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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)

OMB No 1545-0047

| | | the Treasury ue Service | • | The organization may | y have to use a c | opy of this re | eturn to satisfy s | state r | eporting re | equirements | | Inspect | |
|---------------------------|-------------|----------------------------|---------------------|------------------------------|-----------------------|----------------|--|--|--------------|----------------------|----------------|-------------------|--------------|
| | | | endar yea | ar, or tax year begin | ning | 4/1/200 |)9 | , and | ending | 3/3 | 1/2010 | | |
| В | Check if a | pplicable | Please | C Name of organization | PALM C | OAST B P | O ELKS # 270 |)9 | | D Employer | identifica | tion number | |
| | Address | change | use IRS label or | Doing Business As | | | | | | 59-2669153 | 3 | | |
| | Name ch | ange | print or | Number and street (c | or P O box if mail is | not delivered | to street address) | F | Room/suite | E Telephone | number | | - |
| | nitial ret | urn | type See | PO BOX 352765 | | | | | | (386) 446-2 | 709 | | |
| | Terminat | ted | Specific Instruc- | City or town, state or | country, and ZIP + | 4 | | | | | | | |
| | Amende | d return | | PALM COAST | | F | L 32 | <u> 2135-</u> | 2765 | G Gross rece | eipts \$ | | 721,961 |
| | Applicati | on pending | F Na | ame and address of p | rincipal officer | | | | H(a) Is t | his a group retu | rn for affilia | ates? Ye | s X No |
| | | | GARY B | RUNO 22 WESTO | VERIANE PA | I M COAS | Γ FL 32164 | | 1 '' | e all affiliates inc | | | _ |
| | | mpt status | | | | 4947(a)(1) | | | - | 'No," attach a lis | | | |
| | | | | | sert no / | 14347(a)(1) | 01 327 | | | | • | | |
| | | e: ► W\\ | | | | | | T | | oup exemption r | | <u>_</u> | |
| _ | | rganization | X Cor | poration Trust _ | Association | Other > | | L Ye | ear of forma | tion 1987 | M Sta | te of legal domic | ile FL |
| P | art I | | mmary | | | | | | | | | | |
| | 1 | Briefly d | lescribe t | he organization's m | ission or most | significant | activities <u>C</u> | <u>HARI</u> | TY | | | | |
| • | | | | | | | | | | | | | |
| Activities & Governance | | | | | | | | | | | | | |
| ĕ | | | | | | | | | | | | | |
| Š | 2 | | | ▶ ☐ If the organia | | | | | | than 25% c | of its net | assets | |
| ~ | 3 | | _ | members of the go | | • | • | | | • | 3 | | 916 |
| tles | 4 | | | endent voting mem | _ | erning bod | y (Part VI, line | e 1b) | | | 4 | | |
| ξ | 5 | | | employees (Part V, | • | | | | | | 5 | | 25 |
| ĕ | 6 | | | volunteers (estimate | | | | | | | 6 | | <u>50</u> |
| | 7a | • | | ated business reve | | • | | • | • | | 7a | | |
| | b | Net unre | elated bus | siness taxable inco | me from Form | 990-T, line | <u>34</u> | | | <u> </u> | 7b | | |
| | | | | | | | | | ļ | Prior Year | | Current Y | |
| 60 | 8 | | | d grants (Part VIII, I | | | | • | | 69 | 9,165 | | 94,547 |
| ñ | 9 | _ | | revenue (Part VIII, | | | | • | | | | | |
| Revenue | 10 | | | ne (Part VIII, colum | | | | • | | | 429 | | 4 |
| u. | 11 | | - | Part VIII, column (A) | | | = | | | | 0,267 | | 289,534 |
| | 12 | | | d lines 8 through 11 (n | | | | | | | 9,861 | | 384,085 |
| | 13 | | | ar amounts paid (Pa | | | -3) | | | 17 | 7,544 | | 26,857 |
| | 14 | | • | or for members (Pa | • | | | | | | | | |
| S | 15 | | | ompensation, emplo | | | umn (A), lines | 5–10 |)) | 12 | 2,847 | | 144,827 |
| Expenses | 16a | | | draising fees (Part I | | | | | | | | | |
| ă. | b | | | expenses (Part IX, | | | | 4,62 | 0 | | | | |
| ш | 17 | Other ex | (penses (| (Part IX, column (A) |), lines 11a–11d | d, 11f-24f) | CENCO | • | קר | | 7,399 | | 219,905 |
| | 18 | | | Add lines 13–17 (m | | | (A) cline/25)_/ | • | | | 7,790 | | 391,589 |
| | 19 | Revenue | e less exp | penses. Subtract lir | ie 18 from line | isi | | <u> </u> |) | | 7,929 | | -7,504 |
| sets or | | T.4-1 | | | | 6 JU | N 2 8 2010 | 80.8 | Beginn | ing of Current | | End of Ye | |
| SSet | 20 | | | t X, line 16) | • • | | | \ | ગો——— | | 4,167 | | 375,776 |
| X_{ϵ}^{ϵ} | 21 | | • | art X, line 26) | | | -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-, | | | | 3,855 | | 82,968 |
| 72 [| 22 | | | d balances. Subtra | ct line 21 from | ine zu (- | DEN UT | | لل | 300 | 0,312 | | 292,808 |
| علق | rt II | | nature E | of perjury, I declare that I | have examined this | roturn includ | Ing accompanying | . sobod | ulos and str | stamonta and to | the best | of my knowledge | |
| 둙 | | | | ue, correct, and complete | | | | | | | | | |
| 5 | | | | 1 4 | | • | , | | | | | , | |
| · C: | | | (| Jany X | W . | | | | | 1 | | _ | |
| _Sig | | | Signature | officer | 0, | / / | | \ | / | Date | , / | 7 | |
| ∃He | re | | | CERR. | ン(ティ) | - EXI | 4LTED | 17 | uler | (e) | 194 | 14010 | 7 |
| \ | | | Type or prir | nt name and title | | | | ' ' | | V | | | |
| | | Prepa | | | | | Date | | Check If | | | s identifying nun | nber |
| ⊒ P ai | d parer' | signa | iture | Mussin | CI. | _ | 6/40/0040 | | self- | ► X | (see instru | | ـ د |
| | | | s name (or y | YOURS A S S S S S S S | | | 6/19/2010 | <u>, </u> | employed | | 100 | 2079 | 10 |
| Use | Only | ıf self | f-employed), | Cawico | ASTAL ACCO | | | | | EIN P | | | |
| | | addre | ess, and ZIP | <u>+4</u> 1617 N RI | IDGEWOOD A | | | | | Phone no 🕨 | (386) 6 | 73-0401 | |
| May | the IF | RS discus | s this ret | urn with the prepare | er shown above | e? (see ins | tructions) | | | • | | Yes | X No |

