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Form	<b>.99</b> 0	.,
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Departm	ent of the Tr	easury

#### **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 1545-0047 2009 Open to Public

Form 990 (2009)

inter		The organization may have to use a copy of this feturit to satisfy state in		
<u>A</u>	For th Check if	e 2009 calendar year, or tax year beginning APR 01, 2009, and		MAR 31,2010
	applicabl	Please C Name of organization, number and street, city, town, state, and ZIP course IRS		
Ш.	Address	change label or	23-	-7135951
П	Name ch	ange   print or B.P.O.E. LODGE NO.2401	E Telephone i	number
П	initial retu	type.	302	2-424-2401
П.	Terminate	J Specific D O BOY 63	G Gross receipts	\$
Η.	Amended	100.60	H(a) Is this a	group return
H	Applicatio		for affile	
ا لــا	pending	34 CLEARVIEW D MILFORD DE 19963-		
-	•		H(b) Are all affi If "No", att	
		mpt status X 501(c)( 8 ) ◀ (insert no )   4947(a)(1) or   527	(see instru	
	Vebsite		H(c) Group exe	
			f formation 1968	M State of legal domicile DE
P	art I	Summary		
		Briefly describe the organization's mission or most significant activities		
	ي ا	SPONSORS ACTIVITIES TO PROMOTE FELLOWSHIP AMO	ONG THE ME	MBERS AND
Activities & Governance	'	THEIR FAMILIES		
nai	<u> </u>			
Ver	2	Check this box   If the organization discontinued its operations or disposed of more	than 25% of its net	assets
တိ	1	Number of voting members of the governing body (Part VI, line 1a)		1 1
⋖ర	1	Number of independent voting members of the governing body (Part VI, line 1b)		4
ies				5 7
Ξ		Total number of employees (Part V, line 2a)		<del></del>
Act		Total number of volunteers (estimate if necessary)		<del></del>
-		Total gross unrelated business revenue from Part VIII, column (C), line 12		. 7a
	b l	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b
			Prior Year	Current Year
0	8 (	Contributions and grants (Part VIII, line 1h)	2575	32040.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	7458	31. 46144.
eve.		nvestment income (Part VIII, column (A) lines 3: 4: and 7d)	194	13. 439.
œ		Other revenue (Part VIII, column (A), Junes 5, 6d, 8c, 9g, 40c, and 11e)	8004	8. 67418.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18232	
				140011.
		Grants and similar amounts paid (Rart K) polumn (A), lines 1-3)		<del></del>
		Benefits paid to or for members (Part IX, column (A), fine 4)	2604	26700
es		Salaries, other compensation, employee benefits (Part.IX, column (A), lines 5-10)	2604	26788.
Expenses		Professional fundraising fees (Part IX, column/(A) ine[1]1e)		
ď	<b>b</b> 7	otal fundraising expenses, (Part IX, column (D), fine 25)		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17182	
	18 7	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	19786	189826.
	19 F	Revenue less expenses Subtract line 18 from line 12	-1553	-43785.
			Beginning of Yea	
ts o	20 1	otal assets (Part X, line 16)	47390	
Asse Bala		otal liabilities (Part X, line 26)	1558	<del></del>
Net Assets or Fund Balances		let assets or fund balances Subtract line 21 from line 20	45831	
	rt II	Signature Block	43031	3. 410300.
1 4				
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statemen	•	•
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wh	ich preparer has any know	vledge
		I H I I I Pr	1	n 1 - 1 1 -
Sig		Lary of Mornmen CR		7/26/10
Her	е	Signature of officer	Date	e'
		Signature of officer  FARY L. Thom PSON ER		
		Type or print name and title	-	
		Preparer's Date	Check if	Preparer's identifying number (see instructions)
Paid -		signature ELAINE C WILLEY 05/20/2010	self- employed ▶	P00076120
•	arer's	Firms name (or yours TANNER ASSOCIATES	EIN ►	
Use	Only	if self-employed),		
Mari	the ID	address, and ZIP+4  19 N WALNU MILFORD DE 19963 –  S discuss this return with the preparer shown above? (See instructions)	Phone no ▶	
ividy	and IK	ouscuss uns return with the preparer shown above ( (See Instructions)		X Yes No

