

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



Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2009

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For 2009 calendar year, or tax year beginning APRIL 01 . 2009, and ending MARCH 31 **20** 10 B Check if applicable C Name of organization Employer identification number Please 25-0787572 BPOE Washington Lodge #776 Address change use IRS Room/ Number & street (or P O box, if mail is not delivered to street addr.) Telephone number Name change print or Initial return type See (724)222-0776Terminated 138 East Maiden Street Specific Group Exemption Instruc-City or town, state or country, and ZIP + 4 Amended return Washington PA 15301 Number **▶**1156 Accounting Method Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ Website: ►N/A Check► X if organization is not required J Tax-exempt status (check only one) -X 501(c)(8) **◄** (insert no) 4947(a)(1) or to attach Sch B (Form 990 990-EZ, or 990-PF) K Check ▶ I 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 926,520 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 11,745 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 53,443 4 9,022 Investment income 7,600 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses #1 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 7,600 gaming, check here ▶ 🏻 Special events and activities (complete applicable parts of Schedule G). If any amount is from a Gross revenue (not including \$ of contributions reported on line 1) 6a 480,857 6b 486,656 b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) -5,799 6c 7a Gross sales of inventory, less returns and allowances 350,101 7a 123,372 b Less cost of goods sold 7b #2 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 226,729 Other revenue (describe ▶ See attachment #3 8 13,752 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 316,492 9 #4 10 Grants and similar amounts paid (attach schedule) 10 13,101 11 Benefits paid to or for members 11 RECEIVED 12 Salaries, other compensation, and employee benefits 12 137,471 13 Professional fees and other payments to independent contractor 13 4,080 0 FEB 2 2 2011 14 55,800 14 Occupancy, rent, utilities, and maintenance 9,230 15 15 Printing, publications, postage, and shipping Other expenses (describe ► See attachment #5 98,506 16 OCOEN 16 17 Total expenses. Add lines 10 through 16 17 318,188 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -1,696Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 782,721 #6 20 20 19,908 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20. 21 800,933 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 (B) End of year (See the instructions for Part II) (A) Beginning of year 279,658 22 302,174 22 Cash, savings, and investments 23 533,378 23 Land and buildings 553,118 Other assets (describe ▶ See attachment #7 12,115 24 14,681 24 850,233 844,891 25 25 Total assets 49,300 62,170 Total liabilities (describe ► See attachment #8 26 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 782,721 800,933

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

Form **990-EZ** (2009)

For	rm 990-EZ (2009) BPOE Washing	ton Lodge #7	76 25-07875	572		Page 2
	art III Statement of Program Servi	ce Accomplishme	nts (See the instruction	s for Part III)		Expenses
Wh	nat is the organization's primary exempt purpose	?See attachm	ent #9	<u>-</u>		red for section 501(c)(3)
	scribe what was achieved in carrying out the org			cise manner,		1(c)(4) organizations and 4947(a)(1) trusts optional
	scribe the services provided, the number of pers				for othe	
28						
	(Grants \$) If this amo	ount includes foreign grai	nts, check here	•	28a	
29		,				
					1	
	(Grants \$) If this amo	ount includes foreign grai	nts, check here	▶ □	29a	
30						
						
	(Grants \$) If this amo	ount includes foreign grai	nts, check here	•	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amo	ount includes foreign grai	nts. check here	▶ □	31a	
32	Total program service expenses (add lines 2			•	32	0
Pa	art IV List of Officers, Directors, T	rustees, and Key E	mployees. List each o	ne even if not compensa	ted (See	the instr for Part IV)
-		(b) Title and average	(c) Compensation	(d) Contributions t	0	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit plan deferred compensati		account and other allowances
Se	ee attachment #10	acrosed to position	United 6.7			
_						
				1		
	· · · · · · · · · · · · · · · · · · ·					
						
					-	
				_		
						-
					ļ	
					-	
				! 		
		**				
				ļ		
_				-	-	
	-					
					•	
		-			-	
		 				
