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Form **990-EZ**

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)**

▶ 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*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning 4/1/2009 , and ending 3/31/2010

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
BENEVOLENT OF PROTECTIVE ORDER OF DECATUR LODGE 993

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
327 N 3RD ST

City, town, or country | State | ZIP + 4
DECATUR | IN | 46733-1329

D Employer identification number
35-0173358

E Telephone number
260-724-3613

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) ▶

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

I Website: ▶ N/A

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 ▶ $ 82,927

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

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 0 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 12,979 |
| | 4 | Investment income | | 4 | 0 |
| | 5a | Gross amount from sale of assets other than inventory | 5a 0 | | |
| | b | Less: cost or other basis and sales expenses | 5b 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☒ | | | |
| | a | Gross revenue (not including $ 0 of contributions reported on line 1) | 6a 13,590 | | |
| | b | Less: direct expenses other than fundraising expenses | 6b 2,081 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 11,509 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a 54,769 | | |
| | b | Less: cost of goods sold | 7b 44,276 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 10,493 |
| | 8 | Other revenue (describe ▶ See Attached Statement) | | 8 | 1,589 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 36,570 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 3,663 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 200 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 6,090 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 11,064 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 132 |
| | 16 | Other expenses (describe ▶ See Attached Statement) | | 16 | 23,259 |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | | 17 | 44,408 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -7,838 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 39,880 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | 0 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 32,042 |

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## Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 8,069 | 22 | 10,965 |
| 23 Land and buildings | 58,005 | 23 | 53,997 |
| 24 Other assets (describe ▶ See Attached Statement) | 4,456 | 24 | 3,984 |
| 25 **Total assets** | 70,530 | 25 | 68,946 |
| 26 **Total liabilities** (describe ▶ See Attached Statement) | 30,650 | 26 | 36,904 |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 39,880 | 27 | 32,042 |





21

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? FRATERNAL BENEFICIARY

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, and other relevant information for each program title.

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

| | | | |
|---|---|---|---|
| 28 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 0 |
| 29 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 29a | 0 |
| 30 | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 30a | 0 |
| 31 | Other program services (attach schedule) | | |
| | (Grants $ 0 ) If this amount includes foreign grants, check here ▶ ☐ | 31a | 0 |
| 32 | **Total program service expenses.** (add lines 28a through 31a) ▶ | 32 | 0 |

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

| (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 & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| CASSANDRA GEMMER<br>333 N 4TH ST DECATUR IN 46733 | Title ER<br>Hr/WK 20.00 | 0 | 0 | 0 |
| DON WILLIAMS III<br>1009 MARSHALL ST DECATUR IN 46733 | Title LEADING KNIGHT<br>Hr/WK 10.00 | 0 | 0 | 0 |
| ANDY GEMMER<br>333 N 4TH ST DECATUR IN 46733 | Title LOYAL KNIGHT<br>Hr/WK 10.00 | 0 | 0 | 0 |
| BILL BOSCH<br>121 BERSHIRE DR DECATUR IN 46733 | Title LECTURING KNIGHT<br>Hr/WK 10.00 | 0 | 0 | 0 |
| HEATHER WILLIAMS<br>1009 MARSHALL ST DECATUR IN 46733 | Title SECRETARY<br>Hr/WK 15.00 | 0 | 0 | 0 |
| TED SILLS<br>210 S 4TH ST DECATUR IN 46733 | Title TREASURER<br>Hr/WK 15.00 | 0 | 0 | 0 |
| ED DYER<br>332 MERCER AVE DECATUR IN 46733 | Title ESQUIRE<br>Hr/WK 5.00 | 0 | 0 | 0 |
| SCOTT BONIFAS<br>155 N 28TH ST DECATUR IN 46733 | Title CHAPLIN<br>Hr/WK 5.00 | 0 | 0 | 0 |
| KEN ZYWICKI<br>134 BERSHIRE DR DECATUR IN 46733 | Title TRUSTEE<br>Hr/WK 5 00 | 0 | 0 | 0 |
| BILL MILLER<br>922 N 2ND ST DECATUR IN 46733 | Title TRUSTEE<br>Hr/WK 5.00 | 0 | 0 | 0 |
| TYLER HILL<br>226 MARSHALL ST DECATUR IN 46733 | Title TILER<br>Hr/WK 5 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK .00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK .00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 | | | |
| 39 | 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 1,450 | | | |
| 40 a | 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 | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ IN | | | |
| 42 a | The organization's books are in care of ▶ HEATHER WILLIAMS Telephone no ▶ 260-724-3613 | | | |
| | Located at ▶ 327 N 2ND ST City DECATUR ST IN ZIP + 4 ▶ 46733-1329 | | | |
| 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)? | 42b | | X |
| | 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.** | | | |
| c | 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 ▶ _____ | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | 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 |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. | 47 | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| Name NONE Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK 00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK 00 | 0 | 0 | 0 |