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

om	990 (2009) B.P.O.E. LODO	GE NO.2401	23-7135951Pa	ge 2
Pai	t 🗓 Statement of Program Se	ervice Accomplishments		
1	Briefly describe the organization's mis SPONSORS ACTIVITIES	sion. S TO PROMOTE FELLOWSHIP AM	ONG THE MEMBERS AND THE	ΞR
		RTS LOCAL CHARITIES		
2	the prior Form 990 or 990-EZ?	gnificant program services during the year which were		o
3	If "Yes," describe these new services of the organization cease conducting	on Schedule O. <sub>3</sub> , or make significant changes in how it conducts any	program services? Yes 🛛 N	o
	If "Yes," describe these changes on S	chedule O.		•
•	Section 501(c)(3) and 501(c)(4) organ	ments for each of the organization's three largest pro izations and section 4947(a)(1) trusts are required to es, and revenue, if any, for each program service repo	report the amount of grants and	
la	(Code501C8 ) (Expenses \$	including grants of \$	) (Revenue \$	
	SPONSORED ACTIVITIES THEIR FAMILIES 25	PROTECTIVE ORDER OF ELKS I ES TO PROMOTE FELLOWSHIP AN 6682 WAS PAID OUT TO LOCAL ELL AS 8502 TO ELKS-RELA	MONG THE 497 MEMBERS AND YOUTH AND COMMUNITY	)
b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	
ld	Other program services. (Describe in S (Expenses \$		venue \$	

Forr	n 990 (2009) B.P.O.E. LODGE NO.2401_	23-7	135	951	Page :
Pa	t IV Checklist of Required Schedules				
	•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	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	l			
	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		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice a				
	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				
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				1
	complete Schedule D, Part III		8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l	
	complete Schedule D, Part IV		9	!	×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowment				<u> </u>
	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,				<u> </u>
	VII, VIII, IX, or X as applicable		11	Χ	
•	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 addresse	76			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	٦	12	X	
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year?	No		<del>:-</del>	<u> </u>
	vasa die organization included in a consolidated, independent addition internation the tax year. Tes	110			

12	Did the digamization obtain a separate, independent addited illiancial statement for the tax year in Tes, it	unipie	316				
	Schedule D, Parts XI, XII, and XIII	<u></u>			12	Χ	
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year?	[	Yes	No	_		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	2A		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, fundra	aising	,				
	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 assistant	се					
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX	,					
	column (A), line 11e? If "Yes," complete Schedule G, Part I				17		<u> </u>
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		<u> </u>
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	<u></u> .	· · · <u>· · ·</u>		20		X

Pai	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 employee's? 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 question 25	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
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			
	990EZ? 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?		ļ	
	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, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	. 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family		ļ	
	member) was an officer, director, trustee, or 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ
	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		Х
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	Х	1
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	ļ	Х
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		Х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		Х

Form **990** (2009)

P	art 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	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		
С	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 7	, ,	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	.  2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 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		1	
	this return?	3a		X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		ŀ	
	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.	: :		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1	ł	
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	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		
	Organizations that may receive deductible contributions under section 170(c).	1 1	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
_	and services provided to the payor?	7a		
	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?  If "Yes," indicate the number of Forms 8282 filed during the year	7c	I	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е		7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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	- 1	
9	Sponsoring organizations maintaining donor advised funds.	, - ,	'	
	Did the organization make any taxable distributions under section 4966?	9a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	1 1	,	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		,	