JVA	09 990EZ2 TWF 33405 Copyright Form	s (Software Only) - 2009 TW	<u> </u>	L		Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V) Yes No Did the organization engage in any activity not previously reported to the IRS? If `Yes," attach a detailed description of each activity 33 Χ Were any changes made to the organizing or governing documents? If Yes," attach a conformed copy of the Χ 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, 35a reporting, and proxy tax requirements? Χ b If Yes," has it filed a tax return onForm 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during Χ the year? If Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Χ 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Χ any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a b If Yes," complete Schedule L, Part II and enter the total amount involved -38b Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911▶ , section 4912 ▶ , section 4955 ▶ 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 40b Χ 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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Χ transaction? If Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed ▶ NONE **42a** The organization's books are in care of ▶ See attachment Telephone no ▶ Located at ▶ ZIP + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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. 42c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Χ

Form 990 must be completed instead of Form 990-EZ

Part VI	Section 501(c)(3) organiz	ations and section	4947(a)(1) none	xempt charitab	le trusts or	nly.A	l secti	on
	501(c)(3) organizations and section	on 4947(a)(1) nonexempt	charitable trusts mus	t answer questions	16-49b and co	m p lete	the ta	ables
	for lines 50 and 51					-		
	organization engage in direct or indire		ivities on behalf of or	in opposition to cand	lidates	$\overline{}$	Yes	No
•	c office? If "Yes," complete Schedule		Cahadula C. Dadill			46		X
	organization engage in lobbying activ	l ·		ماريام ⊏	٥	47		X
	ganization a school as described in s organization make any transfers to ar			iedule E .	- 1	48 49a		X
	was the related organization a section				*	49b	-	X
	e this table for the organization's five	, ,		officers, directors, tri	ustees and ke		ovees	
	h received more than \$100,000 of co				•	, ,	*	,
	e and address of each employee oald more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution employee benefit plants deferred compensation	ans &	(e) Exp accoun ther allow	t and	
NONE								
						_		
								
								
f Total nu	mber of other employees paid over \$	100 000						
	,							
51 Complet	e this table for the organization's five	highest compensated in	dependent contractor	s who each received	more than \$1	00.00	O of	
	sation from the organization. If there		•					
	e and address of each independent	contractor paid more tha	n \$100,000	(b) Type of service	(c) (Compe	nsatio	n nc
NONE								
_								
							•	
								
								
d Total nui	mber of other independent contractor	rs each receiving over \$1	00.000					
	•		,					
	Under penalties of perjury, I decla	re that I have examined	this return, including a	accompanying sched	lules and state	ments	, and t	to
	the best of my knowledge and bel		complete Declaratio	n of preparer (other	than officer) is	based	l on ai	ıl
	information of which preparer has	any knowledge						
Sign	The same of the sa	<u></u>			_ 2-1	<u> </u>	1.1	
Here	Signature of office	/			Date			
			_					
	Jeffrey L. Fine	<u></u>	Secr	etary				
	Type or print name and title							
Date	Preparer's signature		Date	Check if self-	Preparer's identify	/ing no (See inst	tr)
Paid Bransrer's	7 ccour	+ M > c + > ~		employed ►				
Preparer's	7 IIII S TIBING (SI YOURS	ntMaster	 -	EIN	<u> </u>		_	
Use Only		Main Street	R01		e no ▶			
May the IRS	discuss this return with the preparer s				228-2937	Yes	<u>.</u> \	No

JVA

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• 5	Section 50)1(c)(4), (5), or (6) or	ganizations Complete Part III							
Na	me of org	anization			Employ	er id	r identification number			
BPC	DE Wa	shington L			25-0					
Pai	rt I-A	Complete if the	e organization is exempt	under section 50	1(c) or is a section	527	organization.			
1	Provide	a description of the o	organization's direct and indirect p	olitical campaign activit	ies in Part IV					
2	Political	•	\$							
3	Volunte	er hours	•	•						
			· - · · · · · · · · · · · · · · · · · ·		 					
	t I-B		e organization is exempt		1(c)(3).		 			
1		•	se tax incurred by the organizatio			•				
2	, , , , , , , , , , , , , , , , , , , ,						\$			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?							∐ Yes ∐ No			
							∐ Yes ∐ No			
_ <u>b</u>		" describe in Part IV			4/2) 200204 2024	- 50	4(-)(2)			
Pai	rt I-C	Complete if th	e organization is exempt	under section 50	1(c), except section	1 50	1(C)(3).			
1	Enter th activities		pended by the filing organization f	or section 527 exempt t	function	•	\$			
2	Enter th	e amount of the filing	organization's funds contributed	to other organizations f	or section					
	527 exe	mpt function activitie	s	-		•	\$			
3	Total ex	empt function expen-	ditures Add lines 1 and 2 Enter h	ere and on Form 1120-	-POL,					
	line 17b					•	\$			
4	Did the	filing organization file	Form 1120-POL for this year?				Yes X No			
5	were ma	ide For each organizations received that w	and employer identification numb zation listed, enter the amount pai ere promptly and directly deliverer mittee (PAC) If additional space i	d from the filing organized to a separate political	cation's funds. Also enter organization, such as a s	the a	mount of political			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	- 1	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-			

