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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning APRIL 01 , 2009, and ending MARCH 31 , 2010

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

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

C Name of organization BPOE #105 TRENTON ELKS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 42 DE COU AVE

Room/ suite

City or town, state or country, and ZIP + 4 Trenton NJ 08628

D Employer identification number 23-7583748

E Telephone number (609) 771-0105

G Gross receipts $ 236,230

F Name and address of principal officer

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

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

If "No" attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ NONE

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FRATER L Year of formation 1888 M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See attachment #1

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	393
5	Total number of employees (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,313	29,638
9	Program service revenue (Part VIII, line 2g)	38,365	48,530
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,558	33,486
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,341	27,244
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,577	138,898
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,468	17,543
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	141,661	135,508
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	155,129	153,051
19	Revenue less expenses Subtract line 18 from line 12	-11,552	-14,153

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,242,089	1,231,578
21	Total liabilities (Part X, line 26)	12,197	15,840
22	Net assets or fund balances Subtract line 21 from line 20	1,229,892	1,215,738

Part II Signature Block

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

Sign Here

▶ Signature of officer Joan Laird Date 11-11-10

▶ JOAN LAIRD SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 11-10-2010 Check if self-employed ▶ ☐ Preparer's identifying number (see instr)

Firm's name (or yours if self-employed), address, and ZIP + 4: VIZZINI & MARCUCCI LLC, 1235 CHAMBERS ST, Trenton, NJ 08610 EIN ▶ Phone no. ▶ (609) 695-3290

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

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

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SCANNED DEC 15 2010

P 18

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See attachment #2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code) (Expenses $ 30,036 including grants of $) (Revenue $ 37,656)

See attachment #3

4b (Code) (Expenses $ 11,443 including grants of $) (Revenue $ 10,312)

4c (Code) (Expenses $ 6,925 including grants of $) (Revenue $ 12,058)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 48,404

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note:** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		
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 this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A 5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A 6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a			
b	Enter the number of voting members that are independent	1b	393		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #4

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of ``key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
LOUIS W EGGERT SECRETARY	7.00			X		X			1,500	0	0
GEORGE WEIGER III TREASURER	15.00			X			X		1,500	0	0
RICHARD LAIRD SECRETARY	15.00			X					3,000	0	0
KATHLEEN VITZ SECRETARY	15.00			X					3,000	0	0
TRUSTEES & OFFICERS SEE COMPLETE LIST ATTACHED									0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
1b Total ▶									9000	0	0

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
CONTRIBUTIONS GIFTS GRANTS AND OTHER SIMILAR AMTS	1a Federated campaigns	1a				
	b Membership dues	1b	25311			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	4327			
	g Noncash contributions included in lines 1a-1f	$				
	h **Total.** Add lines 1a-1f ▶		29638			
PROGRAM SERVICE REVENUE		**Business Code**				
	2a HOUSE COMMITTEE		12200	12200		
	b SOCIAL COMMITTEE		12058	12058		
	c CONVENTION COMMITTEE		10312	10312		
	d SPECIAL CHILDREN COMMI		4692	4692		
	e GENERAL TREASURY		4054	4054		
	f All other program service revenue #5		5214	5214		
	g **Total.** Add lines 2a-2f ▶		48530			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts) ▶		25905			25905
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	89667				
	b Less cost or other basis and sales expenses	82086				
	c Gain or (loss)	7581				
	d Net gain or (loss) ▶		7581			7581
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a	4996				
	b Less direct expenses b	2377				
	c Net income or (loss) from gaming activities ▶		2619	2619		
	10a Gross sales of inventory, less returns and allowances a	35596				
	b Less. cost of goods sold b	12869				
	c Net income or (loss) from sales of inventory ▶		22727	22727		
	Miscellaneous Revenue	**Business Code**				
	11a PRIOR YEAR ADJUSTMENT		990	990		
	b LODGE BULLETIN		782	782		
	c SHOWCASE SALES		63	63		
	d All other revenue #6		63	63		
	e **Total.** Add lines 11a-11d ▶		1898			
	12 **Total revenue.** See instructions ▶		138898	75774		33486