| orm | 990 (2009) | PALM COAST B P O ELKS # 2709 | 59-266915 <u>3</u> | Page 2 |
|----------------|--------------------|--|--------------------|-------------|
| Pa | rt III | Statement of Program Service Accomplishments | | <u></u> |
| 1 | Briefly de | escribe the organization's mission: | | |
| | - | Υ | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | Did the c | organization undertake any significant program services during the year which were not listed | d on | |
| | the prior | Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," | describe these new services on Schedule O. | | |
| 3 | Did the d | organization cease conducting, or make significant changes in how it conducts, any program | | |
| | services' | ? | Yes | X No |
| | If "Yes," | describe these changes on Schedule O | | |
| 4 | | the exempt purpose achievements for each of the organization's three largest program serv | | |
| | | 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the | amount of grants a | ind |
| | allocation | ns to others, the total expenses, and revenue, if any, for each program service reported. | | |
| | | | | |
| 4a | (Code ⁻ |) (Expenses \$ 12,600 including grants of \$) (Rever | nue \$ |) |
| | FRATER | NAL BENEFICIARY SERVICES | | |
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| 4h | (Code |) (Expenses \$ 14,257 including grants of \$) (Rever | nue \$ | ١ |
| 76 | | SERVICE CHARITY | | |
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| 4c | (Code |) (Expenses \$ including grants of \$) (Rever | nue\$ |) |
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| A -1 | Other pr | ogram services (Describe in Schedule O.) | . | |
| +u | (Expense | ogram services. (Describe in Schedule O.) es \$ | 1 | |
| 4 _P | | ogram service expenses 26,857 | 1 | |

