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Form **990**

Department of the Treasury
Internal Revenue 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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 4/1/2009 , and ending 3/31/2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: SPARTA BPO ELKS #2356

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): PO BOX 701 — Room/suite:

City or town, state or country, and ZIP + 4: SPARTA NJ 07871

D Employer identification number: 22-6167720

E Telephone number: 973-726-0169

G Gross receipts $: 52,747

F Name and address of principal officer: Stanley Zaorski 17 Millpond Rd, Lafayette, NJ 07848

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ 1156

I Tax-exempt status: ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation:

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Charitable and Humanitarian Endeavors Assist Veterans in Hospitals, Sponsor Drug and Youth Activities in the local schools, support Handicapped children

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	115
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,256

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,273	6,448
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	253	815
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,369	9,081
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,895	16,344
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,503	13,868
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,503	13,868
19	Revenue less expenses Subtract line 18 from line 12	7,392	2,476

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	62,931	61,165
21	Total liabilities (Part X, line 26)	48,393	44,151
22	Net assets or fund balances Subtract line 21 from line 20	14,538	17,014

RECEIVED
AUG 30 2010
OGDEN, UT
IRS-OSC

SCANNED SEP 23 2010

Part II Signature Block

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

Sign Here

Signature of officer — Date: 7/28/10

Anthony Affaro ER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 6/26/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions): 140-38-0367

Firm's name (or yours if self-employed), address, and ZIP + 4: NOBLE SERVICES INC, 43 CRIGGER ROAD, WANTAGE, NJ 07461 — EIN ▶ 20-8440961 — Phone no ▶ (973) 362-1277

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

(HTA)

25

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
Charitable and Humanitarian Endeavors:
Assist Veterans in Hospitals; Sponsor Drug and Youth Programs in local schools, support handicapped children

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code) (Expenses $ 4,105 including grants of $ 0) (Revenue $ 0)
Various Charitable and Humanitarian Activities
Including Handicapped Children, Veterans and Youth & Drug Programs

4b (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 4,105

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		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) notice 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 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 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 X, or provide 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 term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete 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 of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	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, 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 to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV 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 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		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
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* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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 organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
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?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	115		
b	Enter the number of voting members that are independent	1b	0		
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 organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	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 members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
9	Is there any officer, director, 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*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NJ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SPARTA BPO ELKS #2356 973-726-0169
6 WEST SHORE TRAIL, SPARTA, NJ 07871

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.

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIP MC CURRY SECRETARY	20			X				0	0	0
MICHAEL THOMPSON TREASURER	20.			X				0	0	0
STANLEY ZAORSKI EXALTED RULER	20							0	0	0
PETER APPALUCCIO LOYAL KNIGHT	20							0	0	0
MICHAEL J MALLON LECTURING KNIGHT	20							0	0	0
KEN FAHRENFELD TRUSTEE	20.							0	0	0
JOSH MATTHEWS TRUSTEE	20							0	0	0
ANTHONY ALFONSO TRUSTEE	20							0	0	0
MARK SOGA TILER	20.							0	0	0
JOHN MIDDLETON ESQUIRE	20.							0	0	0
ARTHUR MURCH CHAPLIN	20							0	0	0
MARK HANULA INNER GUARD	20.							0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0	0	0

