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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)

09 Open to Public

Inspection

DMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2009 A For the 2009 calendar year, or tax year beginning APR 1. and ending MAR 31, D Employer identification number C Name of organization use IRS Address change label or BPOE # 1790 print of Name change type 47-0371304 Doing Business As Initial See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated 402-387-9952 PO BOX 53 nstruc Amender return tions 97.069 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica AINSWORTH, NE 69210 H(a) Is this a group return pending F Name and address of principal officer: ERIC GOOCHEY Yes X No for affiliates? 168 N ELM, AINSWORTH, NE 69210 H(b) Are all affiliates included? Tax-exempt status: X 501(c) (8)◀ (insert no.) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: ► N/A H(c) Group exemption number ▶ 1156 K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile NE Part I Summary Briefly describe the organization's mission or most significant activities: 1PURPOSE IS TO PROVIDE YOUTH 1 Activities & Governance RELATED ACTIVITIES. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) 2746 Total number of volunteers (estimate if necessary) 2,666. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 1,737. 7b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 25,274. 27,502. Contributions and grants (Part VIII, line 1h) Revenue 5,909. 3,516. Program service revenue (Part VIII, line-2a) Investment income (Part VIII Rate mark), Vines (3) 4, and 7d) 2,454. 3,094. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 95 10c, and 11e) 51,902. 52,981. 11 87,767. 84,865. Total revenue add lines B through 11 (must equal Par VIII, column (A), line 12) 12 Grants and similar amounts pald (Part IX, column (Authors 1-3) 13 Benefits paid to or for members (Part IX, column (A)) line 4) 28,298. Salaries, other compensation and salaries, other compensation and salaries (Part IX, column (A), lines 5-10) 24,852. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 69,231. 58,238. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 97,529. 83,090. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <9,762. 1,775.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 150,931. 182,328. 20 Total assets (Part X, line 16) 756. 378. 21 Total liabilities (Part X, line 26) Net A Fund 150,175. 181,950. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge V 6-29-10 Sign Signature of officer **ਿ**Here ERIC GOOCHEY, EXALTED RULER 90 - Paid Type or print name and title Check if Preparer's identifying number (see instructions) Preparer's self-employed Paid
Preparer's
Use Only
May the If signature Firm's name (or yours if self-employed), 121 EAST 4TH, BOX 146 address, and AINSWORTH, NE 69210 Phone no ► 4023871673

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

		nt of Program Service Ac	complishments		
1		e organization's mission: E YOUTH RELATED	ACTIVITIES.		
	Did the organization	on undertake any significant proc	ram services during the year which were no	t listed on	
	the prior Form 990				Yes X No
3		n cease conducting, or make sign these changes on Schedule O.	gnificant changes in how it conducts, any pr	ogram services?	Yes X No
4	Describe the exems	pt purpose achievements for ea and 501(c)(4) organizations and s	ch of the organization's three largest programetion 4947(a)(1) trusts are required to repondent, if any, for each program service reported	rt the amount of grants and	
4a	(Code:		3,090. including grants of \$ IDE YOUTH RELATED ACTI)(Revenue \$	84,865.
	ORGANIZAT PROGRAMS, THE YOUTH	ION SPONSORS YOU' CRIPPLED CHILDR OF THE COMMUNIT	TH WRESTLING, PEE-WEE EN CLINICS, AND OTHER	BASKETBALL, BAS ACTIVITIES BENI	EFITING
	RELATED CO	PROVIDES TROPHI	ES, SUPERVISION, TRANS	PORTATION, AND	OTHER
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
lc	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
ld	Other program services (Expenses \$	vices. (Describe in Schedule O.)	to of \$ \\Davison \		
		including gran	ts of \$) (Revenue \$		·····

Form **990** (2009)

Form 990 (2009) BPOE # 1790

Part IV Checklist of Required Schedules 47-0371304 Page **3** Yes No

			162	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
_	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	-		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	5		
e	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	─		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ü	Schedule D, Part III	8		Х
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			
J	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	40		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		Х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990 (2000)