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
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 U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9000		9000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6698		6698	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1845		1845	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	4502		4502	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	734		734	
g	Other				
12	Advertising and promotion				
13	Office expenses	3507		3507	
14	Information technology				
15	Royalties				
16	Occupancy	26752		26752	
17	Travel	575		575	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	6348		6348	
22	Depreciation, depletion, and amortization	16276	308	15968	
23	Insurance	8814		8814	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM ACTIVITIES	46326	46326		
b	OTHER LODGE EXPENSES	21674		21674	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	153051	46634	106417	
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing		43,079	1	8,418
	2	Savings and temporary cash investments		114,875	2	175,855
	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 Schedule 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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,791	8	8,241
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 998,310			
	b	Less accumulated depreciation	10b 499,566	515,020	10c	498,744
	11	Investments -- publicly traded securities		562,324	11	540,320
	12	Investments -- other securities. See Part IV, line 11			12	
	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)		1,242,089	16	1,231,578
LIABILITIES	17	Accounts payable and accrued expenses		782	17	550
	18	Grants payable			18	
	19	Deferred revenue		11,415	19	15,290
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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			25	
	26	**Total liabilities.** Add lines 17 through 25		12,197	26	15,840
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		447,225	27	425,972
	28	Temporarily restricted net assets		782,667	28	789,766
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,229,892	33	1,215,738
	34	Total liabilities and net assets/fund balances		1,242,089	34	1,231,578

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . N/A	3b		

Part VII **Investments -- Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII **Investments -- Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LOUIS W EGGERT	(i)							4,500
	(ii)							
GEORGE WEIGER III	(i)							900
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BPOE #105 TRENTON ELKS

Employer identification number
23-7583748

ADJUSTMENT WAS MADE TO CURRENT YEAR INCOME PF $990
DUE TO UNCASHED STALE CHECKS.

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	Business or activity to which this form relates	Identifying number
BPOE #105 TRENTON ELKS	FOR FORM 990	23-7583748

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	250,000

6	(a) Description of property	(b) Cost (busn. 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 **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	250,000
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	671

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	15,605
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 ▶ ☐		

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 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						
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	16,276
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	

PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01 , and ending 03-31-2010.

Name of Organization	Employer Identification Number
BPOE #105 TRENTON ELKS	23-7583748

Primary Purpose

THE TRENTON LODGE #105, BENEVOLENT & PROTECTIVE ORDER OF THE ELK(BPOE) IS A NONPROFIT ORGANIZATION OPERATED INDEPENDENTLY BUT CHARTERED BY THE GRAND LODGE BPOE. THE LODGE IS GOVERNED BY ELECTED OFFICERS AND A BOARD OF TRUSTEES AND OPERATES UNDER AUSPICES OF THE GRAND LODGE'S CONSTITUTION AND STATUTES. THE LODGE HAS SEVERAL OPERATING COMMITTEES RESPONSIBLE FOR VARIOUS ACTIVITIES AS OUTLINED IN THE BY LAWS. IN ADDITION TO THE TRUSTEE BOARD AND THE GENERAL TREASURER, THE CURRENT ACTIVE COMMITTEES ARE: BUILDING FUND; GRILLE ROOM; CONVENTION/MARCHING CLUB; SPECIAL CHILDREN; YOUTH ACTIVITIES; BLOOD BANK; AMERICANISM; NATIONAL SERVICE; DRUG AWARENESS; SOCIAL & WELFARE; AUDIT; CHARITIES; BLIND AND THE EXALTED RULER. SOME OF THE COMMITTEES RAISE AND DEDICATE FUNDS TO FURTHER THE PURPOSES OF THEIR RESPECTIVE COMMITTEES

PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01 , and ending 03-31-2010.