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

		Yes	No
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*		X
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*		X
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	6,148				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	300				
	g Noncash contributions included in lines 1a-1f. $ 0						
	h **Total.** Add lines 1a–1f ▶			6,448			
Program Service Revenue		**Business Code**					
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			815			
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross Rents	5,400					
	b Less rental expenses	6,656					
	c Rental income or (loss)	-1,256	0				
	d Net rental income or (loss) ▶			-1,256			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less. cost or other basis and sales expenses	0	0				
	c Gain or (loss)	0	0				
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a		38,462				
	b Less. direct expenses b		29,134				
	c Net income or (loss) from fundraising events ▶			9,328			
	9a Gross income from gaming activities. See Part IV, line 19 a		0				
	b Less: direct expenses b		0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances a		1,622				
	b Less cost of goods sold b		613				
	c Net income or (loss) from sales of inventory ▶			1,009			
	Miscellaneous Revenue	**Business Code**					
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d ▶			0			
	12 **Total revenue.** See instructions ▶			16,344	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	0			
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
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	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	2,500		2,500	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,587	1,587		
20 Interest	1,561		1,561	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1,388		1,388	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Attached Statements	6,832	2,518	4,314	
b	0			
c	0			
d	0			
e	0			
f All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24f	13,868	4,105	9,763	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 educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		24,649	1	8,915
	2	Savings and temporary cash investments		30,000	2	43,811
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		3,282	8	3,439
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,729			
	b	Less: accumulated depreciation	10b 119,729	5,000	10c	5,000
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		62,931	16	61,165
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		48,393	23	44,151
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		48,393	26	44,151
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			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			31	
	32	Retained earnings, endowment, accumulated income, or other funds		14,538	32	17,014
	33	Total net assets or fund balances		14,538	33	17,014
	34	Total liabilities and net assets/fund balances		62,931	34	61,165

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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 [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
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		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
SPARTA BPO ELKS #2356	22-6167720

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Lodge Activities (event type)	(b) Event #2 tivities-Parades & Co (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,514	12,324	18,624	38,462
	2 Less. Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	7,514	12,324	18,624	38,462
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	3,294	11,962	13,878	29,134
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(29,134)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				9,328

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶ $ 0			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SPARTA BPO ELKS #2356	22-6167720

Form 990 Part VI Section B Line 11 All Member assemble to review and approve Form 990 & 990-T

Form 990 Part VI Section C Line 19 All policies and financial records are made available upon request

Elks Lodge - Sparta Lodge
04/01/09 - 03/31/10
Part IX, Line 24 (990) Other Expenses

Description		Total	Program Services	Management & General	Fundraising
Cleaning		-			
Per Capita Dues- Grand Lodge		1,642	1,642		
Per Capita Dues-State		143	143		
Sales Tax		97	97		
Utilities		3,265		3,265	
Repairs & Maintenance		441		441	
Supplies		470		470	
Licenses		510	510		
Pins & Emblems		126	126		
Miscellaneous		138		138	
		-			
Total		6,832	2,518	4,314	-

RENTAL EXPENSES					
Utilities	3264.87				
Repairs & Maintenance	441.43				
Insurance	1388.4				
Mortgage Interest	1561.04				
Total Rental Expenses	6655.74				

SPARTA ELKS LODGE #2356

2009/2010 LODGE OFFICERS

Name	Address	Phone
ZAORSKI, PER, STANLEY 01 Exalted Ruler	17 MILLPOND ROAD LAFAYETTE, NJ 07848-3822	973 940-0850 h sizmicconstruction@gmail.com spouse:TERRI
CAMACHO, MARVIN 02 Leading Knight	190 GLENSIDE TRAIL SPARTA, NJ 07871-1215	973 441-3048 h
APPALUCCIO, PER, PETER 03 Loyal Knight	319 STANHOPE ROAD SPARTA, NJ 07871-0701	973 726-7818 h 973 992-4426 w petejenapp@yahoo.com spouse:JENNIFER
MALLON, MICHAEL J 04 Lecturing Knight	13 ALCREST AVE BUDD LAKE, NJ 07828-1401	973 691-2302 h spouse:LINDA
MC CURRY, PER, PHIL 05 Secretary	18 BETTINO DRIVE OGDENSBURG, NJ 07439-1004	973 209-0861 h pmccurry@bogen.com spouse:SANDY
THOMPSON, MICHAEL R 06 Treasurer	6 ADAMS DRIVE OGDENSBURG, NJ 07439-1029	973 827-7517 h spouse:CHERIE
FAHRENFELD, PER, KEN A 07 Trustee - One Year	5 THOMAS PLACE OGDENSBURG, NJ 07439-1159	973 827-7174 h fahrenfeld@embarqmail.com spouse:JANE
MATTHEWS, JOSH 08 Trustee - Two Year	10 SADDLE RIDGE ROAD SPARTA, NJ 07871-3217	973 579-5068 h 973 579-5530 w spouse:JILL
ALFONSO, PDD, ANTHONY 10 Trustee - Four Year	28 BETTINO DRIVE OGDENSBURG, NJ 07439-1038	973 827-0075 h spouse:DIANE
SOGA, PER, MARK 12 Tiler	21 PAULA DRIVE LONG VALLEY, NJ 07853-3819	908 852-8629 h 862 219-8206 c 973 252-2823 w spouse:NANCY