Form 990 (2009) BPOE # 1790

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		·	.
	column (A), line 2º 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			١,,
	Schedule J	23		<u>X</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 24b through 24d and complete	l		v
	Schedule K If "No", go to line 25	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05.		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE L		
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	_25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		_	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	- 		T-17-11-11
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			.,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	_		17
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O.	38	000 (

1s. Enter the number reported in Box 3 of Form 1096. Annual Summany and Transmittal of U.S. Information Returns. Enter 0- firm 1096. Annual Summany and Transmittal of U.S. Information Returns. Enter 0- firm 1096. Annual Summany and Transmittal of U.S. Information Returns. Enter 0- firm 1096. Annual Summany and Transmittal of U.S. Information Returns. Enter 0- firm 1096 and 11s. 0 0 1s.	Form	990 (2009) BPOE # 1790 47-0371	304	P	age 5
1s Either the number reported in Box 3 of Form 1096, Annual Summany and Transmittal of U.S. Information Returns. Enter 0- if not applicable Define the number of Forms W2G included in line 1s. Enter 0- if not applicable Define organization comply with backup withholding rules for reportable gamming (gambling) wrinings to prize within 150 organization comply with backup withholding rules for reportable gamming (gambling) wrinings to prize wrinners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Steff of the unber of employees reported on Form W3, Transmittal of Wage and Tax Statements. Steff of the unber of employees reported on Form W3, Transmittal of Wage and Tax Statements. Steff of the unber of employees reported on Form W3, Transmittal of Wage and Tax Statements. Steff of the unber of employees reported on Form M3, Transmittal of Wage and Tax Statements. Steff of the unber of the ward in the statement of the steff of the steff or the steff of the steff or the steff					
U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W2C3 inclused in line 1s. Enter -0- if not applicable Define the number of symboly with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to pritze winners? 2a. Enter the number of employees exported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 1b. If at least one is reported on line 23, did the organization life all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return. Gee instructions) 3b. Did the organization have intelled business gross incrome of \$1.00 or more dump the year covered by this return? b. If Yes, * has if filed a Form 990-1 for this year? If Yeo, * provide an explanation in Schedule O. 2a. At any time duming 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)? b. If Yes, * has if filed a Form 990-1 for this year? If Yeo, * provide an explanation in Schedule O. 3a. X. 3b. If Yes, * the art 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. 5b. If Yes, * 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? 5c. If Yes, * the disease of the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, * the disease of the organization file form 8686-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c. If Yes, * the disease of the organization file form 8686-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transac				Yes	No
Enter the number of Forms W-20 included in line 1a. Enter-0-if not applicable Did the organization comply with backup withholding rules for reportable symments to vendors and reportable gamining (gambining) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements, titled for the identified with the winners? 2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returne? b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life this return. Issee instructions) 3a. Did the organization have unrelisted business gross income of \$1,000 or more during the year covered by this return? 