Name of Organization	Employer Identification Number
BPOE #105 TRENTON ELKS	23-7583748

Primary Purpose

THE TRENTON LODGE #105, BENEVOLENT & PROTECTIVE ORDER OF THE ELK(BPOE) IS A NONPROFIT ORGANIZATION OPERATED INDEPENDENTLY BUT CHARTERED BY THE GRAND LODGE BPOE. THE LODGE IS GOVERNED BY ELECTED OFFICERS AND A BOARD OF TRUSTEES AND OPERATES UNDER AUSPICES OF THE GRAND LODGE'S CONSTITUTION AND STATUTES. THE LODGE HAS SEVERAL OPERATING COMMITTEES RESPONSIBLE FOR VARIOUS ACTIVITIES AS OUTLINED IN THE BY LAWS. IN ADDITION TO THE TRUSTEE BOARD AND THE GENERAL TREASURER, THE CURRENT ACTIVE COMMITTEES ARE: BUILDING FUND; GRILLE ROOM; CONVENTION/MARCHING CLUB; SPECIAL CHILDREN; YOUTH ACTIVITIES; BLOOD BANK; AMERICANISM; NATIONAL SERVICE; DRUG AWARENESS; SOCIAL & WELFARE; AUDIT; CHARITIES; BLIND AND THE EXALTED RULER. SOME OF THE COMMITTEES RAISE AND DEDICATE FUNDS TO FURTHER THE PURPOSES OF THEIR RESPECTIVE COMMITTEES

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 04-01-2009, and ending 03-31-2010.

Name of Organization	Employer Identification Number
BPOE #105 TRENTON ELKS	23-7583748

Part III - Statement of Program Service Accomplishments

Code. Expenses 30,036 including Grants of Revenue 37,656

Exempt Purpose Achievements

SPECIAL CHILDREN COMMITTEE PROVIDES EQUIPMENT, ACTIVITIES AND OTHER SUPPORT TO CRIPPLED AND OTHER DISABLED CHILDREN IN THE COMMUNITY. IT ALSO MAINTAINS A PARK FOR THE CHILDREN. WHEEL CHAIRS AND OTHER EQUIPMENT ARE PROVIDED FOR THE NEEDY. PINCNICS, HOLIDAY PARTIES AND CAMPING OPPORTUNTIES ARE PROVIDED FOR THE NEEDY AND DISABLED CHILDREN.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 04-01-2009, and ending 03-31-2010.	
Name of Organization		**Employer Identification Number**
BPOE #105 TRENTON ELKS		23-7583748

Part III - Statement of Program Service Accomplishments

Code	Expenses	11,443	including Grants of	Revenue.	10,312

Exempt Purpose Achievements

CONVENTION COMMITTEE ORGANIZES AND RAISES FUNDS FOR PARTICIPATION IN THE STATE AND NATIONAL BPOE LODGE CONVENTIONS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 04-01-2009, and ending 03-31-2010.

Name of Organization	Employer Identification Number
BPOE #105 TRENTON ELKS	23-7583748

Part III - Statement of Program Service Accomplishments

Code: Expenses 6,925 including Grants of Revenue: 12,058

Exempt Purpose Achievements

SOCIAL COMMITTEE'S MAIN RESPONSIBILITY IS PROVIDEING SOCIAL EVENTS FOR LODGE MEMBERSHIP. THIS BUILDS COMRADARY AMONG MEMBERS AND GENERATES REVENUE TO DEFRAY THE COST OF MAINTAINING THE LODGE FACILITIES. ACTIVITIES INCLUDE HOLIDAY DINNER DANCES, PICNICS AND PARTIES, ETC.

BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01 , and ending 03-31-2010.

Name of Organization	Employer Identification Number
BPOE #105 TRENTON ELKS	23-7583748

Part VI - Line 91a

Individual Name or Business Name: JOAN LAIRD

Street Address: 42 DECOU AVE
TRENTON

U S Address

Zip code 08628 City West Trenton State NJ

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (609)771-0105

Fax Number (609)771-0397

PART VIII - PROGRAM SERVICE REVENUE

Attachment 5: Form 990 Page 9, Line 2 - Program Service Revenue

Open to Public Inspection

For calendar year 2009, or tax period beginning 04-01-2009 , and ending 03-31-2010.