4e Total program service expenses ▶

| | | | Yes | No |
|-----|---|---|--------------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1 | | |
| | complete Schedule A | 1 | <u> </u> | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2_ | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ | | ١., |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 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 | 4 | ├ | |
| 3 | and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. | 5 | İ | |
| 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? <i>If "Yes,"</i> | | | |
| | complete Schedule D, Part I | 6 | ļ | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | <u> </u> | | |
| | 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 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | ļ | 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, | | | |
| | VII, 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 | | Х |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax Yes No | | | |
| | year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ. |
| D | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | ا ا | | ., |
| 15 | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 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 | | | v |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | | <u> </u> |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III. | 46 | | v |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 16 | | <u> </u> |
| • | 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 |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|----------|---------------|--------------|
| | | T | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | ŀ | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 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 Schedule K. If "No," go to line 25 | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| ZJa | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 254 | | |
| D | | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | 25b | | |
| 00 | 990-EZ? If "Yes," complete Schedule L, Part I | 250 | - | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 26 | | , |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | <u> </u> | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | 0.7 | | |
| | 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 instructions for applicable filing thresholds, conditions, and exceptions): | <u> </u> | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | l |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | 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? | j ! | | |
| | 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 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 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 | | X_ |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete |] ! | | |
| | Schedule R, Part V, line 2 | 35_ | | Х |
| 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 | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| - | 192 Note: All Form 990 filers are required to complete Schedule O | 38 | Y | |

| | | 669153 | } F | Page 5 |
|---------|---|---------------|-----------|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | $\overline{}$ | res | NO |
| Id | | 5 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 4 | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | -:- | <u> </u> | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 25 | 5 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | 1 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | |
| | instructions) | | ĺ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | |
| | this return? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | <u> </u> | |
| 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 (such as a bank account, securities account, or other financial | | ļ | |
| | account)? | 4a | <u> </u> | X |
| 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 | | | ŀ |
| _ | and Financial Accounts. | | ļ | <u> </u> |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | . | X. |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | ١. | | ,, |
| 6- | Prohibited Tax Shelter Transaction? | 5c | | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6- | | " |
| h | organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | - Gh | | ĺ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | | Х |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | <u> </u> | | |
| | required to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 1 | | |
| | benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 1 | | |
| | required? | 7h_ | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | <u></u> | | |
| • | organization, have excess business holdings at any time during the year? | 8 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b 10 | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | | 1 | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| a | | | | |
| a b | Gross income from members or shareholders | 1 | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | _ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |

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.

| Sect | ion A. Governing Body and Management | | | | | | |
|------|--|----------|-------------|----------|-----|----------|----|
| | | | Ī | - | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | | 916 | | | |
| b | Enter the number of voting members that are independent | _1b | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business rel | ations | hip with | - | | ļ | |
| | any other officer, director, trustee, or key employee? | | | . | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or u | | | ĺ | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 9 | 990 was | s filed? | | 4 | | Х |
| 5 | Did the organization become aware during the year of a material diversion of the organization | n's ass | ets? | . | _5_ | <u> </u> | Х |
| 6 | Does the organization have members or stockholders? | | | . | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or r | nore n | nembers | | | | |
| | of the governing body? | | | . | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or ot | her pe | rsons?. | L | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions unde | rtaker | during | | | | |
| | the year by the following: | | | L | | <u> </u> | |
| а | The governing body? | | | L | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | . L | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | | j | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule | e O . | | | 9a_ | | X |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | e Inte | rnal | | | | |
| Reve | enue Code) | | | | | | |
| • | | | | _ | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | • | . L | 10a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities of | of such | chapters | , | ! | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization | | | L | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body b | efore | filing the | | | | |
| | form? | | | L | 11 | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | . L | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | - L | 12a | | Х |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests | that co | ould give | | | | |
| | rise to conflicts? | | • | L | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the pol | licy? If | "Yes," | | | | |
| | describe in Schedule O how this is done | | | . L | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | • | | . L | 13 | | Х |
| 14 | Does the organization have a written document retention and destruction policy? | | | . L | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and a | approv | al by | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliber | ation a | and decisi | on? | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | | Х |
| b | Other officers or key employees of the organization | | | . [| 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar a | arrange | ement | L | | | |
| | with a taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization | to eva | aluate | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken step | | | L | | | |
| | the organization's exempt status with respect to such arrangements? | | | | 16b | | |
| Sect | ion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar | nd 990 | -T (501(c) | (3)s on | ly) | | |
| | available 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 docur | nents. | conflict of | interes | st | | |
| | policy, and financial statements available to the public. | • | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the b | ooks a | and record | s of the | • | | |
| | organization TREASURER | | | | | | |
| | PO BOX 35-2765, PALM COAST, FL 32135-2765 | | | | | | |