4b. If 'Yes,' and a filed a form 900-1f for this year! '1%', "provide an explanation in Schedule 0 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! "1%, "provide an explanation in Schedule 0 1if 'Yes,' there is name of the foreign country." See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a. Was the organization a party to a prohibited tax shelter transaction? 5b. Was the organization aparty to a prohibited tax shelter transaction? 6c. Doss the organization have annual gross receipts that an enomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c. If 'Yes,' did the organization have annual gross receipts that an enomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c. Dos the organization have annual gross receipts that an enomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c. Did the organization	1a				
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filed for the calendary year ending with or within the year covered by this return Note. If the sum of lines 2a, did the organization file all required federal employment tax returns? 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 the return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see his a bank account, or other financial account;)? b If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction ary contributions that were not tax deductible? 5d If "Yes," to line Sa or Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited any contributions that were not tax deductible? 5d If "Yes," and the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," and the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If "Yes," indicate the number of Forms 8282 filed during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization and small stable during t		(gambling) winnings to prize winners?	1c		
b if at least one is reported on line 2a, do the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as 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 the return? 5b. if "Yes," has it filed a Form 990-T for this year? If "No., "provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; Images of the organization in a foreign country. See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. If Yes, "to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c. If Yes, "to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c. If Yes, "did 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? 5c. If Yes, "did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible with every solicitation an express provided to the payor? 5c. If Yes, "did the organization notify the donor of the value of the goods or services provided? 5d. If Yes, "did the organization notify the donor of the value of the goods or services provided? 5d. If Yes, "did the organization notify the donor of the value of the goods or services provided? 6d. If Yes, "did the organization of the year provided to the payor? 5d. If Yes, "did the organization and the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	2a				
Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return. (See instructions) 3		med for the calcinal year chang with or within the year develor by this retain.	† I		
3a Dd the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return? b if Yes, 'has it field a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4 At any time during the celendar 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)? b if Yes, 'there the name of the foreign country: \(\) See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if Yes, 'to line 5a or 5b, did the organization file Form 88861, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 5b If Yes, 'did the organization file Form 88861, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 6a Des 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? 5c If Yes, 'did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 6c If Yes, 'did the organization of the properties of the goods or services provided? 6c If Yes, 'did the organization of the value of the goods or services provided? 6c If Yes, 'did the organization of the value of the goods or services provided? 6d If Yes, 'did the organization of the properties of the goods or services provided? 7d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9f For all contributi	þ		2b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		l 1	<u></u>	255	<u></u>