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 |
|---|---|---|
| Name NONE Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |

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

**Sign Here**

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

▶ Heather L. Williams — Signature of officer — Date 7-15-10

▶ HEATHER WILLIAMS / LODGE SECRETARY — Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed | Preparer's identifying number (See instructions) |
|---|---|---|---|
| ROBERT M LADD | 7/7/2010 | ☐ | P00267345 |

| Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN | Phone no |
|---|---|---|
| LADD'S ACCOUNTING SERVICE INC<br>812 ADAMS ST, DECATUR, IN 46733-1814 | 35-2134214 | (260) 724-4980 |

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# 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 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
BENEVOLENT OF PROTECTIVE ORDER OF DECATUR LODGE 993

Employer identification number
35-0173358

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ 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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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 ☐ 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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| Total ▶ | | | | 0 | 0 | 0 |

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.

IN

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

| | | (a) Event #1 FUND RAISING (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 9,325 | 0 | 0 | 9,325 |
| | 2 Less: Charitable contributions | 0 | 0 | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 9,325 | 0 | 0 | 9,325 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 0 | 0 | 0 | 0 |
| | 7 Food and beverages | 0 | 0 | 0 | 0 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 1,178 | 0 | 0 | 1,178 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | (1,178) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | 8,147 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | 1,706 | 2,559 | 4,265 |
| Direct Expenses | 2 Cash prizes | | | | 0 |
| | 3 Noncash prizes | | | | 0 |
| | 4 Rent/facility costs | | | | 0 |
| | 5 Other direct expenses | | 903 | | 903 |
| | 6 Volunteer labor | ☐ Yes % ☐ No | ☒ Yes 100 00% ☐ No | ☒ Yes 100.00% ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | (903) |
| | 8 Net gaming income summary Combine line 1, column d, and line 7 ▶ | | | | 3,362 |

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities. IN | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | X | |
| b | If "No," explain. | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | X |
| b | If "Yes," explain: | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | X |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | X |

| | | | | Yes | No |
|---|---|---|---|---|---|
| 13 | Indicate the percentage of gaming activity operated in: | | | | |
| a | The organization's facility | 13a | % | | |
| 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 ▶ | | | | |
| | Address ▶ | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $ | | | | |
| c | If "Yes," enter name and address of the third party: | | | | |
| | Name ▶ | | | | |
| | Address ▶ | | | | |
| 16 | Gaming manager information: | | | | |
| | Name ▶ | | | | |
| | Gaming manager compensation ▶ $ 0 | | | | |
| | Description of services provided ▶ | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | | |
| 17 | Mandatory distributions: | | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | | |

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 |
|---|---|---|
| BENEVOLENT OF PROTECTIVE ORDER OF | 990EZ | 35-0173358 |

**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 | 0 |
| 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 (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 | | 0 |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | | 0 |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶ | 13 | 0 | |

**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 | |

**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 | 4,008 |
| 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 depreciation (business/investment) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19 | a 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**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20 | a 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 | 4,008 |
| 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 | |

## Part I, Line 8 (990-EZ) - Other Revenue

1,589

| | Description | | Amount |
|---|---|---|---|
| 1 | LODGE RENTALS | 1 | 1,450 |
| 2 | MISCELLANEOUS | 2 | 139 |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | | 10 | |
| 11 | | 11 | |
| 12 | | 12 | |
| 13 | | 13 | |
| 14 | | 14 | |
| 15 | | 15 | |
| 16 | | 16 | |
| 17 | | 17 | |
| 18 | | 18 | |
| 19 | | 19 | |
| 20 | | 20 | |

## Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

| | Class of activity | Grantee's name | Check (X) if grantee is a business | Address | City | State | Zip code | Foreign Country |
|---|---|---|---|---|---|---|---|---|
| 1 | GRAND LODGE PER CAPIT | GRAND LODGE | | 2750 N LAKEVIEW DR | CHICAGO | IL | 60614 | |
| 2 | STATE LODGE PER CAPITA | INDIANA ELKS ASS'N | | 53180 MARTIN LN | SOUTH BEND | IN | 46635 | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

| 3,663 | | | | 0 | | 0 | | |
|---|---|---|---|---|---|---|---|---|
| Amount of cash grant | Relationship | Description of the property | Purpose of payment to affiliate | Book value | How book value determined | Fair market value | Method used to determine FMV | Date received |
| 3,108 | | | | | | | | |
| 555 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## Part I, Line 16 (990-EZ) - Other Expenses