Sch	edule C (Form 990 or 990-EZ) 2009 BPOE Wa	shington Iodgo #776	25-0787572	Page 2
		n is exempt under section 501(
	under section 501(h)).			
A	Check ▶ If the filing organization belongs to a	n affiliated group		•
В	Check ▶ ☐ If the filing organization checked box	A and "limited control" provisions apply		·
	Limits on Lobbying (The term ``expenditures'' means a		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla			
С	Total lobbying expenditures (add lines 1a and 1b))		
d	Other exempt purpose expenditures			· · · · ·
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount	from the following table in both		
	columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:] [
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	7	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	7	
	Over \$1 500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	7	
	Over \$17,000 000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ente	er -0-		
i	Subtract line 1f from line 1c If zero or less, enter			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Yes

No

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

section 4911 tax for this year?

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures			- -				
d Grassroots nontaxable amount	,		. ,				
e Grassroots ceiling amount (150% of line 2d, column (e))				• · · · · · · · · · · · · · · · · · · ·			
f Grassroots lobbying expenditures							
VA 09 990C2 TWF 33409 Copyi	right Forms (Software Only) - 200	9 TW		L Schedule C (Form 9)90 or 990-EZ) 2		

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT 1	filed Fo	rm 5	768	
	(election under section 501(h)).					-
	<u> </u>	1)	 -	(b)		
	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local		<u> </u>			
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?		<u> </u>			
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If ``Yes," describe in Part IV	ļ				
j	Total Add lines 1c through 1i	<u> </u>	ـــــــ			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	_			
b	If `Yes," enter the amount of any tax incurred under section 4912		<u> </u>			
С	If Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>			
_ <u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	04/-	1/5		 -	
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	U1(C	.)(5), or	sect	ion	
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		+
3	Did the organization make only in-nodise lobbying experimitates of \$2,000 or less. Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		+
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5), or		ion	1
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III					ed
	"Yes."	,				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b		•		
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		1			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	l				
	expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	rt IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part I	-B, lın	ie 1i			
Also	complete this part for any additional information					
						_
						

JVA

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization **Employer identification number** BPOE Washington Lodge #776 25-0787572 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events g In-person solicitations Did the organization have a 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 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 (iii) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to have custody or entity (fundraiser) from activity (or retained by) fund-(or retained by) or control of raiser listed in col (i) organization contributions? No Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

JVA

Pa	rt II	Fundraising Events. Complete if the more than \$15,000 on Form 990-EZ,					à	
		more than \$15,000 on Form 990-CZ,	(a) Event #1	(b) Event #2	(c) Other events	1	Total ever	
Ŗ	<u>'</u>		(event type)	(event type)	(total number)	· 1	col (c))	J
E V								
E N	1	Gross receipts						
Ü	2	Less Charitable	_					
Ε		contributions			-	<u> </u>		
	3	Gross income (line 1 minus line 2)				ļ		
_		minus line 2)	· · · · · · · · · · · · · · · · · · ·		 	 		
	4	Cash prizes						
D			. =	-	†	1		
i	5	Noncash prizes	L			j		
E								
R E C T	6	Rent/facility costs	<u> </u>			ऻ		
X	7	Food and beverages		_		-		
Р	8	Entertainment						
N	ľ	Littertalliment				 		
PEZSES	9	Other direct expenses]		
Š		'		_			-	_
	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)		•	()
_	11	Net income summary Combine line 3, co			<u> </u>			
Pa	rt III			orm 990, Part IV, line 19,	, or reported more			
_		than \$15,000 on Form 990-EZ, line 6	'a	(b) 5 m · · · ·	T	I/d) Tak	-1	- (
R 田 > 田 Z U B			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		al gaming) thru col	
Ě				Birigo/progressive birigo		1001 (8	, una coi	(0))
U	1	Gross revenue			480,857		480,8	57
Þ								
RECT	2	Cash prizes			486,656		486,6	56
Č T								
	3	Noncash prizes	<u> </u>			 		
EXPESSES	 	Rent/facility costs				1		
N	~	Reminacinty costs				+		
Ĕ	5	Other direct expenses						
			Yes %	Yes %	6 Yes %	6		
	6	Volunteer labor	X No	X No	X No			
						1		
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•		486,	656)
	8	Net gaming income summary Combine I	lino 1 column d and lin	o 7	_		c 7	00
		Net gaming income summary Combine i	ine 1, column d, and line	e <i>r</i>			-5,7	_
9	Ent	er the state(s) in which the organization o	perates gaming activitie	s PA		Г	- 103	1.00
а		he organization licensed to operate gamin					9a X	
b		No," explain						
				<u> </u>				
10a		re any of the organization's gaming licens	es revoked, suspended	or terminated during the	e tax year?	<u> </u>	10a	X
b	If `	Yes," explain						
		 			· -			
11	Do	es the organization operate gaming activit	les with nonmembers?				11	X
12		he organization a grantor, beneficiary or tr		mber of a partnership or	other entity			+**
		med to administer charitable gaming?			•	1	12	l x