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.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		12		
b	Enter the number of voting members that are independent	1b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990	was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	₃?		5		<u>X</u>
6	Does the organization have members or stockholders?			6		_ <u>X</u> _
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the			
	governing body?			7a		_ <u>X</u> _
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	sons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	during	the year			
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b	37	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the	form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v
	Does the organization have a written conflict of interest policy? If "No," go to line 13	_		12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give	rise			
	to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," (describe	40		
	in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			14		X
14	Does the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a		Х
	The organization's CEO, Executive Director, or top management official			15b		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					***************************************
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ent w	ith a			
. va	taxable entity during the year?	.5.11 11	•	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate it	s participation			
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest policy	, and fina	ncial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books an	d reco	ords of the organ	ızatıon: 🕨	-	
	SHELLY MCKIMMEY - 402-387-0634					
	AINSWORTH, NE 69210					

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.

	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	ec ecretarional trustee	Officer		Highest compensated comproved compro		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
GARY WOLFE										
TRUSTEE	L		X					0.	0.	0
DENNIS BAUER										
TRUSTEE			X			<u> </u>		0.	0.	0
BOB WILSON	_									
TRUSTEE			X					0.	0.	0
TROY FIESTERMAN							-			
TRUSTEE			X					0.	0.	0
STAN MCKIMMEY										
TRUSTEE			X					0.	0.	0
ERIC GOOCHEY										
EXALTED RULER				X				0.	0.	0
CODY STUTZMAN										
LEADING KNIGHT				X			<u> </u>	0.	0.	0
NEIL HILTON		l				ĺ				
LOYAL KNIGHT				X				0.	0.	0
RYAN WELKE					ĺ					
LECTURING KNIGHT				X				0.	0.	0
SHELLY MCKIMMEY					ļ					
SECRETARY	1.00			X		_		1,800.	0.	0
CALVIN GOOCHEY	į								_	_
TREASURER	1.00	ļļ		X		ļ		900.	0.	0 .
RICK DENNY										_
CHAPLIN				X				0.	0.	0.
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Part VIII Section A. Officers, Directors,							est				(F)		
(A)	(B)	(C)						(D)	1	(E)			
Name and title	Average	/_	لممط		itior		ادراد	Reportable compensation	Reportable compensation	1		stimate nount	
	hours per	\vdash	neci	(all	lliai	app	עויק (עויק	from	from related	l		other	
	week	Individual trustee or director			1	_		the	organization			pensa	
	- 1	b o	異			Highest compensated employee		organization	(W-2/1099-MI	SC)		rom th	
		fuste	E E	ļ	ğ	J. J.		(W-2/1099-MISC)			_	anızat d relat	
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1b Total						<u> </u>		2,700.		0.			0.
2 Total number of individuals (including bu		nose	liste	ed al	DOV	e) wi	no re	eceived more than \$100	,υυυ in reportabl	е			0
compensation from the organization							_					Yes	No
3 Did the organization list any former office	er director or tru	istee	ke.	v em	nto	vee	or h	unhest compensated er	molovee on	Γ	·····		
line 1a? If "Yes," complete Schedule J fo			, 110	,	.0.0	,00,	.	g.r.oor.oomponomou.ou		1	3	j	х
4 For any individual listed on line 1a, is the			omp	ensa	ation	and	d oth	ner compensation from	the organization	Ī			
and related organizations greater than \$									-	Ĺ	4		X
5 Did any person listed on line 1a receive	or accrue compe	nsat	on f	rom	any	unr	elate	ed organization for serv	ices rendered to	ľ			<u> </u>
the organization? If "Yes," complete Sch	edule J for such	pers	on								_5_		<u> </u>
Section B. Independent Contractors													
1 Complete this table for your five highest the organization NONE	compensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	ipensa	ation fi	rom	
						_		(B)			(C	·	
(A) Name and busine	ess address							Description of s	ervices	Cr	ں omper		n
							7						
													_
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		_					+						
2 Total number of independent contractors	s (including but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
\$100,000 in compensation from the orga					(

47-0371304 Page 9 BPOE # 1790 Form 990 (2009) Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from tax under sections 512, 513, or 514 Unrelated Related or Total revenue business exempt function revenue revenue Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns 21,092. 1b b Membership dues 1,440. 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,742. 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 25,274. ▶ h Total, Add lines 1a-1f Business Code 2,666. 713200 2,666. 2 a PICKLE CARD SALES Program Service Revenue 850. 850. 900099 b YOUTH ACTIVITIES All other program service revenue 3,516. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,094. 3,094. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 4,600. 6 a Gross Rents b Less: rental expenses 4,600. c Rental income or (loss) 4,600. 4,600. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \blacktriangleright c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 58,089. and allowances 12,204. b Less: cost of goods sold 45,885. 45,885. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 2,496. 11 a MISCELLANEOUS 900099 2,496. d All other revenue 2,496. e Total. Add lines 11a-11d

Total revenue. See instructions

2,666.

3,346.

84,865.