23,259

| | | | |
|---|---|---|---|
| 1 | Travel | 1 | |
| 2 | Meals and entertainment | 2 | |
| 3 | Fundraising | 3 | |
| 4 | Amortization | 4 | 0 |
| 5 | Conferences, conventions, and meetings | 5 | 971 |
| 6 | Depreciation | 6 | 4,008 |
| 7 | Depletion | 7 | |
| 8 | Equipment rental and maintenance | 8 | |
| 9 | Interest | 9 | 2,009 |
| 10 | Supplies | 10 | 2,676 |
| 11 | Telephone | 11 | 778 |
| 12 | Unrelated business income taxes | 12 | 0 |
| 13 | Bank Charges | 13 | 205 |
| 14 | Janitor Costs | 14 | 856 |
| 15 | Special Events-Youth | 15 | 1,150 |
| 16 | Miscellaneous | 16 | 455 |
| 17 | Licenses | 17 | 615 |
| 18 | Cash Short | 18 | 172 |
| 19 | Insurance | 19 | 2,685 |
| 20 | Contributions | 20 | 6,679 |
| 21 | | 21 | |
| 22 | | 22 | |
| 23 | | 23 | |
| 24 | | 24 | |
| 25 | | 25 | |
| 26 | | 26 | |
| 27 | | 27 | |
| 28 | | 28 | |
| 29 | | 29 | |

## Part II, Line 24 (990-EZ) - Other Assets

| | | 4,456 | 3,984 |
|---|---|---|---|
| | Description | Beginning | End |
| 1 | PREPAID INSURANCE | 427 | 600 |
| 2 | INVENTORY | 4,029 | 3,384 |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

## Part II, Line 26 (990-EZ) - Liabilities

| | | 30,650 | 36,904 |
|---|---|---|---|
| | Description | Beginning | End |
| 1 | A/P TRADE | 174 | 940 |
| 2 | PAYROLL W/H TAXES | 250 | 216 |
| 3 | SALES TAX | 347 | 363 |
| 4 | ONE YEAR LOAN PAYABLE | 1,161 | 3,000 |
| 5 | LT LOAN PAYABLE | 28,718 | 25,491 |
| 6 | PREPAID DUES | 0 | 6,894 |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

## Part V, Line 33 (990-EZ) - Change in Activities or Methods of Conducting Activities

Did the organization engage in any activity not previously reported to the IRS? . . ☐ Yes ☒ No

If "Yes," please describe activity:

## Part V, Line 35b (990-EZ) - Income Not Previously Reported

Did the organization have income from business activities that it did not report on Form 990-T? ☐ Yes ☐ No ☒ N/A

If "Yes," please describe income:

## Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Armed Forces the Americas | ☐ | Louisiana | ☐ | Palau |
| ☐ | Armed Forces Europe | ☐ | Massachusetts | ☐ | Rhode Island |
| ☐ | Alaska | ☐ | Maryland | ☐ | South Carolina |
| ☐ | Alabama | ☐ | Maine | ☐ | South Dakota |
| ☐ | Armed Forces Pacific | ☐ | Marshall Islands | ☐ | Tennessee |
| ☐ | Arkansas | ☐ | Michigan | ☐ | Texas |
| ☐ | American Samoa | ☐ | Minnesota | ☐ | Utah |
| ☐ | Arizona | ☐ | Missouri | ☐ | Virginia |
| ☐ | California | ☐ | Commonwealth of the Northern Mariana Islands | ☐ | U.S Virgin Islands |
| ☐ | Colorado | ☐ | Mississippi | ☐ | Vermont |
| ☐ | Connecticut | ☐ | Montana | ☐ | Washington |
| ☐ | District of Columbia | ☐ | North Carolina | ☐ | Wisconsin |
| ☐ | Delaware | ☐ | North Dakota | ☐ | West Virginia |
| ☐ | Florida | ☐ | Nebraska | ☐ | Wyoming |
| ☐ | Federated States of Micronesia | ☐ | New Hampshire | | |
| ☐ | Georgia | ☐ | New Jersey | | |
| ☐ | Guam | ☐ | New Mexico | | |
| ☐ | Hawaii | ☐ | Nevada | | |
| ☐ | Iowa | ☐ | New York | | |
| ☐ | Idaho | ☐ | Ohio | | |
| ☐ | Illinois | ☐ | Oklahoma | | |
| ☒ | Indiana | ☐ | Oregon | | |
| ☐ | Kansas | ☐ | Pennsylvania | | |
| ☐ | Kentucky | ☐ | Puerto Rico | | |

## Part V, Line 42a (990-EZ) - Books In Care Of

Check ("X") if a business is in possession of the books. ☐

The books are in care of: Name HEATHER WILLIAMS Telephone no. 260-724-3613

Located at 327 N 2ND ST City DECATUR ST IN ZIP + 4 46733-1329

Foreign Country