



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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 4/01, 2009, and ending 3/31, 2010

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	C Please use IRS label or print or type. See Specific Instructions. BENEVOLENT & PROTECTIVE ORDER OF ELKS #2370 - EAST BRUNSWICK P.O. BOX 7 SPOTSWOOD, NJ 08884	D Employer identification number 23-7130166
		E Telephone number 732-251-0400
		F Group Exemption Number ▶ 1156

• 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) ▶ MOD. CASH

I Website: ▶ N/A

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

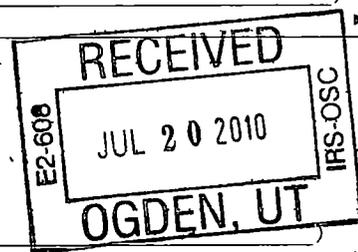
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ 342,983.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	50,050.
	2	Program service revenue including government fees and contracts	2	26,114.
	3	Membership dues and assessments	3	12,035.
	4	Investment income	4	25,575.
	5a	Gross amount from sale of assets other than inventory	5a	186,207.
	5b	Less cost or other basis and sales expenses	5b	182,175.
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,032.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	43,002.
	6b	b Less direct expenses other than fundraising expenses	6b	26,402.
	6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,600.
	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	8 Other revenue (describe ▶ _____)	8	
	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	134,406.
	EXPENSES	10	10 Grants and similar amounts paid (attach schedule)	10
11		11 Benefits paid to or for members	11	
12		12 Salaries, other compensation, and employee benefits	12	5,377.
13		13 Professional fees and other payments to independent contractors	13	6,530.
14		14 Occupancy, rent, utilities, and maintenance	14	45,497.
15		15 Printing, publications, postage, and shipping	15	193.
16		16 Other expenses (describe ▶ SEE STATEMENT 1)	16	99,593.
17	17 Total expenses. Add lines 10 through 16	17	157,190.	
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,784.	
NET ASSETS OR FUND BALANCES	19	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	681,904.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	659,120.



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	458,155.	456,460.
23 Land and buildings	27,667.	27,667.
24 Other assets (describe ▶ SEE STATEMENT 2)	203,258.	185,796.
25 Total assets	689,080.	669,923.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	7,176.	10,803.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	681,904.	659,120.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 990-EZ (2009)

SCANNED AUG 11 2010

58

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 5

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	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		
35 a	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
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0.		
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	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
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations Enter		
39 a	Initiation fees and capital contributions included on line 9		N/A
39 b	Gross receipts, included on line 9, for public use of club facilities		N/A
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
40 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		
40 c	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 ▶ 0.		
40 d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40 e	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		X
41	List the states with which a copy of this return is filed ▶ NJ		

42 a The organization's books are in care of ▶ MARK COLLER Telephone no ▶ 732-821-9527
 Located at ▶ OAKMONT AVE EAST BRUNSWICK NJ ZIP + 4 ▶ 08816

		Yes	No
42 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
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts 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 ▶ N/A
 ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	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.

- 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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

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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 Date 7/13/2010

Signature of officer: *Mark Coller*
 Type or print name and title: MARK COLLER TREASURER

Paid Preparer's Use Only

Preparer's signature: *K.A. Iannucci CPA* Date: 6-2-10 Check if self employed: Preparer's Identifying Number (See instructions): P00045033

Firm's name (or yours if self employed), address and ZIP + 4: BONAMICI, COLLETTI, P.C. CPAS
P.O. BOX 7
SPOTSWOOD, NJ 08884 EIN: 22-3014192
 Phone no: (732) 251-0400

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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	(b) Event #2	(c) Other Events	(d) Total Events	
		SOCIAL EVENTS (event type)	MISC ACTIVITIE (event type)	1 (total number)	(Add col (a) through col (c))	
REVENUE	1	Gross receipts	23,686.	13,594.	5,722.	43,002.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	23,686.	13,594.	5,722.	43,002.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,941.	2,386.	4,075.	26,402.
	10	Direct expense summary Add lines 4 through 9 in column (d)				26,402.
	11	Net income summary Combine lines 3, column (d) and line 10				16,600.

