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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ 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:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** B.P.O. SKAGWAY ELKS LODGE # 431  
P.O. BOX 416  
SKAGWAY, AK 99841

**D** Employer identification number

23-7165068

**E** Telephone number

907-983-2555

**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) ▶**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 ▶ \$ 359,722.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	9,171.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	22,792.
	<b>4</b> Investment income	<b>4</b>	8,027.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	62,572.
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	52,715.	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	9,857.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	240,537.	
<b>b</b> Less: cost of goods sold	<b>7b</b>	180,551.	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	59,986.	
<b>8</b> Other revenue (describe ▶ See Statement 1)	<b>8</b>	16,623.	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	126,456.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	8,134.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	11,858.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	6,259.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	23,698.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	185.
	<b>16</b> Other expenses (describe ▶ See Statement 3)	<b>16</b>	78,693.
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	128,827.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-2,371.	
<b>NET ASSETS</b>	<b>19</b> 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))	<b>19</b>	801,054.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	798,683.

**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.)

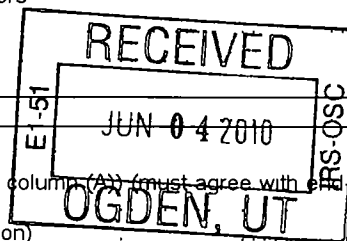
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	509,776.	504,259.
<b>23</b> Land and buildings	277,170.	284,566.
<b>24</b> Other assets (describe ▶ See Statement 4)	48,987.	37,247.
<b>25</b> Total assets	835,933.	826,072.
<b>26</b> Total liabilities (describe ▶ See Statement 5)	34,879.	27,389.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	801,054.	798,683.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 26 2010



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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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
MITCH SNYDER P.O. BOX 2 SKAGWAY, AK 99840	EXALTED RULER 4.00	0.	0.	0.
JOHN O'DANIEL P.O. BOX 237 SKAGWAY, AK 99841	Treasurer 4.00	3,600.	0.	0.
JIM SAGER P.O. BOX 553 SKAGWAY, AK 99840	Secretary 5.00	6,600.	0.	0.
JOHN THOMAS P.O. BOX 416 SKAGWAY, AK 99840	LEADING KNIGHT 2.00	0.	0.	0.
TYSON AMES PO BOX 416 SKAGWAY, AK 99840	TILER 2.00	0.	0.	0.
GREG KOLLASCH P.O. BOX 36 SKAGWAY AK, AK 99840	Trustee 2.00	0.	0.	0.
TOM LUX P.O. BOX 662 SKAGWAY, AK 99840	Trustee 2.00	0.	0.	0.
JOHN TRONRUD P.O. BOX 41 SKAGWAY, AK 99840	Trustee 2.00	0.	0.	0.
ROBERT MURPHY P.O. BOX 416 SKAGWAY, AK 99840	Trustee 2.00	0.	0.	0.
ALBERT BURNHAM P.O. BOX 342 SKAGWAY, AK 99840	Trustee 2.00	0.	0.	0.
SKIP HENSON P.O. BOX 416 SKAGWAY, AK 99840	LOYAL KNIGHT 2.00	0.	0.	0.
HENRY BURNHAM PO BOX 355 SKAGWAY, AK 99840	LECTURING KNIGH 2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 7

	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 <b>not</b> 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?		
<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>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</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>38 b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39 a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39 b</b> N/A		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A; section 4912 <b>▶</b> N/A; section 4955 <b>▶</b> N/A		
<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>40 b</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>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<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>40 e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> None		

**42 a** The organization's books are in care of **▶** MALIECA WHITEHEAD Telephone no. **▶** 907-983-2235  
 Located at **▶** P.O. BOX 416, SKAGWAY AK ZIP + 4 **▶** 99840

**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)? **42 b**

If 'Yes,' enter the name of the foreign country: **▶** \_\_\_\_\_

	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42 c**

If 'Yes,' enter the name of the foreign country: **▶** \_\_\_\_\_

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

	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 <b>44</b>		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 <b>45</b>		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
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**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.'