SPARTA ELKS LODGE #2356

2009/2010 LODGE OFFICERS

Name	Address	Phone
MIDDLETON, JOHN 13 Esquire	10 WARREN COURT SPARTA, NJ 07871-2719	973 726-9492 h jdmiddle@ptd.net
	spouse:DOREEN	
MURCH, PER, ARTHUR 14 Chaplain	4 DARTREE LANE SPARTA, NJ 07871-2315	973 726-7203 h
	spouse:ALICIA	
HANULA, MARK A 15 Inner Guard	104 QUARRY ROAD APT#D APT # D HAMBURG, NJ 07419-1342	973 903-2782 h carolinablue1958@yahoo.com

Sparta, Lodge No. 2356
Combined Balance Sheet
(All Entities)

	Prior Year March 31, 2009		Current Year March 31, 2010	
ASSETS:				
Current Assets:				
1 Cash on Hand & in Bank	$54,648 88		$52,726 29	
2 Prepaid Expenses				
3 Inventories	$3,282 00		$3,439 00	
4 Investments				
5 Total Current Assets		$57,930.88		$56,165 29
Fixed Assets:				
6 Buildings	$114,409 00		$114,409 00	
7 Personal Property	$5,320 00		$5,320 00	
8 Total	$119,729 00		$119,729 00	
9 Less Accumulated Depreciation	$119,729.00		$119,729 00	
10 Net Book Value	$0 00		$0.00	
11 Land	$5,000 00		$5,000 00	
12. Total Fixed Assets		$5,000 00		$5,000.00
Other Assets:				
13 Investments - Long Term				
14 Other				
15. Total Other Assets		$0 00		$0.00
16. TOTAL ASSETS		$62,930.88		$61,165 29
LIABILITIES AND EQUITY				
Current Liabilities:				
17 Accounts Payable				
18 Note Payments - Due within One Year	$3,856 80		$3,856 80	
19 Deferred Dues & Fees				
20 Other Payables				
21. Total Current Liabilities		$3,856 80		$3,856.80
Term Liabilities:				
22 Note Payments - Due After One Year	$44,536 22		$40,293 80	
23 Other Term Liabilities				
24. Total Term Liabilities		$44,536 22		$40,293 80
Deferred Income:				
25 Other				
26. Total Deferred Income		$0.00		$0 00
Restricted Funds:				
27 Charity				
28 Other				
29. Total Restricted Funds		$0 00		$0.00
Equity				
30 From Page 8, Schedule 2		$14,537 86		$17,014 69
31. TOTAL LIABILITIES AND EQUITY		$62,930 88		$61,165 29

NOTE: The Notes to Financial Statements Are An Integral Part of This Page.

Sparta, Lodge No. 2356
Statement of Lodge Fund Revenue, Expenses and Comparison to Approved Budget