Р	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	"No"	<u> </u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions		
Sect	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a				
	of the governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following?			
а		8a	x	1
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	<del></del> f		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Socti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
Jecu	on B. Policies (This Section B requests information about policies not required by the internal Neventie Code)	$\neg \neg$	Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	· · · · · · · · · · · · · · · · · · ·	Tua		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		l
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		<del> </del>
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		х	1
40-	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		<u>- ^ </u>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		<del></del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	J	Х
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	J	J	۱
	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	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	1	1	ı
	with a taxable entity during the year?	16a	J	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			ı
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DE			
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			
19	Describe in Schedule O whether (and if so, how), the organization makes it 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 ►ROBERT GLASCO LINCOLN DE 19960 302-422-9	958	6	

# 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'scurrent key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the organization did not c	ompensate	any c	urren			directo	or, o		<del>,</del>	<del></del>
(A)	(B)	}		(C	-			(D)	(E)	(F)
Name and Title	Average	Positi	on (cl	neck	all t	hat ap			Reportable	Estimated
	hours per	유호	5	阜	6	료투	Former	compensation	compensation	amount of
	week	dire	ŧ.	Officer	уe		] j	from	from related	other
		ctc	ğ	¬	퓽	st c	1 14	the	organizations	compensation
		Individual trustee or director	Institutional trustee	İ	Key employee	" ĝ		organization	(W-2/1099-MISC)	from the
		iste	SILI		ď	Pen		(W-2/1099-MISC)		organization
		е	tee			Highest compensated employee				and related
						8				organizations
GEORGE ANDREAE										
EXALTED RULER	10			X	L.			0	0	0
KEN DABOG	1						}			
EST.LDG.KN	5			X				0	0	0
WILLIAM MILLS										
SECRETARY	10			X			X	0	00	0
ROBERT GLASCO		' i								
TREASURER	15			X			X_	00	0	0
	<u> </u>			_						
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Rev 1

Part	Section A. Officers,	Directors, Trustees,	Key Er	nproy	ees,	and	nign	est	Compensated Emple	yees (continueu)		
•	(A) Name and title	(B) Average	Positi	on (ch	C eck		hat ap	ply)	1	(E) Reportable	(F) Estima	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amoun othe compens from tl organiza and rela	er sation he ation ated
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	al								0	000 in reportable of		<u> </u>
	n the organization ►	daing out not innited t	U IIIUSE	s lister	a au	ove,	WIIO	ece	ived more man \$100	,000 iii reportable t	,ompensation	
											Yes	s No
	the organization list anyform			-				-			1 1	1 .
	ployee on line 1a? If "Yes," o										3	X
	any individual listed on line organization and related org											
											4	X
5 Did	any person listed on line 1a											1
	vices rendered to the organization		ete Sc	hedule	e J f	or si	uch pe	ersor	n <u>.</u>	<u></u>	5	X
	B. Independent Contractor											
	nplete this table for your five npensation from the organiza	= :	ı ınaep	enaen	it co	ntra	ctors t	nati	received more than \$	100,000 of		
	ipensation from the organiza	(A)							(B)		(C)	
	Name a	and business address							Description of s	ervices	Compensat	tion
	<del></del>											
-												
	<del></del>											
2 Tota	al number of independent co	ontractors (including bi	ut not li	mited	to th	nose	listed	abo	ove) who received me	ore than		
\$10	0,000 in compensation from	the organization 🕨										

146041

114001

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete of	olumn (A) but are not		columns (B), (C) and (D	)}.
	not include amounts reported on lines 6b,	(A) Total expenses	( <b>B)</b> Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		·- ·		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		ı		
	U S See Part IV, lines 15 and 16		<del></del>		
4	Benefits paid to or for members			<del></del>	
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified		İ	İ	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	20219.	20210		
7	Other salaries and wages	20219.	20219.	<del></del>	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)		6569.		
9	Other employee benefits	6569.	6369.		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1550			
С	Accounting	1550.	650.	900.	
ď	Lobbying				
0	Professional fundraising services See Part IV, line 17	200	<del></del>		<del>-</del>
f	Investment management fees	300.		300.	
g	Other				
12	Advertising and promotion				
13	Office expenses	619.		619.	
14	Information technology			<del></del>  -	
15	Royalties				
16	Occupancy	33934.	33934.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3000.	3000.		
20	Interest				
21	Payments to affiliates	8109.	8109.		
22	Depreciation, depletion, and amortization	16437.	15746.	691.	
23	Insurance	404.	400.	4.	
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 )			<del></del>	
а	SEE STMT	20096.			
b		15745.			
C		12258.			
d		8697.			
е		7661.			
f	All other expenses	34228.			
25	Total functional expenses. Add lines 1 through 24f	189826.	187312.	2514.	
26	Joint Costs Check here ▶ if following				
	SOP 98-2 Complete this line only if the org.				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ĺ			
ВСА	Copyright form software only, 2009 Universal Tax Systems, Inc. All right	nts reserved U	S990\$10 Rev 1		Form <b>990</b> (2009)