Scried	ile G (Form 990 of 990-EZ) 2009 BPOE Washington Loage # 176 25-0767572		_	age 3
4.5			Yes	No
13	Indicate the percentage of gaming activity operated in The organization's facility 13a 100.00 %			ĺ
	· · · · · · · · · · · · · · · · · · ·			l
b 14				l
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract 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 ▶ \$			
С	If ``Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
-	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	<u> </u>	X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
JVA	ın the organization's own exempt activities during the tax year ▶ \$ 09 990G3 TWF 33414 Copyright Forms (Software Only) - 2009 TW Schedule G (Form	200 - 1	00.53	

09_EOEZGR91L

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY
Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5
Open to Public 1

Open to Public For Calendar year 2009, or tax year period beginning 04-01-2009	ear period beginning () 4	-01-2009	and ending	9 03-31-2010	-
gton Lodge			Employer Ide 25-07875	Employer Identification Number 25-0787572	
Name of Security or Description of Property	Acquisition Date		How Acquired		Date Sold
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
Total					
Publicly traded securities	7,600			7, 600	,

L0819F

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

	2: page 1 - 990-EZ Page	e 1, Part I, line 7	7	Keep for Your Records
Keep For Your Records	For calendar year 2009 or tax period beginn	sing $04-01-2009$, and e	nding 03-31	-2010.
Name of Organiza	tion		Employer Iden	tification Number
DPOE Wasii	Ington Lodge #776	Crean Salan	25-07875	
Food lie	Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Food, liqu	or, beer and wine	350,101	123, 372	226,729
		Total 350, 101	123,372	226,729
JVA Copyright Form	s (Software Only) - 2009 TW L0819F	550,101	120,0,2	09 EOEZGR03

SCHEDULE OF OTHER REVENUE

Attachment	3: page 1 - 990-EZ Page 1,	Part I, Line 8	
Open to Public		<u> </u>	,
Inspection	For calendar year 2009 or tax period beginning	04-01-2009, and ending	03-31-2010.
Name of Organizat BPOE Washi	ngton Lodge #776		Employer Identification Number 25-0787572
	Description of Other Revenue	•	Amount
advertisir	ng		2,025
pin sales			27
sales tax	discount		92
fees			1,803
facility r	rental		9,805

13,752

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR F Attachment 6: page 1 - 990-EZ Page 1, Part I, Line 20	UND BALANCES
Open to Public	
Inspection For calendar year 2009 or tax period beginning 04-01-2009, and ending	
Name of Organization BPOE Washington Lodge #776	Employer Identification Number 25–0787572
Description of Changes	Total Amount
unrealized gain in Market value of investments	19,908
	!
	i
	İ

SCHEDULE OF OTHER ASSETS

Attachment 7: page 1 - 990-EZ Page 1, Part I, Line 24

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** 25-0787572 BPOE Washington Lodge #776 Beginning End EOY FMV Description of Other Assets of Year of Year (990-PF Only) Inventory 2,773 5,586 9,095 pre-paid insurance 9,342 Totals 12,115 14,681

SCHEDULE OF OTHER LIABLILITIES

Attachment 8: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public

Inspection For calendar year 2009 or tax period beginning 04-01-2009, and ending

03-31-2010.