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	
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column (d) and line 7			

	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 b An outside facility	<table border="1"> <tr> <td>13a</td> <td>%</td> </tr> <tr> <td>13b</td> <td>%</td> </tr> </table>	13a	%	13b	%	
13a	%						
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 contact 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 ▶ \$ _____						
	Description of services provided ▶ _____						
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$ _____						

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CLUB EXPENSES	\$	13,310.
CONFERENCES, CONVENTIONS, AND MEETINGS		17,460.
DEPRECIATION		16,365.
DONATIONS & COMMUNITY SUPPORT		37,059.
DUES		2,730.
INSURANCE		9,919.
OFFICE EXPENSES		2,750.
TOTAL	\$	<u>99,593.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>		<u>ENDING</u>
INVENTORIES	\$ 7,200.	\$	6,600.
MISCELLANEOUS	184,007.		169,927.
PREPAID EXPENSES AND DEFERRED CHARGES	12,051.		9,269.
TOTAL	\$ 203,258.	\$	<u>185,796.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>		<u>ENDING</u>
DEFERRED REVENUE	\$ 6,710.	\$	10,260.
PAYROLL & SALES TAX PAYABLE	466.		543.
TOTAL	\$ 7,176.	\$	<u>10,803.</u>

STATEMENT 4
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
FEED THE HUNGRY PROGRAM RAISES FUNDS TO PROVIDE FOOD TO NEEDY FAMILIES FOR EASTER, THANKSGIVING AND CHRISTMAS INCLUDES FOREIGN GRANTS: NO		
COMMUNITY & SOCIAL WELFARE PROGRAMS SUPPORT VARIOUS LOCAL COMMUNITY ENDEAVORS AND EVENTS INCLUDES FOREIGN GRANTS: NO		
ZACH PROGRAM WAS ESTABLISHED TO PROVIDE ASSISTANCE TO LOCAL INDIVIDUALS BASED UPON NEED. INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ <u>0.</u>	\$ <u>0.</u>

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

B.P.O.E. #2370, EAST BRUNSWICK

23-7130166

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	PRIOR SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 4562 ONLY																
4	SECURITY SYSTEM	VARIOUS		1,050							1,050	1,050	S/L	20		0
8	ENERGY MGT SYSTEM	VARIOUS		1,650							1,650	1,650	S/L HY	10		0
9	BASEMENT BAR	VARIOUS		1,816							1,816	1,439	S/L	30		61
23	BOILER	12/01/00		14,700							14,700	3,122	S/L MM	39	02564	377
	TOTAL			19,216	0	0	0	0	0	0	19,216	7,261				438
BUILDINGS																
1	BUILDING	VARIOUS		213,816							213,816	181,082	S/L	30		7,127
13	ROOF	10/01/95		6,000							6,000	2,060	S/L MM	39	02564	154
24	OIL TANK	4/15/02		850							850	153	S/L MM	39	02564	22
28	IMPROVEMENTS	6/30/03		10,392							10,392	1,488	S/L MM	39	02564	266
34	OIL TANK	2/01/07		4,179							4,179	227	S/L MM	39	02564	107
	TOTAL BUILDINGS			235,237	0	0	0	0	0	0	235,237	185,010				7,676
FURNITURE AND FIXTURES																
10	FURN & FIXTURES	VARIOUS		64,138							64,138	64,138	S/L	12		0
11	REFRIG./FREEZER	10/01/94		5,909							5,909	5,909	S/L	12		0
14	COPIER/TABLES	8/18/95		1,866							1,866	1,866	S/L HY	7		0
15	FURN & FIXTURES	VARIOUS		11,250							11,250	11,250	S/L	12		0
19	EQUIPMENT	10/01/97		3,185							3,185	3,185	S/L HY	5		0
21	FURN & FIXTURES	5/15/99		3,600							3,600	3,600	S/L HY	7		0
25	FURNITURE	4/18/02		1,071							1,071	994	S/L HY	7	07140	77
26	OFFICER'S STATIONS	6/20/02		975							975	904	S/L HY	7	07140	71
33	FURN & FIXTURES	10/01/05		10,061							10,061	5,031	S/L HY	7	14290	1,438