	Prior Year Ended March 31, 2009	Current Year Ended March 31, 2010		
	Actual	Actual	Budget	Over (Under)
REVENUE:				
1. Dues (Page 10)	$6,525.00	$5,952.50	$8,165 00	($2,212 50)
2 Fees (Page 11)	$210 00	$195 00	$500 00	($305 00)
3 Rent	$14,550 00	$5,400 00	$18,600 00	($13,200.00)
4 Interest & Dividends	$252 87	$814 95	$700 00	$114.95
5 Contributions	$4,538 00	$300 00	$1,500 00	($1,200.00)
6 Fund Raising	$5,477 56			$0.00
7 Other (Totals from Page 3A)	$43,810.77	$35,924 27	$42,975 00	($7,050 73)
8. Total Revenue	$75,364 20	$48,586 72	$72,440.00	($23,853 28)
EXPENSES: (List)				
9 Auditing & Legal				$0 00
10 Audit	$2,500 00	$2,500 00	$1,820 00	$680.00
11 Bulletin	$60 48	$0 00	$1,500 00	($1,500 00)
12 Convention				$0 00
13 Data Processing				$0.00
14 Dignitary Entertainment				$0.00
15 Employee Benefits				$0.00
16 Insurance/Fid Bonds	$2,699 85	$1,388 41	$5,500 00	($4,111.59)
17 Interest	$1,675 70	$0 00		$0 00
18 Janitorial Expense				$0.00
19 Supplies	$1,673 89	$324 91	$1,500 00	($1,175 09)
20 Office Expense				$0 00
21 Officer's Expense	$1,000 00	$0 00	$1,000 00	($1,000 00)
22 Per Capita - Grand Lodge	$1,518 00	$1,642 00	$1,500 00	$142 00
23 Per Capita - State	$132 00	$143 00	$150 00	($7 00)
24 Rent Expense				$0.00
25 Repairs & Maitenance	$794 38	$441 43	$1,600 00	($1,158 57)
26 Salaries & Wages				$0.00
27 Taxes, Payroll				$0.00
28 Taxes, Other				$0 00
29 Telephone				$0.00
30 Utilties	$8,891 22	$3,264 87	$13,250 00	($9,985 13)
31 Fund Raising Expenses				$0.00
32 Other (Totals from Page 3A)	$39,974.02	$32,928 06	$42,075.00	($9,146 94)
33. Total Expenses	$60,919 54	$42,632 68	$69,895 00	($27,262 32)
34 Increase/(Decrease) Before Depreciation Expense	$14,444.66	$5,954.04	$2,545.00	$3,409 04
35 Depreciation Expense				$0.00
Increase/(Decrease) Equity (Page 8)	$14,444.66	$5,954.04	$2,545.00	$3,409 04

NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.

Sparta, Lodge No. 2356
Statement of Lodge Fund Revenue, Expenses and Comparison to Approved Budget

	Prior Year Ended March 31, 2009	Current Year Ended March 31, 2010		
	Actual	Actual	Budget	Over (Under)
REVENUE:				
Other: (Identify)				
Handicapped Children	$8,284 79	$2,628 35	$3,500 00	($871 65)
Miscellaneous			$100 00	($100 00)
Lodge Activities	$23,474 96	$7,513 52	$16,000 00	($8,486 48)
Parades & Convention	$8,690 00	$12,324 00	$15,000 00	($2,676 00)
Building Fund			$100 00	($100 00)
Americanism			$525 00	
Drug Awareness	$420 00	$0 00	$1,000 00	
National Foundation	$596 50	$825 00	$3,500 00	
Public Relation			$650 00	
Scholarship	$1,196 00	$0 00	$600.00	
Veterans	$300 00	$0 00	$500 00	
Youth Activities	$848 52	$456 00	$1,500 00	
4th July Parade		$12,177 40		
7. Transfer Totals to Page 3	$43,810.77	$35,924.27	$42,975.00	($12,234.13)
EXPENSES: (List)				
Delegates Travel	$1,959 00	$1,586 70	$4,000 00	($2.413.30)
Miscellaneous	$1,793 80	$138 03	$100 00	$38 03
Pins & Emblems	$125 63	$126 12	$600 00	($473 88)
Lodge Activities	$9,006 54	$448 00	$3,000 00	($2,552 00)
Handicapped Children	$6,321 58	$3,911 60	$3,500 00	$411.60
Parades & Convention	$10,140 42	$11,962 13	$15,000 00	($3,037 87)
Public Relations	$142 90	$0 00	$650.00	($650.00)
Capital Improvements	$351 77	$0 00	$1,000 00	($1,000 00)
Mortgage	$4,334 54	$3,122 08	$5,650 00	($2,527 92)
Americanism	$20 47	$34 24	$525 00	($490 76)
Drug Awareness	$533 21	$100 00	$1,000 00	($900 00)
National Foundation	$596 50	$0 00	$3,500 00	($3,500 00)
Scholarship	$1,000 00	$1,050 00	$600 00	$450 00
Veterans	$461 88	$46 23	$500 00	($453.77)
Youth Activities	$1,201 13	$661 89	$1,500 00	($838 11)
Charitable General	$1,046 65	$1,796 44	$500 00	$1,296 44
Charitable Internal			$450 00	($450 00)
Taxes & Licenses	$938 00	$0 00		$0.00
4th July Parade	$0 00	$7,944 60		$7,944 60
				$0 00
				$0 00
				$0.00
				$0.00
				$0.00
				$0 00
				$0 00
40. Transfer Totals to Page 3	$39,974.02	$32,928.06	$42,075 00	($9,146 94)