Employer Identification Number

Description of Liability accounts payable accurred payroll taxes, sales tax and mercantile tax 8,702 38,190 32,879 Totals End of Year 15,778 9,031	Name of Organization BPOE Washington Lodge #776	Employer Iden 25-07875	Employer Identification Number 25-0787572		
accrued payroll taxes, sales tax and mercantile tax 8,702 7,390 deferred revenue - dues 38,190 32,879	Description of Liability	Beginning of Year	End of Year		
Totals 62,170 49,300	accrued payroll taxes, sales tax and mercantile ta	x 8,202	7,390		
Totals 62,170 49,300					
Totals 62,170 49,300					
Totals 62,170 49,300					
Totals 62,170 49,300					
	Totals	62,170	49,300		

SCHEDULE OF OTHER EXPENSES

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 16

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** 25-0787572 BPOE Washington Lodge #776

Description of Other Expenses	Amount
audit	6,745
convention	3,177
insurance	9,223
supplies	1,709
per capita - Grand Lodge	15,204
per capita - State	2,172
taxes	12,672
accounting	1,550
equipment rental	2,446
insurance	4,686
payroll taxes	19,946
licenses	614
supplies, Bar	9,465
supplies, Kitchen	4,073
office expense	4,007
mercantile tax	268
uniforms	293
fines and penalties	256

Total 98,506

09_EOEZGR110L

9
PA
ည
Ż
ಠ
Σ
2
7
SIMILAR AMO
S
Z
SA
E OF GRANTS AND
Ž
<u>5</u>
P
Щ
\supset
甲
Ö
G)

Attachment 4: page 1 - 990-EZ Page 1, P_2	- 990-EZ Page 1, Pa	Part I, Line	10 - Grants and	Similar Amounts	ts Paid	
Open to Public Inspection	For Calendar year 2009, or tax year period beginning $04-01-2009$	r period beginning		ding	03-31-2010	
Name of Organization BPOE Washington Lodge	e #776		25	Employer Identification Number 25-0787572	on Number	
Class of Activity	Recip	Recipient's Name and Address	lress	Amount (FMV)	Purpose of Payment to Affiliate	ent to Affiliate
Contributions and Memorials	Home Service and Nat Lakeview Dr Dayton OH 45454	National Foun	Foundatio	13,101		
				13,101		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Determined	Date of Gift
		13, 101				
	Total	13,101				

L0819F

PRIMARY EXEMPT PURPOSE

Attachment 9: page 1 - 990-EZ 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
BPOE Washington Lodge #776

Employer Identification Number 25-0787572

Primary Purpose

Charity, Benevolence and Fidelity

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 10: page 1 - 9	90-EZ Page 2,	Part IV		
Open to Public		4 01 2000		2010
Inspection For calendar year 2009 or talendar year 2009 or talenda	ax period beginning U	4-01-2009, and		tification Number
BPOE Washington Lodge #77	6	-	25-07875	
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont to Employee	(E) Expense Account
· '	Hrs per Week	not paid, enter 0)	Ben Plans & Def Comp	& Other Allowances
	Exalted Ruler			
	20.00	_	_	
Washington, PA 15301		0	0	0
	Trustee 5.00			
235 W. Chestnut Street Washington, PA 15301	5.00	0	0	0
washington, FA 15501		O	O	
		!		

BOOKS ARE IN CARE OF

Attachment	11 -	990-EZ	Page	3,	Part	V, L	ine	42a			A	
Open to Public												
Inspection	For calend	dar year 2009	or tax p	eriod b	eginning	04	-01	,	and ending	03-	31-2010.	
Name of Organizat											Identification Number	
BPOE Washi	ngton	Lodge :	#776 <u></u>							25-078	7572	
Part V - Line 42a												
Individual Name							Ron	Hart				
or					-			11010				
Business Name			,									
												_
Street Address							138	East	Maiden	Stree	t	
							_					
U S Address												
Zıp code	15301		City	Wash	ningto	on			_ Sta	ite <u>PA</u>		
or												
Foreign Address												
City												
Province or	State											
Country												
											-	
Postal code										_		
Phone Num	ber									_(724)222-0776	
Fax Number	r									_		