Part IX Statement of Functional Expenses

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

	All other organizations must comp	iete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			***************************************	4
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,700.	<u></u> -		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	15 502			· ···
7	Other salaries and wages	15,503.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u> </u>
9	Other employee benefits	6,649.			<u> </u>
10	Payroll taxes	0,049.	-	<u> </u>	
11	Fees for services (non-employees)				
	Management			<u> </u>	
ь	1	950.			
C	<u> </u>	750.			
	Lobbying				
_	Professional fundraising services See Part IV, line 17 Investment management fees			· · · · · · · · · · · · · · · · · · ·	
f	Other	-			
9 12	Advertising and promotion	4,926.			
13	Office expenses	1,800.			
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy	14,177.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,569.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,423.			
23	Insurance		,		- 1110 Mar of the control Marine 20
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)	4 220			
а	PER CAPITA - GRAND LODG	4,339. 4,241.			
Ь	TAXES & LICENSES	3,285.			
C	INSURANCE	3,283.		· · · · · · · · · · · · · · · · · · ·	
d	SUPPLIES FUND PAISING	1,900.		-	
e	FUND RAISING	9,487.			
f oe	All other expenses	83,090.			····
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here if following	03,070.	<u> </u>		
26	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	ŧΧ	Balance Sheet			(A) Beginning of year		(B) End of year
					1,706.		· ·
- 1	1	Cash - non-interest-bearing		}	80,523.	1	12,085. 90,945.
i	2	Savings and temporary cash investments		}	00,323.	2	JU/J4J.
1	3	Pledges and grants receivable, net		-		3	
	4	Accounts receivable, net				4	
1	5	Receivables from current and former officers, di		•			
1		employees, and highest compensated employee	es. Cor	nplete Part II		_	
		of Schedule L		}		5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)	(B). Complete			
		Part II of Schedule L		-		6	
ध्	7	Notes and loans receivable, net			10 100	7	20 211
Assets	8	Inventories for sale or use		 -	13,192.	8	29,211.
⋖	9	Prepaid expenses and deferred charges	:	<u> </u>		9	494.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	206,593.			50.00
	þ	Less: accumulated depreciation	10b	156,506.	55,510.	10c	50 , 087.
	11	Investments - publicly traded securities		1		11	
	12	Investments · other securities. See Part IV, line	11	1		12	
	13	Investments · program-related. See Part IV, line	11			13	
	14	Intangible assets		<u> </u>		14	
	15	Other assets. See Part IV, line 11		_		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	150,931.	16	182,822.
	17	Accounts payable and accrued expenses			756.	17	378.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
ς,	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
api		highest compensated employees, and disqualifi					
ا ت		of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
- 1	24	Unsecured notes and loans payable to unrelate		4		24	
	25	Other liabilities. Complete Part X of Schedule D		· [25	
	26	Total liabilities. Add lines 17 through 25			756.	26	378.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
S.		lines 27 through 29, and lines 33 and 34.		·			
မှ ၂	27	Unrestricted net assets				27	
ala a	28	Temporarily restricted net assets				28	
8	29	Permanently restricted net assets				29	
Š		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🗓 and			
7		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or ed		nt fund	0.	31	0.
ا ک	32	Retained earnings, endowment, accumulated in			150,175.	32	182,444.
ž	33	Total net assets or fund balances	J	-: -:::	150,175.	33	182,444.
	34	Total liabilities and net assets/fund balances		ŀ	150,931.	34	182,822.

Form **990** (2009)

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.

Form **990** (2009)

3ь

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

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.

2009
Open to Public Inspection

Name of the organization

BPOE # 1790

Employer identification number 47-0371304

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		•
	Impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a	• •	2d
3	Number of conservation easements modified, transferred, rel		e organization during the tax
	year▶		-
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		——————————————————————————————————————
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these if	tems.	
b	If the organization elected, as permitted under SFAS 116, to i	report in its revenue statement and balar	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	e, 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 trea	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 11	6 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