FOR INTERNAL USE ONLY (revised 3/2010)

Sparta, Lodge No. 2356
Statement of Club Fund Revenue, Expenses and Comparison to Approved Budget

	Prior Year Ended March 31, 2009	Current Year Ended March 31, 2010		
	Actual	Actual	Budget	Over (Under)
REVENUE:				
1 Gross Profit (Page 8)	$2,311 24	$1,008 85	$2,150 00	($1,141.15)
2 Facility Rental				$0.00
3 Other (Totals from Page 4A)	$5,213 75	$2,536 50	$10,000 00	($7,463 50)
8. Total Revenue	$7,524.99	$3,545 35	$12,150 00	($8,604.65)
EXPENSES: (List)				
5 Advertising				$0 00
6 Alarm Service				$0 00
7 Accounting				$0.00
8 Audit				$0 00
9 Auto Expense				$0 00
10 Cash Over/Short				$0.00
11 Equipment Rental				$0.00
12 Insurance	$2,699 85	$1,388 40		$1,388 40
13 Janitorial Expense				$0 00
14 Laundry				$0 00
15 Payroll Taxes				$0 00
16 Licenses		$510 00		$510.00
17 Repairs & Maintenance	$794 38	$441 43		$441.43
18 Salaries				$0.00
19 Supplies, Bar		$145 51		$145.51
20 Supplies, Kitchen				$0 00
21 Telephone				$0.00
22 Utilities	$8,891 22	$3,264 87	$13,250 00	($9,985.13)
23 Pro-rated Overhead				$0 00
24 Other (Totals from Page 4A)	$2,193 56	$1,272.35	$1,445 00	($172 65)
25. Total Expenses	$14,579.01	$7,022.56	$14,695 00	($7,672 44)
26 Increase/(Decrease) Before Depreciation Expense	($7,054.02)	($3,477.21)	($2,545 00)	($932.21)
27 Depreciation Expense				$0.00
Increase/(Decrease) Equity (Page 8)	($7,054.02)	($3,477 21)	($2,545 00)	($932 21)

NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.

Sparta, Lodge No. 2356
Statement of Club Fund Revenue, Expenses and Comparison to Approved Budget

	Prior Year Ended March 31, 2009	Current Year Ended March 31, 2010		
	Actual	Actual	Budget	Over (Under)
REVENUE:				
Other: (Identify)				
House Committee	$5,213 75	$2,536 50	$10,000 00	($7,463.50)
				$0.00
				$0.00
				$0.00
				$0 00
				$0.00
7. Transfer Totals to Page 4	$5,213.75	$2,536.50	$10,000.00	($7,463 50)
EXPENSES: (List)				
House Committee	$2,122 16	$1,174 98	$1,445 00	($270 02)
Sales & Use Tax	$71 40	$97 37		$97 37
				$0.00
				$0 00
				$0.00
				$0.00
				$0 00
				$0.00
				$0 00
				$0.00
				$0.00
				$0 00
				$0.00
				$0.00
				$0.00
				$0 00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0 00
				$0 00
				$0.00
0. Transfer Totals to Page 4	$2,193.56	$1,272.35	$1,445.00	($172.65)