Name of Organization
BPOE #105 TRENTON ELKS

Employer Identification Number
23-7583748

Program Service Revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514
AMERICANISM COMMITTE		3,397	3,397		
SOCIAL & COMMUNITY W		1,685	1,685		
YOUTH COMMITTEE		107	107		
BLOOD BANK		25	25		
	Totals	5,214	5,214		

PART VIII - OTHER REVENUE

Attachment 6: Form 990 Page 9, Line 11 - Miscellaneous Revenue

Open to Public Inspection

For calendar year 2009, or tax period beginning 04-01-2009 , and ending 03-31-2010.

Name of Organization
BPOE #105 TRENTON ELKS

Employer Identification Number
23-7583748

Miscellaneous revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514
GRILLEROOM REBATE		63	63		
Totals		63	63		

STATEMENT #1 - Payments to affiliates (990 EO PG 10 Line 21)

PER CAPITA GRAND LODGE	5,894	
PER CAPITA STATE LODGE	454	
TOTAL CARRIED TO 990 EO PG 10 Line 21		6,348

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	BPOE #105 TRENTON ELKS	23-7583748
	Number, street, and room or suite no If a P O box, see instructions 42 DE COU AVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Trenton NJ 08628	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ See attachment #4

Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . ▶ [ ] If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning APRIL 01, 20 09, and ending MARCH 31, 20 10

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

TRENTON ELKS # 105
42 DECOU AVENUE
TRENTON, NJ 08628 609-771-0105
E-MAIL

EXALTED RULER FRANK MASKE PER
5 FARM ROAD
H 609-558-5471
E-MAIL

LEADING KNIGHT: JUDITH KELLY
312 LAMBERTVILLE - HOPEWELL ROAD
LAMBERTVILLE, NJ 08530
H 609-466-1159 B1-800-257-8240
E-MAIL

LOYAL KNIGHT: THOMAS KELLY
312 LAMBERTVILLE -HOPEWELL ROAD
LAMBERTVILLE, NJ 08530
H609-466-1159

LECTURING KNIGHT; JOHN CONTE
9071 MILL CREEK ROAD
LEVITTOWN PA 19067
H 215-945-4849 B 609-376-9450

SECRETARY: JOAN LAIRD PER
150 MARLBORO ROAD
LAWRENCEVILLE NJ 08648
H 609-882-2310 B 609-771-8305
E-MAIL .COM

TREASURER: GEORGE WEIGER III
127 KESWICK AVENUE
TRENTON, NJ 08638
H609-883-7117- B 609-882-9885
E-MAIL

ESQUIRE:KAREN MANFRE
2 RIVERVIEW DRIVE
TRENTON NJ 08628

CHAPLAIN: LARRY LE CLAIRE
1603 PENNINGTON ROAD;
TRENTON, NJ 08618
H 609-883-8525
E-MAIL

INNER GUARD: NANCY JAKUBOWSKI
532 HINCKLE AVENUE,
EWING NJ 08629
H 882-0482
E-MAIL

TILER: JOSEPH JONES
13 DOWING ROAD
EWING NJ 08628
H 609-883-2453

5 YEAR TRUSTEE ROBERT WHITLOCK
13 WHITE BEECH DRIVE,
TRENTON NJ 08618-1907
H 883-3370

4 YEAR TRUSTEE WILLIAM DRIVER JR,
13 WHITE BEECH DRIVE
EWING NJ 08618-1907
H 609-883-3370

3YEAR TRUSTEE JAMES MC MULLEN
57 VAN DUYN DRIVE
EWING, NJ 08610
H 915-8173

2 YEAR TRUSTEE BARBARA HANUSI
223 CLAMER ROAD
TRENTON NJ 08628
H 609-306-9996

1 YEAR TRUSTEE: THOMAS BALINT
39 BRADWAY AVENUE ,
TRENTON, NJ 08618-2643
H883-4867
E-MAIL