	edule D (Form 990) 2009 BPOE #						<u>.037130</u>		
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Othe	r Similar A	ssets (con	tinued	<u> </u>
3	Using the organization's acquisition, access	on, and other record	ds, check any of	the following th	at are a sig	nificant use o	f its collection	on item	ns
	(check all that apply):								
a	Public exhibition	(Loan or	exchange progr	ams				
b	Scholarly research	•	Other	_					
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how they furth	er the organizat	ion's exem	not purpose in	Part XIV.		
5	During the year, did the organization solicit of	•							
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran				s' to Form	990. Part IV.			
 -	reported an amount on Form 990, Pa		•••• • • • • • • • • • • • • • • • • •						
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contribu	tions or other a	ssets not ii	ncluded			
	on Form 990, Part X?		<i>a.a.</i> ,			.,0,200	Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					_	
_	in 100, oxplain the energement in 1 art 7 th	and burnpioto the h	Showing table.				Amour		
С	Beginning balance					1c	Ailloui		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
	Did the organization include an amount on F	orm 000 Part V line	. 212			<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV		:21:				res	Ш.	_1 NO
	* V Endowment Funds. Complete		swered "Yes" to	Form 990 Part	IV line 10				
	* * Tartagramont and or complete	(a) Current year	(b) Prior year			d) Three years b	ack (e) Fou		hack
1.	Beginning of year balance	(a) Current year	(b) Filor year	(C) TWO YES	13 Dack	aj rilieo years u	ack (e) rou	years	Dack
1a	Contributions		-			····	 	+1111 - 11111	*********
b									
ر. د	Net investment earnings, gains, and losses		<u> </u>		·			,,,,,	,
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		· · · · · · · · · · · · · · · · · · ·			·····			
Ť	Administrative expenses						••••		
9	End of year balance					***************************************			
2	Provide the estimated percentage of the year	r end balance held a							
a	Board designated or quasi-endowment	···	%						
Ь	Permanent endowment	%							
		%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administe	ered for the	organization			
	by:						<u> </u>	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
þ	If "Yes" to 3a(II), are the related organizations						<u>3b</u>		L
4	Describe in Part XIV the intended uses of the								
rai	t VI Investments - Land, Building			 -			 -		
	Description of investment	(a) Cost or o		ost or other		umulated	(d) Boo	k value	e
		basis (investr	nent) bas	sis (other)	depr	eciation			
	Land			5,600.				$\frac{5,60}{2}$	
	Buildings			142,360.		02,593.		9,70	
	Leasehold improvements	<u> </u>		58,633.		53,913.		4,7:	20.
	Equipment	ļ							
	Other		l				<u></u>		
otal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), lin	e 10(c).)		▶	5	0,08	87.

Schedule D (Form 990) 2009 BPOE # 1790

uncertain tax positions under FIN 48.

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Sche	dule D (Form 990) 2009 BPOE # 1/90				4	7-03713	304	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fina	ancial S	Statem	ents		
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				
6	Investment expenses			6	_			
7	Prior period adjustments			7				
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			10				
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Rev	enue p	er Ret	urn		
1	Total revenue, gains, and other support per audited financial statements				<u>'</u>	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						
С	Recoveries of prior year grants	2c				1		
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1				-	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b					lc		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto M	lith Ev			5		
	t XIII Reconciliation of Expenses per Audited Financial Statemen	IIIS V	AITTI EX	<u>Jenses</u>				
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: Donated services and use of facilities	2a						
a	Prior year adjustments	2b						
С	Other losses	2c						
	Other (Describe in Part XIV.)	2d						
e	Add lines 2a through 2d					le l		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>	-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b				 4	c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5		
Par	t XIV Supplemental Information							
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple							Part
		<u> </u>		-				
								

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

BPOE # 1790	47-0371304
Form 990, Part VI, Section B, line 11: PART VI, LINE 10	- FORM 990 IS
REVIEWED BY THE LODGE AUDITING COMMITTEE PRIOR TO FILING	•
PART VI, LINE 19 - ALL GOVERNING DOCUMENTS, FINANCIAL ST	ATEMENTS, ETC ARE
AVAILABLE UPON REQUEST TO THE OFFICERS OF THE LODGE.	
Form 990, Part VI, Section C, Line 19: BY REQUEST TO THE	OFFICERS OF THE
LODGE.	····

