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E 4007 05/ 28 AM Form

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 2009

Open to Public Inspection

Form **990** (2009)

OMB No 1545-0047

04/01/09 03/31/10 For the 2009 calendar year, or tax year beginning and ending BENEVOLENT & PROTECTIVE ORDER OF Please Check if applicable C Name of organization Employer identification number use IRS 1818 BPOE Address change label or 35-0875209 Doing Business As Name change print or Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number type Initial return See P.O. BOX 354 Specific Termination 542,649 City or town, state or country, and ZIP + 4 G Gross receipts \$ instructions. FRANKLIN IN 46131 Amended return F Name and address of principal officer H(a) Is this a group return for Application pending No affiliates? Yes H(b) Are all affiliates included? No If "No," attach a list (see instructions) X 501(c) 8 ◀ (insert no) 4947(a)(1) or Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ 1156 FRATERNAL 1971 X Other ▶ Type of organization Year of formation M State of legal domicile Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: CIVIC & FRATERNAL ORGANIZATION Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 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 **Prior Year Current Year** 32,905 30,248 8 Contributions and grants (Part VIII, line 1h) 88,078 99,198 Program service revenue (Part VIII, line 2g) 3,269 180,998 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>24,7</u>88 20,131 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $146,38\overline{3}$ 333,232 12 Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 42,947 41,809 348 9,857 14 Benefits paid to or for members (Part IX column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (12) lines 5–10) 300 3,300 Expenses 16a Professional fundraising fees (Part IX) column (A), line 11e) b Total fundraising expenses (Part IX, column (D) Aine 25) 74,487 104,512 129,453 159,107 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -12,724203,779 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year o es End of Year 365,232 161,264 20 Total assets (Part X, line 16) ,218 2,407 21 Total liabilities (Part X, line 26) 159,046 362,825 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that has on of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is tou Sign Here Signature of officer TRINGURIN Type or print name and title Preparer's identifying number Check if Preparer's e instructions Raid self-P00482079 05/27/10 signature J. Scott Jones CPA employed > Preparer's J. SCOTT JONES, P.C 80-0033984 EIN > tise Only Firm's name (or yours 1010 W Jefferson St if self-employed), Phone **▶** 317-736-6500 address, and ZIP + 4 46131-2345 Franklin IN 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.

) (Revenue \$

Form 990 (2009)

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

4e Total program service expenses ▶

84,344 including grants of \$

126,153

Pa	rt IV Checklist of Required Schedules						
					\Box	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				ļ		
	complete Schedule A				1		<u> </u>
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				1		
	candidates for public office? If "Yes," complete Schedule C, Part I				3	\longrightarrow	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					1	
	Schedule C, Part II			-	4	\longrightarrow	
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			}	5	\rightarrow	
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,"			Ī	}		
	complete Schedule D, Part I			-	_6	 ∤	<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			}		Į	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			}		Į,	37
	complete Schedule D, Part III			-	8		<u> </u>
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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or					.	v
	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,				44	x	
	VII, VIII, IX, or X as applicable				11		
•	 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 related in Part X, line 15 that is 5% or more of its total assets					1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				ĺ		
•	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.				É	1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				<u> </u>		
	Schedule D, Parts XI, XII, and XIII.		سسم	,	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u> </u>	Yes	No	ĺ		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	L	X		1	٠,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13	—	X
14a		•			14a	\vdash	X
b					1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b	├	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				۱		₹.
	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				40		
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services]		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17	\vdash	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				1		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	+-	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				40		x
30	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H				19	+	$\frac{\mathbf{x}}{\mathbf{x}}$
20	DIG GIE OFGENIZATION ODERAG ONE OF MOTE NOSDIGIS / IF TES. COMDICIE SCHEUUE N				. 40	1	1 44

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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		<u> </u>
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		<u> </u>
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	ł		
	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?	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?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	<u> </u>	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	рпог year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ļ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
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?			\ <u></u>
	If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Ī
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ļ.,
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		ļ	
	Schedule L, Part IV	28b	 	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	i		ł
	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	-	 ^ -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		x
	conservation contributions? If "Yes," complete Schedule M	30	+	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24		x
22	Part I	31	 	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	1	x
33	Schedule N, Part II	32	 	1
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	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1 33	 	+**
J 4	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		\dagger	
JJ	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	33	\dagger	† -
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	1	+
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	†	†
	19? Note. All Form 990 filers are required to complete Schedule O	38		x