B.P.O.E. #2370, EAST BRUNSWICK

23-7130166

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36	WIDE SCREEN TV	1/05/07		1,505							1,505	640	S/L MQ	5	20000	301
40	CARPET	5/15/08		1,159							1,159	83	S/L HY	7	14290	166
	TOTAL FURNITURE AND FIXTURE IMPROVEMENTS			104,719		0	0	0	0	0	104,719	97,600				2,053
7	PARKING LOT IMPROVEMENTS	VARIOUS		11,358							11,358	11,358	S/L HY	10		0
17	PARKING LOT IMPROVEMENTS	9/01/96		6,500							6,500	2,096	S/L MM	39	02564	167
32	PARKING LOT	6/01/05		3,200							3,200	311	S/L MM	39	02564	82
	TOTAL IMPROVEMENTS			21,058		0	0	0	0	0	21,058	13,765				249
	LAND															
12	LAND	VARIOUS		27,667							27,667					0
	TOTAL LAND			27,667		0	0	0	0	0	27,667	0				0
	MACHINERY AND EQUIPMENT															
16	EQUIPMENT	10/01/96		941							941	941	S/L HY	5		0
27	LAWN TRACTOR	4/12/02		1,639							1,639	1,639	S/L HY	5		0
29	P A SYSTEM	11/10/03		1,561							1,561	1,561	S/L HY	5		0
37	SAFE	10/19/06		567							567	269	S/L MQ	5	20000	113
38	HOT WATER HEATER	6/21/07		2,428							2,428	729	S/L HY	5	20000	486
41	LAWN EQUIP	7/17/08		1,294							1,294	129	S/L HY	5	20000	259
44	ICE MACHINE	1/24/10		2,284							2,284		S/L MQ	5	02500	57
	TOTAL MACHINERY AND EQUIPME			10,714		0	0	0	0	0	10,714	5,268				915

B.P.O.E. #2370, EAST BRUNSWICK

23-7130166

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR BONUS/ SP DEPR	PRIOR DEC BAL DEPR	PRIOR SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
MISCELLANEOUS																
5	SEPTIC SYSTEM	VARIOUS		25,887							25,887	22,302	S/L	30		863
20	SEPTIC SYSTEM	10/01/97		13,204							13,204	3,906	S/L MM	39	02564	339
TOTAL MISCELLANEOUS				39,091		0	0	0	0	0	39,091	26,208				1,202
TOTAL DEPRECIATION				457,702		0	0	0	0	0	457,702	335,112				12,533
FORM 4562 ONLY																
IMPROVEMENTS																
2	HOUSE IMPROVEMENTS	VARIOUS		16,116							16,116	10,620	S/L	30		537
22	HOUSE IMPROVEMENTS WINDO	12/21/00		8,425							8,425	1,791	S/L MM	39	02564	216
39	GUEST HOUSE IMPROVEMENTS	12/02/08		16,714							16,714	125	S/L MM	39	02564	429
TOTAL				41,255		0	0	0	0	0	41,255	12,536				1,182
IMPROVEMENTS																
6	ROAD IMPROVEMENTS	VARIOUS		2,795							2,795	2,795				0
18	ROAD IMPROVEMENTS	9/01/96		10,292							10,292	3,300	S/L MM	39	02564	264
TOTAL IMPROVEMENTS				13,087		0	0	0	0	0	13,087	6,095				264
MISCELLANEOUS																
3	KITCHEN RENOVATIONS	VARIOUS		2,760							2,760	2,351	S/L	30		92
31	KITCHEN EQUIPMENT	9/15/05		6,400							6,400	3,201	S/L HY	7	14290	915
TOTAL MISCELLANEOUS				9,160		0	0	0	0	0	9,160	5,552				1,007

B.P.O.E. #2370, EAST BRUNSWICK

23-7130166

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
																	TOTAL DEPRECIATION
	TOTAL DEPRECIATION			63,502		0	0	0	0	0	63,502	24,223				2,453	
FORM 4562 ONLY																	
IMPROVEMENTS																	
30	BUILDING IMPROVEMENTS	9/01/05		7,743							7,743	705	S/L	MM	39	02564	199
35	BUILDING IMPROVEMENTS	6/01/06		4,299							4,299	307	S/L	MM	39	02564	110
42	AIR CONDITIONING SYSTEM	6/15/08		28,562							28,562	581	S/L	MM	39	02564	732
43	BASEMENT IMPROVEMENTS	12/29/08		13,175							13,175	99	S/L	MM	39	02564	338
	TOTAL IMPROVEMENTS			53,779		0	0	0	0	0	53,779	1,692					1,379
	TOTAL DEPRECIATION			53,779		0	0	0	0	0	53,779	1,692					1,379
	GRAND TOTAL DEPRECIATION			574,983		0	0	0	0	0	574,983	361,027					16,365