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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 **APRIL 1**, 2009, and ending **MARCH 31**, 20 **10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instructions.**C** Name of organization**B. P. O. E. # 1969**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P. O. BOX 566

City or town, state or country, and ZIP + 4

CARTERSVILLE, GA 30120**D** Employer identification number**58-0667135****E** Telephone number**(770)3823557****F** Group ExemptionNumber ► **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) ► **HYB****I** Website: ►**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 ► \$ **95237****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

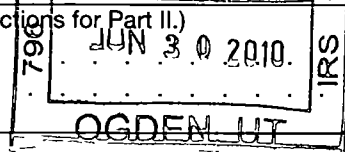
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11807
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13688
	4	Investment income	4	491
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other 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 <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	35137
	b	Less: direct expenses other than fundraising expenses	6b	20468
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14669	
7a	Gross sales of inventory, less returns and allowances	7a	17049	
b	Less: cost of goods sold	7b	4578	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	12471	
8	Other revenue (describe ► _____)	8	17065	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	70191	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	8052
	11	Benefits paid to or for members	11	2737
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	550
	14	Occupancy, rent, utilities, and maintenance	14	28452
	15	Printing, publications, postage, and shipping	15	1925
	16	Other expenses (describe ► _____)	16	9423
17	Total expenses. Add lines 10 through 16	17	51139	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19052
	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	102949
	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	122001

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	22599	28111
23 Land and buildings	80919	104211
24 Other assets (describe ► _____)		
25 Total assets	103518	132322
26 Total liabilities (describe ► _____)	569	10321
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102949	122001

SCANNED AUG 03 2010



P 20

Expenses

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

28 BATTERED WOMENS SHELTER

28a

29a

30

30a

31a

32

[illegible]

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
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?		✓
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		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ STEVEN SPRADLEY Telephone no. ▶ 770 382-3557 Located at ▶ CARTERSVILLE, GA ZIP + 4 ▶ 30120		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	✓
	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	✓
	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 ▶ <input type="checkbox"/> 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	Yes	No
		44	✓
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	✓

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.

- 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 **Yes No**
46 ☐ ☐
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ ☐
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ ☐
- 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."

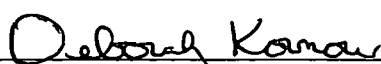
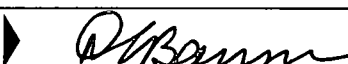
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		6/24/10 Date		
Paid Preparer's Use Only	 Preparer's signature		6/23/10 Date	<input type="checkbox"/> Check if self-employed	P00232602 Preparer's identifying number (See instructions)
	D. L. BOWMAN & ASSOCIATES, INC. Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶ 58-2556536		(770)5658340 Phone no ▶
	2550 SANDY PLAINS RD STE 225 MARIETTA, GA 30066		May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Department of the Treasury
Internal Revenue Service

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

B. P. O. E. # 1969

Employer identification number

58

0667135

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RAFFLE (event type)	RAFFLE (event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	12359	10351		22710
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	12359	10351		22710
Direct Expenses	4 Cash prizes	5400	9000		14400
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	327	169		496
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(14896)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				7814

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states?
- b** If "No," explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b** If "Yes," explain: _____
- 11** Does the organization operate gaming activities with nonmembers?
- 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?

	Yes	No
9a		
10a		
11		
12		

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

BPOE # 1969 2009

Members Dues & Assesments

Members Dues	9,540
Lodge Fees	3,003
Reinstatements	110
Initiation	900
Transfers	135

13,688

Other Income	
Lodge Meals	2,809
Building Fund	14,256

17,065

Other Expenses

Grand Lodge Dues	2,884
State Dues	824
Exalted Ruler Trng	300
Grand Lodge Convention	2,000
State Convention	700
Exalted Ruler exp	455
Memorial Service	95
House Supplies	265
House License	950
House Taxes	620
Ice	330

Total	9,423
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Occupancy

Insurance	3,353
Lodge Supplies	1,063
Other Expense	1,153
Grand Lodge Supplies	410
Repairs & Maintenance	8,033
Telephone	843
Electricity	5,721
Trash	816
Water	495
Television	1,583
Box rent	156
Security	464
Depreciation	4,362
	<hr/>
	28,452

Contributions

Battered Womens Shelter	2,623
Aidmore Childrens Home	305
Local Charities	1,314
Other Ntl Foundation	762
Veterans	375
Drug Awareness	91
Youth Activities	2112
Hoop Shoot	470
	<hr/>
	8,052

Members

Meals	2,737
	<hr/>
	2,737

Part V Line 35

Reported sales are to members only.