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Page 5

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
		<u> </u>		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		- 1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		1	
	gaming (gambling) winnings to prize winners?	·	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	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	у			7.7
	this return?		3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	•	ļ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal			x
	account)?		4a		
b	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD 5.00.33.1. Report of Foreign Rep	al.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar and Financial Accounts.	IK.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
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 Regardi	•	35		
·	Prohibited Tax Shelter Transaction?	···9	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?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds			
	and services provided to the payor?		7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c	ļ	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		l
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	sonal			ŧ
	benefit contract?	_	7e	ļ	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		├ -
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	_	-7g		├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	5	76		l
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7h	 	
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1
	organization, have excess business holdings at any time during the year?		8	İ	Ť
9	Sponsoring organizations maintaining donor advised funds.		1		
а	Did the organization make any taxable distributions under section 4966?		9a	į .	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		\Box
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		1
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				1
а	Gross income from members or shareholders	11a	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1
	amounts due or received from them)	11b	_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1	12a	 	ļ
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ــِـــــــــــــــــــــــــــــــــــ	<u> </u>

4007 05/27/2010 10 28 AM Form 990 (2009) BENEVOLENT & PROTECTIVE ORDER OF 35-0875209 Page 6 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 Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct X 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Does the organization have local chapters, branches, or affiliates? 10a 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

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		1
	rise to conflicts?	12b	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1
	describe in Schedule O how this is done	12c	
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		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	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		1
	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		I
	the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	IN

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. > RAY HINE, SECRETARY PO BOX 354

FRANKLIN

IN 46131

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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

(A) Name and Title	(B) (C) Average Position (check all that apply						ply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
RAY HINE	30 00			.				2 200	0			
ECRETARY MIKE DEMAREE	30.00	\vdash		X	_			2,200	0			
REASURER	16.00	1	l	x				1,100	o	<u> </u>		
REASURER	10.00			Â				1,100				
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Par			tees	, Ke			yees	, and	Highest Compensated E	impioyees (continued)	 		
	(A) Name and Title	(B) Average hours per				k all t	hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estima amoui	ated at of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	othe compen from organiz and re organiz:	sation the ation lated	
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1b	Total	1	_	.	1	<u>.L</u>	_1	┢	3,300		 		
2	Total number of individuals (in reportable compensation from	_		_	nose	liste	ed ab	ove)					
3	Did the organization list any fo								ee, or highest compensated	i	3	Yes	No X
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum o	f rep	orta	ble c	omp	ensa	tion					
5	Individual Did any person listed on line a services rendered to the organization.										5		X
Sec 1	ction B. Independent Contrac Complete this table for your fi compensation from the organ	ve highest compe	nsat	ed in	dep	ende	ent co	ontra	ctors that received more that	an \$100,000 of			
		(A) ad business address							Descri	(B) nption of services		(C) Compensa	ition
								-					
								+				·	
		<u> </u>						+			_		
								<u> </u>					
2	Total number of independent more than \$100,000 in comp		-				d to	hose	e listed above) who receive	d		0	
DAA											Fo	m 990	J (2009

Pa	rt VI	If Statement of Revenue				. ugo u
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in times 1a-1f \$				
S E	<u>h</u>	Total. Add lines 1a–1f	32,905			
J.		Busn. Code				
ce Reve	2a	MEMBER DUES & FEES	70,371	70,371		
	b	CLUB ACTIVITIES	28,827	28,827		
اچّ	٦ C				· - · - · · · · · · · · · · · · · · · ·	
SE	e e		1			•
ogra	f	All other program service revenue	1			
<u>r</u>	g	Total. Add lines 2a–2f	99,198			
		Investment income (including dividends, interest, and other similar amounts)	1,092	1,092		
	4	Income from investment of tax-exempt bond proceeds				
	5	(ı) Real (ıı) Personal				
	6a	Gross Rents	1			
	b	Less rental exps			I	
	С	Rental inc or (loss)	1		1	
	_d	Net rental income or (loss)	<u> </u>			
	7a	Gross amount from sales of assets (i) Securities (ii) Other				
		other than inventory 250,000	일			
	b	Less cost or other				
		basis & sales exps 70,094 Gain or (loss) 179,900				
			179,906	ŧ	Į.	179,906
	d Ra	Net gain or (loss) Gross income from fundraising events	179,900			179,900
Other Revenue	b	(not including \$ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses Net income or (loss) from fundraising events	-			
		Gross income from gaming activities				
		See Part IV, line 19		!		
	ь	Less: direct expenses b				
	С	Net income or (loss) from gaming activities .				
	10a	Gross sales of inventory, less				
		returns and allowances a 159,45				
		Less: cost of goods sold b 139,32	- 1	20.101		
	<u> </u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Cod	20,131	20,131		
	11a			†	`	
	b	 	 	 		
	C		 			·
	d	All other revenue	1			
	е	Total. Add lines 11a–11d				
_	12	Total Revenue. See instructions	333,232	120,421	0	179,906