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Identifying number

Business or activity to which this form relates

990

вР	POE # 1790			For	m 9	90 Pa	age 10		47-0371304
	art Election To Expense Certain Proper	ly Under Section 1	79 Note: If yo					V before	you complete Part I.
	Maximum amount. See the instructions					 -		1	250,000.
2 Total cost of section 179 property placed in service (see instructions)									
	3 Threshold cost of section 179 property before reduction in limitation								800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								4	
	Dollar limitation for tax year Subtract line 4 from line				nstructi	ons		5	
6	(a) Description of pro			(b) Cost (busin			(c) Elected	i cost	
]
7	Listed property. Enter the amount from	line 29				7			
	Total elected cost of section 179 proper		s in column (c	c), lines 6 and	7			8	
9 Tentative deduction. Enter the smaller of line 5 or line 8								9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562								10	
11	Business income limitation. Enter the sr	naller of business	s income (no	t less than zei	ro) or lii	ne 5		11	
12	Section 179 expense deduction. Add lir	nes 9 and 10, but	do not ente	r more than lir	ne 11			12	
13	Carryover of disallowed deduction to 20	10. Add lines 9 a	and 10, less l	line 12	>	13			<u></u>
Not	te: Do not use Part II or Part III below for	listed property. I	nstead, use	Part V.					
P	art II Special Depreciation Allowar	nce and Other D	epreciation	(Do not inclu	de liste	d prope	rty)		
14	Special depreciation allowance for quali	fied property (oth	ner than liste	d property) pl	aced in	service	during		
	the tax year							14	
15	Property subject to section 168(f)(1) election	ction						15	
	Other depreciation (including ACRS)							16	<u> </u>
₽ŧ	art III MACRS Depreciation (Do not	t include listed pr)				
		<u>. </u>	Se	ection A					<u> </u>
17	MACRS deductions for assets placed in	service in tax ye	ears beginnin	ng before 2009	9			_ <u> 17</u>	5,423.
18	If you are electing to group any assets placed in servi						▶	<u> </u>	
	Section B - Assets	7	1 -		Using t	he Gen	eral Deprecia	ition Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use		Recovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction
			Ollia - 200		l p			.,,	(g) Depreciation deduction
<u>19a</u>		iii acivice	·	instructions)	P		 		(g) Depressation design
b		III del vice		instructions	Р				(g) Depreciation deadction
	5-year property	in service		instructions)	P				(g) Depressauon deduction
С	5-year property 7-year property	in derive		instructions	P				(g) Depressauon deduction
_ c	5-year property 7-year property 10-year property	iii se nee		instructions)	F				(g) Depreziation dediction
d e	5-year property 7-year property 1 10-year property 1 15-year property	iii se vice		instructions)	P				(g) bepreziation dediction
d e f	5-year property 10-year property 15-year property 20-year property	iii se nee		instructions					(g) Depreziation dediction
d e	5-year property 10-year property 15-year property 20-year property			instructions)	25	5 yrs.	MM	S/L	(g) Depreziation dediction
d e f	5-year property 10-year property 15-year property 20-year property 25-year property			instructions)	25	5 yrs. 5 yrs.	MM	S/L S/L	(g) Depreziation dediction
d e f	5-year property 10-year property 15-year property 20-year property 25-year property			instructions)	25 27 27	5 yrs. 5 yrs. 5 yrs.	ММ	S/L S/L S/L	(g) Depreziation dediction
d e f	5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property			instructions)	25 27 27	5 yrs. 5 yrs.	MM MM	S/L S/L S/L S/L	(g) Depreziation dediction
d e f	5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property		During 2009		25 27 27 39	5 yrs. 5 yrs. 5 yrs. 9 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
c d e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl		During 2009		25 27 27 39	5 yrs. 5 yrs. 5 yrs. 9 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plan		During 200s		25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern	MM MM MM	S/L S/L S/L S/L S/L S/L iation Sy	
de e f g h	5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Place 12-year		During 2009		25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern	MM MM MM	S/L S/L S/L S/L S/L	
de e f g h	5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Place 12-year 40-year		During 200		25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern	MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L iation Sy S/L S/L	
de e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year art IV Summary (See Instructions.)	/ / / / laced in Service	During 200		25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern	MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L iation Sy S/L S/L	
de e f g h i i c c P 2 2 1	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place Class life 12-year 40-year art IV Summary (See Instructions.) Listed property. Enter amount from line	/ / / / laced in Service /		9 Tax Year Us	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern 2 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
de e f g h i i c c P 2 2 1	5-year property 10-year property 110-year property 15-year property 20-year property 25-year property Nonresidential rental property Section C - Assets Place Class life 12-year 240-year 240-year 241	/ / // // laced in Service / 28 4 through 17, lin	es 19 and 20	9 Tax Year Us	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern 2 yrs. 0 yrs.	MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
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