	rt,X	Balance Sheet			J9J1 Page
	,		(A)		(B)
			Beginning of year	<u>LL</u>	End of year
	1	Cash - non-interest-bearing	33880.	1	33641
	2	Savings and temporary cash investments	89768.	2	90234
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	•		•
		employees, and highest compensated employees. Complete Part II of Sch. L.		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		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	11320.	8	9372
Ÿ	9	Prepaid expenses and deferred charges	3061.	9	3442
	10a	Land, buildings, and equipment, cost or other	<u> </u>		
		basis Complete Part VI of Schedule D 10a 715786.			
	ь	Less: accumulated depreciation	335773.	10c	293667
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	106.	12	106
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	473908.	16	430462
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	15350.	19	13017
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
ties	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
Lia	`	persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	239.	25	477
	26	Total liabilities Add lines 17 through 25	15589.	26	13494
		Organizations that follow SFAS 117, check here ▶ X and			
		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	387572.	27	374929
lan	28	Temporarily restricted net assets	70747.	28	42039
e n	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here			
Ī		and complete lines 30 through 34.			
0 5	30	Capital stock or trust principal, or current funds	- 1	30	
sei	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
¥	32		<del></del>	32	<del></del>
Ž	33	Total net assets or fund balances	458319.	·	416968.
			473908.	33	430462
	34	Total liabilities and net assets/fund balances	4/3908.	34	430462.

Form **990** (2009)

Form 9	990 (2009) B.P.O.E. LODGE NO.2401 23-7135	951	Pag	e <b>12</b>
Par	XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
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	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			

Form 990 (2009)

3a

3ь

issued on a consolidated basis, separate basis, or both.

separate basis consolidated basis both consolidated and separate basis

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits?

the Single Audit Act and OMB Circular A-133?

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization
B.P.O.E. LODGE NO.2401

Employer identification number 23-7135951

P	art I Organizations Maintaining Donor Advi	sed Funds or Other Sim	ilar Funds or A	Accounts.
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 6		
		(a) Donor advised fun	ids	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) [			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors	in writing that the assets held in	n donor advised fu	nds
	are the organization's property, subject to the organization	's exclusive legal control?		
6	Did the organization inform all grantees, donors, and dono	r advisors in writing that grant f	unds may be used	I only
	for charitable purposes and not for the benefit of the donor	r or donor advisor or other impe	ermissible private b	penefit? Yes No
P	art II Conservation Easements. Complete if the	he organization answered "Yes	s" to Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organiz	ation (check all that apply)		
	Preservation of land for public use (e.g., recreation or	pleasure)	Preservation of a	in historically important land area
	Protection of natural habitat		Preservation of c	ertified historic structure
	Preservation of open space	_		
2	Complete lines 2a-2d if the organization held a qualified co	onservation contribution in the f	orm of a conserva	tion easement on the last day of the
	tax year.		_	
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic s	structure included in (a)	[	2c
d	Number of conservation easements included in (c) acquire	ed after 8/17/06	[	2d
3	Number of conservation easements modified, transferred,	released, extinguished, or term	inated by the orga	nization during
	the taxable year ▶			
4	Number of states where property subject to conservation e	asement is located 🕨		
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection,	reporting of violati	ons,
	and enforcement of the conservation easements it holds?			Yes   No
6	Staff and volunteer hours devoted to monitoring, inspecting	=	-	
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easer	nents during the y	ear <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) at			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conserve		•	
	include, if applicable, the text of the footnote to the organiz	ation's financial statements tha	t describes the org	ganization's accounting for
	conservation easements			
Pa	rt III Organizations Maintaining Collections	-	res, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Fo	<del></del>		
1 8	a If the organization elected, as permitted under SFAS 116, a			
	treasures, or other similar assets held for public exhibition,		erance of public se	ervice, provide, in Part XIV, the
	text of the footnote to its financial statements that describe	s these items		
t	o If the organization elected, as permitted under SFAS 116, t	•		
	sures, or other similar assets held for public exhibition, edu	ication, or research in furtheran	ice of public service	e, provide the following amounts
	relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical ti		s tor financial gain	, provide the following amounts
	required to be reported under SFAS 116 relating to these it			
	Revenues included in Form 990, Part VIII, line 1			
t	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	▶ \$