Form 990 (2009)

BENEVOLENT & PROTECTIVE ORDER OF 35-0875209

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).

		/43	(D) T	(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	41,809			
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	9,857			
5	Compensation of current officers, directors,				
	trustees, and key employees	3,300			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		''		
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
''	Management				
b	Legal				
C	Accounting	4,575		·	
d	Lobbying	-, -, -, -, -, -, -, -, -, -, -, -, -, -			
u a	Professional fundraising services See Part IV, line 17			`	
f	Investment management fees	-			
' ~	Other			<u> </u>	
g 12	Advertising and promotion	5,160			
13	Office expenses	2,372		L	
14	Information technology	2,372			
15	<u>.</u>				
16	Royalties Occupancy	17,680			
17	Travel	2,,000			-
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	19,694			
19		19,094			
20	Interest		-		
21	Payments to affiliates	6,992		 	 -
22	Depreciation, depletion, and amortization	0,332			
23	Insurance				
24	Other evenence Itemize evenence not				-
24	Other expenses Itemize expenses not				!
	covered above. (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below) LOCAL SCHOLARSHIPS	4,922			+
a	MEMORIAL DAY & VETERANS S	4,329			
b	REPAIRS & MAINTLOUNGE	4,329		1	
C		1,655			
d	ELKS NATIONAL FOUNDATION			1	
е	NEW YEARS EVE CELEBRATION	1,500			-
f		1,306		 	
25	Total functional expenses. Add lines 1 through 24f	129,453	 		+
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			<u> </u>	

Page 10

Form 990 (2009)

Part X **Balance Sheet** (A) (B) End of year Beginning of year 32,083 34,484 1 Cash—non-interest bearing 500 273,000 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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 Assets 7 Notes and loans receivable, net 7,786 7,786 8 Inventories for sale or use 384 350 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 217,468 10a other basis. Complete Part VI of Schedule D 179,448 108,919 38,020 Less: accumulated depreciation 10b 10c 11,592 11,592 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 365,232 161,264 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,218 2,407 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities. Complete Part X of Schedule D 2,218 2,407 26 26 Total liabilities. Add lines 17 through 25 **Net Assets or Fund Balances** Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporanly restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34. 1,065 1,065 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 157,981 361,760 32 32 Retained earnings, endowment, accumulated income, or other funds 159,046 362,825 33 33 Total net assets or fund balances

365,232 Form 990 (2009)