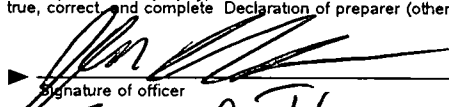
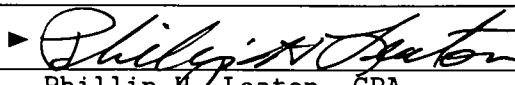
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				

**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 ▶

<b>Sign Here</b>	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 <b>5-27-10</b>	
<b>John R. Thomas Exalted Ruler</b> Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date <b>5/12/10</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>Phillip H. Leaton, CPA</b> <b>1451 S.E. Stuart Lane</b> <b>Milwaukie, OR 97267</b>		
	EIN	<b>N/A</b> Phone no <b>(503) 654-4682</b>		

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

B.P.O. SKAGWAY ELKS LODGE # 431

Employer identification number

23-7165068

## 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          |  |

- 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.

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

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

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary Combine lines 3, column (d) and line 10				

**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))
REVENUE	1 Gross revenue		62,572.		62,572.
	2 Cash prizes		13,137.		13,137.
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		39,578.		39,578.
DIRECT EXPENSES	6 Volunteer labor	<input type="checkbox"/> Yes <u>0 %</u> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0 %</u> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0 %</u> <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				52,715.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				9,857.

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

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

b If 'No,' explain:

10 a 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?

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

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	100.0 %
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. ▶ JOHN O'DANIEL			
Address: ▶ PO BOX 696, SKAGWAY, AK 99840			
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 information		
Name ▶ JOHN TRONRUD			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ MANAGES GAMING OPERATIONS			
<input checked="" 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	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: ▶ \$ 4,975. See Supplemental		



2009

Schedule G - Supplemental Information

Page 4

B.P.O. SKAGWAY ELKS LODGE # 431

23-7165068

Part III, Line 17b  
Distributions Required Under State Law

Alaska

Total \$ 4,975.  
\$ 4,975.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

B.P.O. SKAGWAY ELKS LODGE # 431

Identifying number

23-7165068

Business or activity to which this form relates

Form 990/990-PF

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
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 filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> 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 instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
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

**Part II 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	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,211.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**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 corporations — see instructions	22	7,211.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

B.P.O. SKAGWAY ELKS LODGE # 431

23-7165068

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

BOWLING	\$	14,317.
FUND RAISING		2,138.
OTHER		168.
<b>Total</b>	<b>\$</b>	<b>16,623.</b>

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	SCHOLARSHIPS	
Cash Amount Given:		\$ 2,000.
Payments to Affiliates	.	\$ 6,134.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	760.
BANK AND CREDIT CARD EXP		3,019.
BOWLING EXPENSE		2,942.
CASH OVER/SHORT		-874.
CHARITABLE ACTIVITIES		17,442.
Conferences, Conventions, and Meetings		7,502.
Depreciation		7,211.
DIGNITARY ENTERTAINMENT		1,993.
Insurance		6,969.
JANITORIAL		588.
LODGE ACTIVITIES EXPENSE		2,250.
Office Expenses		1,597.
PROPERTY TAXES		5,785.
REPAIR AND MAINTENANCE		16,085.
SUPPLIES		587.
TELEPHONE		2,369.
TV SERVICE		2,468.
<b>Total</b>	<b>\$</b>	<b>78,693.</b>

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 14,739.	\$ 11,216.
Inventories	21,335.	16,688.
Machinery and Equipment	6,550.	5,779.
Miscellaneous	2,427.	895.
Prepaid Expenses and Deferred Charges	3,936.	2,669.
<b>Total</b>	<b>\$ 48,987.</b>	<b>\$ 37,247.</b>

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 21,254.	\$ 13,002.
ACCRUED PAYROLL TAXES	1,992.	1,942.
ACCRUED SIMPLE CONTRIBUTION	0.	1,200.
Deferred Revenue	11,633.	11,245.
Total	<u>\$ 34,879.</u>	<u>\$ 27,389.</u>

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

THE CORPORATION IS ORGANIZED TO FUNCTION AS A LODGE AFFILIATED WITH THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA. THE PURPOSES ARE ENTIRELY BENEVOLENT, FRATERNAL, CHARITABLE, SOCIAL AND NON-PROFIT.

**Statement 7**  
**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

MORE DETAIL OF SCHOLARSHIPS IN THE AMOUNT OF \$2,000 IS AVAILABLE UPON REQUEST.