Page 2

Pa		_	Collections of Art	, Historical Treasure	s, or Other Simil	ar Assets	
<u> </u>	(continue	<del></del>	<del></del>	<del> </del>		<del> </del>	
3	Using the organization	n's accession and other re	ecords, check any of the	e following that are a signi	ficant use of its collec	tion items (chec	k all that
	apply)			<u></u>			
а	H			d Loan or exchan	ge programs		
b	H ' '			e Other			
C		_					
4				they further the organizat			
5				historical treasures, or other			п
				s collection?			No
Pa			•	Complete if organization	on answered "Yes" to	o Form 990, Parl	. IV, line 9,
		d an amount on Form 99		<del></del>			
1 a	-	=		or contributions or other as		Пу	Пы
_						Yes	∐ No
Ь	If "Yes," explain the ar	rangement in Part XIV an	id complete the following	g table	_	<del></del>	
						Amo	יחנ
	• •					<del></del>	
_		•			<del></del>		<del></del>
f							- k/l
	_		n 990, Part X, line 217			📙 Yes	⊠ No
		rangement in Part XIV.			D-4.04 L - 40		
Ρć	rt V Endowr			vered "Yes" to Form 990,		-1. (.) 5	
	Danier of	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	CK (e) Foury	rears back
та	Beginning of year						
	balance			<u>_;</u>			
	Contributions			<del></del>			
С	Investment earnings			1			
	or losses			,,,,			
	Grants or scholarships			<del></del>			
е	Other expenditures						
	for facilities and						
	programs						
T	Administrative						
	expenses			1			
	End of year balance .				<del></del>	<del></del>	
2		percentage of the year er	_				
	= :		<u>0.00</u> %				
	Permanent endowmen	0.00%					
	Term endowment ▶	<del></del>			- 4 F 11		<del></del>
зa		•	<del>=</del>	nat are held and administe	•	· -	Yes No
	• • • • • • • • • • • • • • • • • • • •						
	(ii) related organizatio						
Ď		-	•	edule R?		<u>3b</u>	
4		e intended uses of the or					
rai		ents - Land, Buildin				<del></del>	<del></del>
	Description of	investment	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Boo	k value
			basis (investment)	basis (other)		<del>                                     </del>	000
			7,800.	<del> </del>		<del></del>	,800.
	•			<del> </del>			
	•	nts					
				<del> </del>		<del> </del>	
е	Other			1		1	

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

liability for uncertain tax positions under FIN 48.

US990D\$3

			135951 Page 4
Pa	rt-XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1	146,041.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> 189,826.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(43,785.)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(43,785.)
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Re	eturn
1	Total revenue, gains, and other support per audited financial statements	[	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains on investments		· C
b	Donated services and use of facilities 2b		1
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		1
е	Add lines 2a through 2d		2c
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line1	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	į	t
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b	Τĺ	4c
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)		5
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	$\overline{}$	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ŀ	•
– a	Donated services and use of facilities	ĺ	
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
ď	Other (Describe in Part XIV)		
	Add lines 2a through 2d		20
е 3	Subtract line 2e from line 1		
			3
4	Amounts included on Form 990, Part IX, line 25, but not on line1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	,		
	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	••••	5
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines		
art )	C Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any add	dition	al information
	· · · · · · · · · · · · · · · · · · ·		

