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53705

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ 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** 04/01/09 **, and ending** 03/31/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
BENEVOLENT & PROTECTIVE ORDER OF
2427 BPOE

Number and street (or P O box, if mail is not delivered to street address) — Room/suite
PO BOX 272

City or town, state or country, and ZIP + 4
HUTCHINSON MN 55350

D **Employer identification number**
41-0983307

E Telephone number
320-587-3116

F Group Exemption Number ▶ 1156

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I **Website:** ▶ WWW.HUTCHELKS.ORG

J **Tax-exempt status** (check only one) — ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $ 472,706

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	5,423
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	11,671
	4	Investment income		4	2,600
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☒			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 295,790		
	b	Less direct expenses other than fundraising expenses	6b 282,444		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	13,346
	7a	Gross sales of inventory, less returns and allowances	7a 156,177		
	b	Less: cost of goods sold	7b 61,600		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	94,577
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	1,045
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	128,662
Expenses	10	Grants and similar amounts paid (attach schedule)		10	4,243
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	53,083
	13	Professional fees and other payments to independent contractors		13	1,816
	14	Occupancy, rent, utilities, and maintenance		14	3,463
	15	Printing, publications, postage, and shipping		15	3,221
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	60,675
	17	**Total expenses.** Add lines 10 through 16 ▶		17	126,501
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,161
	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	122,102
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	124,263

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	114,418	22	114,938
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 4)	21,410	24	22,263
25 **Total assets**	135,828	25	137,201
26 **Total liabilities** (describe ▶ SEE STATEMENT 5)	13,726	26	12,938
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	122,102	27	124,263

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

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

COMMUNITY SERVICE

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

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

28 BAR IS OPERATED TO PROMOTE THE WELFARE OF MEMBERS AND THE COMMUNITY. CHARITABLE GAMBLING NET PROCEEDS ARE DISTRIBUTED PER MN STATUES 349 AND 297.

(Grants $ 4,243) If this amount includes foreign grants, check here ▶ ☐ **28a** 126,501

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 126,501

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
TIM JESKE 620 PARK ISLAND DR SW HUTCHINSON MN 55350	EXALTED RULE 1.00	0	0	0
DENNIS SCHROEDER 1074 PRAIRIE VIEW DR SW HUTCHINSON MN 55350	SECRETARY 8.00	3,000	0	0
CHARLES DRAEGER 720 GOEBEL ST SW HUTCHINSON MN 55350	TREASURER 5.00	1,500	0	0
GEORGE LEHN 237 4TH AVE NE HUTCHINSON MN 55350	KNIGHT 1.00	0	0	0
DAN CHRISTIE 504 CALIFORNIA ST NW HUTCHINSON MN 55350	KNIGHT 1.00	0	0	0
PAUL ACKLAND 167 ELK DR SE HUTCHINSON MN 55350	KNIGHT 1.00	0	0	0
RICK WILKE 440 MINNESOTA ST NW HUTCHINSON MN 55350	ESQUIRE 1.00	0	0	0
STANLEY SCIESZKA PO BOX 63 HUTCHINSON MN 55350	TILER 1.00	0	0	0
CLIFF DEBLOCK 1098 JEFFERSON ST SE HUTCHINSON MN 55350	CHAPLAIN 1.00	0	0	0
RICK PHILLIPS 545 GROVE ST SW HUTCHINSON MN 55350	TRUSTEE 1.00	0	0	0
LARRY SMITH 530 LAKEVIEW LN SW HUTCHINSON MN 55350	TRUSTEE 1.00	0	0	0
JOHN JENNINGS 860 GROVE ST SW HUTCHINSON MN 55350	TRUSTEE 1.00	0	0	0
JEREMY WATZKE 215 DIVISION ST SW HUTCHINSON MN 55350	TRUSTEE 1.00	0	0	0
KEVIN BURICH 745 CENTURY AVE SW APT 204 HUTCHINSON MN 55350	TRUSTEE 1.00	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," attached 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
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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			
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			
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		
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 ▶ MN			
42a	The organization's books are in care of ▶ CHARLES DRAEGER Telephone no. ▶ 320-587-3116			
	Located at ▶ 720 HWY 7 EAST HUTCHINSON, MN ZIP + 4 ▶ 55350			
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.?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
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 operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	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

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

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

▶ Signature of officer 6-09-10 Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TIMOTHY ROBINSON	Date 06/07/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00096297	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PIEHL, HANSON, BECKMAN, P.A. PO BOX 1090 COKATO, MN 55321			EIN ▶ 41-1763115	Phone no ▶ 320-286-5552

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

53705

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 & PROTECTIVE ORDER OF 2427 BPOE

Employer identification number: 41-0983307

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 fund-raiser 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
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

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

Revenue / Direct Expenses		(a) Event #1 (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				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				▶ ( )
	11 Net income summary Combine line 3, column (d), and line 10				▶

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

Revenue / Direct Expenses		(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	70,582	200,631	8,800	280,013
Direct Expenses	2 Cash prizes	48,455	158,104	4,699	211,258
	3 Noncash prizes				
	4 Rent/facility costs		11,249		11,249
	5 Other direct expenses	5,589	47,116		52,705
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	(275,212)
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	4,801

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MN			
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	100.00 %		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ JEFF HARTWIG 926 HAYDEN AVE SW Address ▶ HUTCHINSON MN 55350				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?				X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶ JEFF HARTWIG				
	Gaming manager compensation ▶ $ 3,325				
	Description of services provided ▶ DEPOSITS GAME FUNDS, MONTHLY REPORTS				
	☐ 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		X	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 6,997				

53705

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning 04/01/09 , and ending 03/31/10

2009

Name
BENEVOLENT & PROTECTIVE ORDER OF
2427 BPOE

Employer Identification Number
41-0983307

	(A)	(B)	(C)	Others	Total
Gross receipts	7,982	7,795	0	0	15,777
Less contributions	0	0	0	0	0
Gross revenue	7,982	7,795	0	0	15,777
Less direct expenses	6,280	952	0	0	7,232
Net income (loss)	1,702	6,843	0	0	8,545

Description (A) PANCAKE BREAKFAST & MISC

(B) FOOD STANDS

(C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	$ 11,671
TOTAL	$ 11,671

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS	$ 1,045
TOTAL	$ 1,045

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

Description	Amount
EXPENSES	$
CONFERENCES/MEETINGS	4,363
ADVERTISING	6,402
BAD DEBTS & FEES	2,618
GUESTS	391
INSURANCE	2,530
LAUNDRY	2,470
LICENSES	1,453
MISCELLANEOUS	2,623
MUSIC AND ENTERTAINMENT	1,333
OFFICE EXPENSE	3,169
POKER LEAGUE EXPENSES	1,382
RENT	27,000
TRANSMITTALS	3,495
SUPPLIES	1,446
TOTAL	$ 60,675

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

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	$ 2,125	$ 2,493
OTHER LOANS RECEIVABLE	12,830	11,829
INVENTORIES FOR SALE OR USE	6,455	7,941
	21,410	22,263

Federal Statements

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

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 3,189	$ 3,124
DEFERRED REVENUE	6,760	6,358
PAYROLL TAXES PAYABLE	1,113	1,414
SALES TAXES PAYABLE	1,256	1,611
MN GAMBLING TAXES PAYABLE	447	431
UNEARNED REVENUE	961	
	13,726	12,938