FOR INTERNAL USE ONLY (revised 3/2010)

Sparta, Lodge No. 2356
Supplmental Schedules
Year Ended March 31, 2010

SCHEDULE OF GROSS PROFIT: Schedule 1

	Bar	Dining Room	Total
Sales:			
1 Food			$0.00
2 Liquor, Beer & Wine	$1,622.00		$1,622 00
3 Other Bar Sales			$0.00
4. Total Sales:	$1,622 00	$0.00	$1,622 00
Cost of Sales:			
5 Inventory, April 1, 2009	$3,282 00		$3,282.00
6 Purchases	$770 15		$770 15
7 Total	$4,052.15	$0.00	$4,052.15
8 Less Inventory, March 31, 2010	$3,439 00		$3,439 00
9 Cost of Sales	$613.15	$0.00	$613.15
Gross Profit on Sales	$1,008.85	$0.00	$1,008.85
Direct Expenses:			
10 Salaries & Wages			$0.00
11 Employee Meals, at Cost			$0.00
12 Payroll Taxes & Benefits			$0.00
13 Music & Entertainment			$0 00
14. Total Direct Expenses	$0.00	$0.00	$0.00
GROSS PROFIT (Total to Page 4)	$1,008.85	$0.00	$1,008.85
Ratios:			
15 Cost of Sales (% of Total Sales)	37.80%	0.00%	37.80%
16 Employee Expense (% of Total Sales)	0.00%	0.00%	0.00%
17 Music & Entertainment (% of Total Sales)	0.00%	0.00%	0.00%
18 Gross Profit	62.20%	0.00%	62.20%

RECONCILIATION - EQUITY ACCOUNT: Schedule 2

19 Balance, March 31, 2009	$14,537 86
20 Net Increase/(Decrease), Page 3	$5,954 04
21 Net Increase/(Decrease), Page 4	($3,477 21)
22 Adjustments-Increase(Decrease), Attach Explanation	
23 Balance, March 31, 2010	$17,014.69

NOTE: The Notes to Financial Statements Are An Integral Part Of This Page.

Sparta, Lodge No. 2356
RECONCILIATION OF DUES WITH MEMBERSHIP STATUS
Year Ended March 31, 2010

MEMBERSHIP PER PRIOR YEAR ANNUAL REPORT

1 Life Members	2	@	$15 00	$30.00
2 Members	117	@	$60 00	$7,020.00
3 TOTAL DUES FOR AUDIT YEAR BEFORE ADJUSTMENTS	119			$7,050 00
4 Add Gains (Schedule A - Line 14, Below)	7			$282.50
5 SUBTOTAL	126			$7,332.50
6 DEDUCT Losses (Schedule B - Line 8, Page 11)	11			$1,380 00
7 GROSS TO ACCOUNT FOR	115			$5,952.50
8 CASH RECEIPTS ACCOUNTED FOR (To agree with Page 3, Line 1)				$5,952 50
9 DISCREPANCY (IF ANY, EXPLAIN ON BOTTOM OF PAGE 11)				$0.00

SCHEDULE A

10 ADDED TO ROLL BY INITIATION

April	1	@	$60 00	$60.00
May	0	@	$0 00	$0.00
June	2	@	$37 50	$75.00
July	0	@	$0 00	$0 00
August	0	@	$0 00	$0.00
September	1	@	$22 50	$22.50
October	1	@	$0 00	$0.00
November	0	@	$0 00	$0.00
December	0	@	$0 00	$0.00
January	1	@	$7 50	$7.50
February	0	@	$0 00	$0.00
March	0	@	$0 00	$0.00

11 ADDED TO ROLL BY REINSTATEMENT	0	
12 ADDED TO ROLL BY TRANSFER DIMIT	1	$60.00
13 ADD Dues for prior year collected during audit year from delinquent members	1	$57 50
14 Total Gains (Line 4, above)	7	$282.50