# SCHEDULE O, (Form 990)

Department of the Treasury

Name of the organization

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

Employer identification number

23-7135951 B.P.O.E. LODGE NO.2401 FORM 990 AND THE ACCOMPANYING YEARLY REPORT FOR GRAND LODGE IS PRESENTED TO THE MEMBERS OF THE LOCAL LODGE AT THE SECOND MEETING IN JUNE. FORM 990 IS THEN SIGNED AND MAILED TO THE INTERNAL REVENUE SERVICE BOTH FORM 990 AND THE YEARLY REPORT ARE SENT TO THE GRAND LODGE AUDITING & ACCOUNTING COMMITTEE AREA MEMBER AND TO THE D.D.G.E.R.OF COPIES ARE RETAINED BY THE LOCAL LODGE'S FILE AND AUDITING ELKS. COMMITTEE.

Schedule R (Form 990) 2009 OMB No 1545-0047 Open to Public -Inspection Direct controlling Direct controlling (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related 2009. Employer identification number 23-7135951 Public charity status (if section 501(c)(3)) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code section Total income (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Related Organizations and Unrelated Partnerships ਉ See separate instructions. Legal domicile (state Legal domicile (state or foreign country) or foreign country) Primary activity Primary activity ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Identification of Disregarded Entities tax-exempt organizations during the tax year) B.P.O.E. LODGE NO.2401 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part II

Part III

LODGE NO.2401

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or 23-7135951

Page 2

Identification of Related Organizations Taxable as a Partnership more related organizations treated as a partnership during the tax year)

General or manag<del>u</del>ng (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it Yes No partner? Code V-UBI amount in box 20 of Schedule (Form 1065) Disproportionate allocations? ş Ξ Yes Share of end-ofyear assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Identification of Related Organizations Taxable as a Corporation or Trust Direct controlling entity ਉ (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Part IV

0.00 Percentage ownership Share of end-ofyear assets 6 (f) Share of total income Type of entity (C corp, S corp, or trust) (d) Direct controlling entity had one or more related organizations treated as a corporation or trust during the tax year) (c)
Legal domicile
(state or
foreign country) Primary activity Name, address, and EIN of related organization

0.00

0.00

0.00

0.00

00.0

Schedule R (Form 990) 2009

00.0

DGE NO. 2401  10018  10019  10	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or following transactions with one or more related organizations listed in Parts II-IV?  t controlled entity  reation(s)  attorn for other organization(s).  Set information on who must complete this line, including covered relationships and tite  (a)  ther organization	Page 3	Yes No		10 Te X X X X	1f X X 1g X	# # # # X X	<del></del>		10 X X X	14 X X 11 X		(c) Amount involved			
DGE NO. 2401  V V V y of the following transactions with one or more related organizations lister if from a controlled entity (is) organization(s) s) s) s) organization(s) assets es es es m(s) me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization me of other organization	Ons With Related Organizations (Complete of the organization answered "Yes" on Form 990. P any entity is lead in Paris II, III, any entity the destance of the organization of the organization of the organization of the organization of the organization of the organization of the organization of organization organizatio	951 art IV line 34 35 or 36 )	In Park II.N?								; ;	f relationships and transaction threshold	(b) Transaction type (a-r)			
bGE NO. 2401  lions (Complete if the organia)  vy of the following transactions with the from a controlled entity  it from a control	ons With Related Organizations (Complete if the organiany entity is listed in Parts II, III, or IV r, did the organization engage in any of the following transactions with set (ii) annuties (iii) royalties (iv) rent from a controlled entity ital contribution to other organization(s) tantees to or for other organization(s) rantees to or for other organization(s) rantees by other organization(s) rantees by other organization(s) rantees by other organization(s) s from other organization(s) s from other organization(s) s from other organization(s) s from other organization for expenses and to other organization for expenses and by other organization for expenses and by other organization for expenses sh or property from other organization(s) s ash or property from other organization for expenses and by other organization for expenses y of the above is "Yes," see the instructions for information on who mit y of the above is "Yes," see the instructions for other organization  (a)  Name of other organization  Name of other organization	23-71359	one or more related organizations listed	Une of fillors related organizations listed				(8)	(6)			ust complete this line, including covered				
	ons With Related Organiza any entity is listed in Parts II, III, or r, did the organization engage in a set (ii) annuities (iii) royalties (iv) re tal contribution to other organization tantees to or for other organization tantees by other organization(s)  s from other organization(s)  is  the equipment, or other assets from of rices or membership or fundraisir rivices or membership or fundraisir s, equipment, mailing lists, or other and to other organization for expenial by other organization for expenial by other organization for expenial by other organization for expenial y of the above is "Yes," see the in y of the above is "Yes," see the in	ž	of the foll	nt from a controlled entity	: : :		. :	ther organization(s)	g solicitations by other organization(		;	structions for information on who mu	(a) ame of other organization			