161,264

Total liabilities and net assets/fund balances

orm	990 (2009) BENEVOLENT & PROTECTIVE ORDER OF 35-0875209		Pag	je 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		ı	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.		I	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			É
	Schedule O			Ė
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			l
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		<u> </u>
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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** BENEVOLENT & PROTECTIVE ORDER OF ELKS, 1818 BPOE 35-0875209 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 BENEVOLENT	E & PROTECTIV	VE ORDER C	F	<u>35-08</u>	75209			Page 2
P₹	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures,	or Other	Similar As	sets (continue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, che	ck any of the follow	ing that a	re a signific	ant use of its			-
а	Public exhibition	d Loan	or exchange progra	ms					
b	Scholarly research	e Other							
c	Preservation for future generations					-	_		
4	Provide a description of the organization's colle	ections and explain how	they further the org	anızatıon'	s exempt pu	ırpose ın			
5	During the year, did the organization solicit or i assets to be sold to raise funds rather than to I	receive donations of art,	historical treasures	, or other	sımılar			□ v	□ N=
Dr	art IV Escrow and Custodial Arra					"Voo" to E	orm 00	Yes	No
Г	IV, line 9, or reported an am				iiisweieu	165 10 5	OIIII 9:	90, Part	
4-					 			·	
та	Is the organization an agent, trustee, custodiar	or other intermediary to	or contributions or o	ther asse	ts not				<u></u>
	included on Form 990, Part X?							∐ Yes	∐ No
þ	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table						
						\vdash		Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	ert V Endowment Funds. Comple	ete if organization a	inswered "Yes"	to Forn	n 990, Pa	rt IV, line	10.		
	···	(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	rs back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions			T	•••••				
С	Net investment earnings, gains,			T	***************************************				
	and losses								
Ч	Grants or scholarships			—					••••••
	Other expenditures for facilities			·					
C									
	and programs								
	Administrative expenses			- 				······	
_	End of year balance			<u> </u>		L	1		
2	Provide the estimated percentage of the year								
	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶ %								
	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization th	hat are held and ad	ministere	d for the			_	- 1
	organization by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(II), are the related organizations							3b	
	Describe in Part XIV the intended uses of the								
Pa	art VI Investments—Land, Buildir	ngs, and Equipmer	nt. See Form 9	<u>90, Parl</u>	<u>t X, line 1</u>	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or o	other	(c) Ac	cumulated		(d) Book va	lue
		(investment)	basis (othe	er)	depr	eciation			
1a	Land								
b	Buildings								
	Leasehold improvements				<u> </u>		1		
	Equipment				1		†		
	Other		217	7,468		179,448	3	38	3,020
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X. co				<u> </u>			3,020
			, , , - (-)						

Schedule D (Fo	orm 990) 2009 BENEVOLENT & PROTE	CTIVE ORDER OF	35-0875209	Page 3
Part VII	Investments—Other Securities. See Form	n 990, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
inancial deriv				
	quity interests			
Other		-		
				
F-tal (Calum	(h) much assed Form 000, Part V and (P) line 42.)	•		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See For	-	<u> </u>	
Fart VIII	(a) Description of investment type	(b) Book value	(c) Method of	valuation
	(a) Description of investment type	(b) 250K value	Cost or end-of-year	
	ın (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X, line			
	(a) Descrip	ition		(b) Book value
		-		
				,-,
Total. (Colum	nn (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 incor	me taxes			
			_	
			4	
			4	
			4	
			4	
			4	
		-,	4	
			[
			4	
	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
2. FIN 48 F	ootnote. In Part XIV, provide the text of the footnote to the	e organization's financial statement	ts that reports the	
	s liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 BENEVOLENT & PROTECTIVE ORDER	OF	35-087520	9	Page 4			
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stateme	nts				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5	<u> </u>			
6	Investment expenses			6				
7	Prior period adjustments	·						
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10				
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts Wif	th Revenue per Retu	rn	,			
1	Total revenue, gains, and other support per audited financial statements			1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	1					
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b						
C	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d	<u> </u>	-				
е	Add lines 2a through 2d			2e				
3	Subtract line 2e from line 1	1	ſ	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-				
b	Other (Describe in Part XIV.)	4b	L	-				
C	Add lines 4a and 4b			4c				
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		SAL Francisco per De	5				
	art XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	vitn Expenses per Re		1			
1	Total expenses and losses per audited financial statements			1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ام	1					
a L	Donated services and use of facilities	2a 2b		\dashv				
D		2D 2c	 	1				
ن بہ	Other losses	2¢	<u> </u>	1				
a	,	_ Zu	!	٠,	1			
2	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	 			
A	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1	1				
a		4a						
b		4b		┪				
c		_ -10	1	d 4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	 			
_	art XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a an	nd 4, Part IV, lines 1b					
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line							
	part to provide any additional information.							
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

1545-0047	00
٤	(
OMB	

Open to Public 2009

2 |X Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Employer identification number non-cash assistance (g) Description of 35-0875209 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable BENEVOLENT & PROTECTIVE ORDER OF General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? ELKS, 1818 BPOE (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part Part !

