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Form **990-EZ**

# Short Form

## 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)

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **Apr 1**, 2009, and ending **Mar 31**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>BENEVOLENT &amp; PROTECTIVE ORDER OF 1933 BPOE</b>		<b>D</b> Employer identification number <b>23-1483120</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(717) 738-0920</b>
		<b>170 AKRON ROAD BOX 322</b>		<b>F</b> Group Exemption Number <b>PA 17522</b>
		City or town, state or country, and ZIP + 4 <b>EPHRATA PA 17522</b>		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) \_\_\_\_\_

**I** Website: **N/A**

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 8 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 454,406.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	15,911.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	22,785.	
	4	Investment income	4	99.	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>			
	6a	Gross revenue (not including \$ 15,911. of contributions reported on line 1)	6a	298,836.	
	6b	Less direct expenses other than fundraising expenses	6b	232,928.	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	65,908.	
	7a	Gross sales of inventory, less returns and allowances	7a	102,325.	
	7b	Less cost of goods sold	7b	54,593.	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	47,732.	
	8	Other revenue (describe <b>RENTAL INCOME</b> )	8	14,450.	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	166,885.	
	<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	8,786.
11		Benefits paid to or for members	11		
12		Salaries, other compensation, and employee benefits	12	31,717.	
13		Professional fees and other payments to independent contractors	13	7,095.	
14		Occupancy, rent, utilities, and maintenance	14	53,896.	
15		Printing, publications, postage, and shipping	15	4,879.	
16		Other expenses (describe <b>See Other Expenses Statement</b> )	16	53,639.	
17		<b>Total expenses.</b> Add lines 10 through 16	17	160,012.	
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,873.	
<b>NET ASSETS</b>		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	213,781.
		20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	220,654.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,568.	85,297.
23 Land and buildings	160,155.	148,309.
24 Other assets (describe <b>INVENTORY/PREPAID ASSETS</b> )	7,820.	4,743.
25 <b>Total assets</b>	237,543.	238,349.
26 <b>Total liabilities</b> (describe _____)	23,762.	17,695.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	213,781.	220,654.

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

Form 990-EZ (2009)

6521

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28

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28 a

29

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(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐

29 a

30

.....

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(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐

30 a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 <b>40b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶		

**42a** The organization's books are in care of ▶ BRUCE WILLARD Telephone no ▶ (717) 738-0920  
 Located at ▶ 170 AKRON RD BOX 322 EPHRATA PA ZIP + 4 ▶ 17522

	Yes	No
<b>b</b> 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)? If 'Yes,' enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ **43**

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

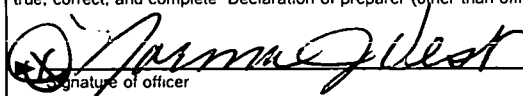
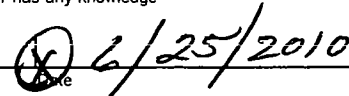
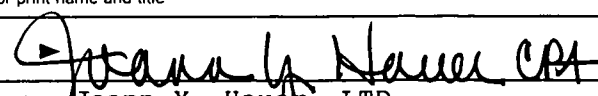
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000 ▶ 0

Sign Here	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.				
	 Signature of officer		 Date		
Paid Preparer's Use Only	Preparer's signature  Type or print name and title		Date 06/23/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 100052931
	Firm's name (or yours if self-employed), address, and ZIP + 4 Joann Y. Hauer, LTD 350A W. Main Street Annville		EIN 20-2075424	Phone no (717) 867-3044	
	PA 17003				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

**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.**

2009

**Open to Public Inspection**

Name of the organization

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF 1933 BPOE

23-1483120

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

- |                          |                                  |                          |                                       |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations               | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations              | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations          |                          |                                       |

NA

- 2a** Did the organization have 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

**Total**

- 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

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**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.

REVENUE		(a) Event #1 DOG DAYS (event type)	(b) Event #2 ST. PATRICKS (event type)	(c) Other Events VARIOUS (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	25,249.	25,027.	11,386.	61,662.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	25,249.	25,027.	11,386.	61,662.
DIRECT EXPENSES	4 Cash prizes	11,850.	13,200.	600.	25,650.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	400.	175.	200.	775.
	9 Other direct expenses	7,698.	2,968.	6,140.	16,806.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				43,231.
	11 Net income summary. Combine lines 3, column (d) and line 10				18,431.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue		214,658.		214,658.
DIRECT EXPENSES	2 Cash prizes		168,072.		168,072.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		11,804.		11,804.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				179,876.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				34,782.

9 Enter the state(s) in which the organization operates gaming activities: Pennsylvania

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

	YES	NO
9a	X	
10a		X
11		X
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

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?

**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 ▶ NORMA J. VESTAddress ▶ 3 GLASSMOYER LANE EPHRATA, PA 17522**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

**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 informationName ▶ BILL NEWELLGaming manager compensation ▶ \$ 0.Description of services provided ▶ MANAGES SMALL GAMES OF CHANCE☒ 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**

X

**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: ▶ \$ 0.



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

PAYROLL TAXES	2,840.
ACCOUNTING	3,025.
CONFERENCES, CONVENTIONS	3,233.
PAYMENTS TO AFFILIATES	6,272.
INSURANCE	6,287.
JANITORIAL	4,475.
TRASH	2,710.
COIL CLEANING	955.
TAXES	3,604.
SECURITY SYSTEM	750.
EQUIPMENT	478.
LICENSE	632.
BANK FEES	388.
DUES & SUBSCRIPTIONS	385.
SUPPLIES	2,690.
Depreciation	11,846.
OFFICE SUPPLIES	2,484.
MEMBERSHIP EXPENSES	585.
Total	53,639.

Schedule O (Form 990), Supplemental Information to Form 990

**Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)**

State Name	Amount
Pennsylvania	0.

BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
EPHRATA LODGE NO. 1933  
RIDER TO FORM 990EZ - MARCH 31,2010  
EIN. 23-1483120

PAGE 1 - LINE 10 - GRANTS AND ALLOCATIONS

ELKS NATIONAL FOUNDATION	\$ 2,087.00
VETERANS ACTIVITIES	75.00
PATRIOTIC PROGRAMS	495.00
HOMES SERVICES-NEEDY/HANDICAPPED PROGRAMS	1,700.00
YOUTH ACTIVITIES	420.00
SPECIAL OLYMPICS	75.00
TROOP 38	100.00
SACRED HEART SCHOOL	30.00
VARIOUS COMMUNITY CHARITIES	366.00
CHILDREN'S CHRISTMAS BASKETS	2,438.00
SCHOLARSHIP	<u>1,000.00</u>
	<u>\$ 8,786.00</u>