	Functional Expe	Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
OMMUNITY CHARITIES	20,096.	20,096.		
ODGE ACTIVITIES	15,745.	15,745.		
		12,258.		
INGO & YOUTH ACTIV	12,258.			
ANITORIAL	8,697.	8,697.		
OUTH ORGANIZATIONS	7,661.	7,661.		
UPPLIES	6,866.	6,866.	İ	
ICENSES	6,264.	6,264.		
CHOLARSHIPS	5,500.	5,500.		
HAIRMAN EXPENSE	3,600.	3,600.		
ISC EXP	3,041.	3,041.		
		2,260.		
FFICER EXPENSE	2,260.			
DDGE FUNCTIONS	1,644.	1,644.		
ELEPHONE	1,590.	1,590.		
DSTAGE	1,334.	1,334.		
JLLETINS	843.	843.		
EY CARDS	257.	257.		
INS & BADGES	296.	296.		
<b> </b>		593.		
ROPANE	593.			
EFUNDS	140.	140.		
	98,685.	98,685.		
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#### Form 4562

## **Depreciation and Amortization**

2009

OMB No 1545-0172

Attachment

(Including Information on Listed Property) Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number B.P.O.E. LODGE NO.2401 FORM 990 - FRATERNAL ORGANIZAT 23-7135951 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses .... ... 2 Total cost of section 179 property placed in service (see instructions) ...... 2 800,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 .... 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12. . . . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year 

	Section B-A	ssets Placed in Se	rvice During 2009 Tax \	ear Using the G	ieneral Depre	ciation System	
(a	) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		717.	5	HY	200 DB	143.
С	7-year property	<del>_</del>	5,346.	7	HY	200 DB	765.
d	10-year property	<del></del>					
е	15-year property	<del>_</del>					<u> </u>
f	20-year property						
g	25-year property			25 yrs		S/L	<del></del>
h	Residential rental			27 5 yrs	MM	S/L	<del></del>
	property			27 5 yrs	MM	S/L	
i	Nonresidential real		<u> </u>	39 yrs	MM	S/L	
	property				MM	S/L	<del></del>
	Section C-Ass	sets Placed in Serv	rice During 2009 Tax Ye	ar Using the Alt	ernative Depr	eciation System	l
20a	Class life					S/L	<del></del>

	Section C-Ass	ets Placed in Service During 2	009 Tax Year Using the Alte	rnative Depre	ciation System	
20a	Class life				S/L	
b	12-year		12 yrs		S/L	
С	40-year		40 yrs	ММ	S/L	
Pai	t IV Summary (See instr	uctions)				

Part IV	Summary	(See	instructions)	,
				_

21	Listed property. Enter amount from line 28	. 21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21		
	Enter here and on the appropriate lines of your return. Partnerships and S cornerations - see instructions	122	

3	For assets shown above and placed in service during the current year, enter the
	portion of the basis attributable to section 263A costs

16,437.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)