Enter total number of other organizations

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Part IV

MEMBERS OF THE LODGE VOTE ON OFFICERS/TRUSTEES RECOMMENDATIONS FOR GIFTS TO

LOCAL CHARITIES

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS, 1818 BPOE

Employer identification number 35-0875209

Form 990, Part III, Line 4d - All Other Achievements CIVIC & FRATERNAL ORGANIZATION

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

4007 BENEVOLENT & PROTECTIVE ORDER OF

Federal Statements

FYE: 3/31/2010

35-0875209

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5/27/2010 10:28 AM

VARIOUS INDIVIDUALS/CORPORATIONS

	Statement 1 - Schedule B, Part III - Charitable Gift Information
Unit No.	Charitable Gift Information

1 Purpose of Gift CANCER RESEARCH

> Use of Gift CANCER RESEARCH

2 Purpose of Gift **VETERANS AFFAIRS**

> Use of Gift VETERANS AFFAIRS

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attachment Sequence No

▶ See separate instructions.

Attach to your tax return.

Name(ing number 0875209			
	ess or activity to which this form relates							<u> </u>		
<u>Ir</u>	direct Depreciat:									····
Pa	· · · · · · · · · · · · · · · · · · ·	•	•							
	Note: If you have a				efore you	comple	te Par	<u>t I</u>		
1	Maximum amount See the instruc	•		ses					1	250,000
2	Total cost of section 179 property placed in service (see instructions)						1	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-						<u> </u>	4		
5	ollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If marned filing separately, see instructions						5	······································		
6	(a) Description	on of property	···	(b) Cost	(business use	only)	(c) El	ected cost		
7	Listed property. Enter the amount					7				
8	Total elected cost of section 179 p	• •	in column (c), lines	s 6 and 7				}	8	
9	Tentative deduction Enter the sm							ŀ	9	
10	Carryover of disallowed deduction	•				_		}	10	
11	Business income limitation Enter		•		,	ee instruc	tions)	. }	11	
12	Section 179 expense deduction A	•			11			<u>.</u>	12	
13 Note	Carryover of disallowed deduction Do not use Part II or Part III below			·		13				
					· /Do ==4	امريان حا	Lista		-t \ /	(Coo impty)
							e iistet	i propei	ty.) (See instr.)
14	Special depreciation allowance for		ier than iisted prop	erty) piac	ea in servic	е			4.4	
45	during the tax year (see instruction	•						ļ	14	
15	Property subject to section 168(f)(•							15	1,744
16	Other depreciation (including ACR Int III MACRS Depreciat		ido listad prop	orty) /S	Soo inetr	ictions)	1		16	1,733
	III IIIACNO Deprecia	TOTAL TOTAL TION		ion A	Jee man	ictions.)	<u>''</u>			
17	MACRS deductions for assets pla	ced in conjice in tax vi			-				17	5,153
18	If you are electing to group any assets	•	• •		•	ounte choc	k horo	!	17	5,155
<u></u>		-Assets Placed in Se						iation Sv	stem	
		(b) Month and year	(c) Basis for depr		(d) Recovery		1			
	(a) Classification of property	placed in service	(business/investm only-see instruc	ent use	penod	(e) Conv	ention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	30.7.00	01117 000 11101100	J. 1011.07						
b	5-year property	1								
c	7-year property	7				<u> </u>				
d	10-year property	7						_		
	15-year property	1						•		
f	20-year property	7				1			,	
	25-year property	7			25 yrs		İ	S/L		
h	Residential rental				27 5 yrs.	М	и	S/L		<u> </u>
	property				27.5 yrs.	М		S/L		
i	Nonresidential real	04/06/09		700		М		S/L		17
	property	Various	5	,486		М	м	S/L		78
	Section C—	Assets Placed in Ser								
20a	Class life							S/L		
_ b	12-year				12 yrs.			S/L		
	40-year				40 yrs	М	м	S/L		
	art IV Summary (See in	structions.)								
21	Listed property. Enter amount from								21	
22	Total. Add amounts from line 12,	lines 14 through 17, lir	nes 19 and 20 in co	olumn (g)	, and line 21	Enter he	re			

portion of the basis attributable to section 263A costs

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

6,992

23

22