	,								365,508	242,167	245,352	0	123,341	, 120,156
}				Leasehold Improve-			Check if Investment	Check if Asset	Cost/Other	Beginning Accumulated	Ending Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings		Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1	Building		X				X		189,720				0	0
2	AC Replacement			Х			Х		15,167	8,536			6,631	5,148
3	Furniture/Equipment				Х		Χ		41,343	41,343	41,343		0	0
4	Land	X					X		112,385	0			112,385	112,385
5	Refng				X				1,062				623	374
6	Computer				X		X		1,097	603	932		494	165
7	Tables		.]		X		X		1,034		572		659	462
8_	Security System				ΧX		X		3,700	1,151	2,078		2,549	1,622
9									0	0			0	0
10									0	0			0	0
11			<u> </u>						0	0			0	0
12									0	0			0	0
13			ļ				ļ		0	0			0	0
14									0	0			0	0
15									0	0			0	0
16			-	<u> </u>					0	0			0	
17			 						0	0			0	0
18							 		0	0			- 0	
19									0	0				0
20			L	l			1		0	0			O	0

Par	t X, Line 15 (990) - Other Assets	0	780
	Description	Beginning	End
1	SWG Deposit		780
2			
3			
4			
5_			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

st	Line 24	Total:	62,724
1	Alarm	1	538
2`	Utilities	2	7,088
3	Per Capita	3	4,434
4	Equipment	4	396
5	Repairs & Maint	5	4,035
6	Youth Activities	6	1,184
7	Lodge Activities	7	2,371
8	Bar Expenses	8	13,037
9	Kitchen Expenses	9	4,882
10	PER	10	535
11	ENF	11	2,141
12	SMP	12	3,335
13	Charity	13	192
14	Americanism	14	4,623
15	Convention	15	12,235
16	Janitorial	16	1,698