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.

| Check this box if the organization did not compensate any current officer, director, or trustee. | | | | | | | | | | |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | | | | k all | that ap | | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 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 |
| BRIAN McNULTY TRUSTEE | 5 | х | | x | | | | | | |
| CHARLES COHEN TRUSTEE | 5 | х | | х | | | | | | |
| VINCENT SAPUPPO TRUSTEE | 5 | х | | х | | | | | | |
| GEORGE PINES TRUSTEE | 5 | х | | x | | | | | | |
| THOMAS BRAND TRUSTEE | 5 | χ_ | | x | | | | | | |
| GARY BRUNO EXALTED RULER | 20 | | | x | | | | | | |
| DIANA KAMINSKI SECRETARY | 20 | | | х | | | | 5,040 | | |
| RICHARD TROWBRIDGE TREASURER | 20. | | | х | | | | 5,040 | | |
| | | | | | | | | | | |
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| Pa | rt VII Section A. Officers, Directors, Tru | ustees, Key En | nploy | /ees | , and | d Hiç | ghes | t Co | mpensated Em | ployees (| continu | ıed) | |
|----|---|----------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--------------------------------------|-------------------|---------------------------------|---|
| • | (A) | (B) (C) (D) (E | | | | | | | (E) | | (| F) | |
| | Name and title | Average hours per | <u> </u> | | <u> </u> | r _ | hat ap | | Reportable compensation | Reporta compens | ation | amo | mated ount of |
| | | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from rela organizat (W-2/1099- | ions | compe fror orgar and r | ther ensation in the nization related izations |
| | | | | | | | | | | | | | |
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| | | | | | | | Ĺ | | 12.222 | | | | |
| 1b | Total | | | | | | | <u> </u> | 10,080 | | | | |
| 2 | Total number of individuals (including but no | | se list | ed a | bove | e) wł | 10 ге | ceive | ed more than \$1 | 00,000 in | | | |
| | reportable compensation from the organizat | 1011 | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci | | | | | yee, | or h | ighe | st compensated | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | m of reportable | com | pens | atio | | | | • | | 3 | | ^- |
| | the organization and related organizations gundividual | | | | | | | | | ucn | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a services rendered to the organization? If "Ye | | | | | | | | | | 5 | | X |
| | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest con compensation from the organization. | npensated indep | pend | ent c | contr | acto | rs tha | at re | | n \$100,00 | D of | | |
| | (A) (B) Name and business address Description of services | | | | | | | rices | (C) Compensation | | | | |
| | | | | | | | | | | | | | |
| | | | <u> </u> | _ | | | | | | | | | |
| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in more than \$100,000 in compensation from t | | | d to | thos | e lis | ted a | bove | e) who received | | | | |

900099

9,441

39,918 384,085

728

9,441

258,078

728

c NEWS LETTER, 100 CLUB, MISC

Total revenue. See instructions . . .

Total, Add lines 11a-11d

d All other revenue . . .

31,460

59-2669153

Part IX

PALM COAST B P O ELKS # 2709

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) (C) (A) (B) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . 21,542 21,542 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 5.315 5.315 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, 10.110 10,110 trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 120,723 120,723 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 1,539 1,539 9 12.455 12.455 10 Fees for services (non-employees): a Management b 1.300 1,300 Ç d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f q 2,287 12 Advertising and promotion . . 2.287 13 4,827 4.827 Office expenses . . 14 Information technology 15 Royalties 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 5,397 5,397 Conferences, conventions, and meetings 20 Interest . 21 24,083 24,083 22 Depreciation, depletion, and amortization 23 6.560 6,560 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) DIGNITARY ENTERTAINMENT 1,865 1,865 BULLETIN EXPENSES 10,086 10,086 JANITORIAL EXPENSES 17,301 17,301 OFFICERS EXPENSES 546 546 e STATE PER CAPITA EXPENSES f All other expenses SEE ATTACHED SCHEDULE 145,651 4,620 26.857 219.081 Total functional expenses. Add lines 1 through 24f 391,589 4.620 25 Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Balance Sheet Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 89,803 1 97,063 2 26,100 2 20,461 3 3 4 920 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Assets 7 26,340 8 24,996 8 2,754 400 9 Prepaid expenses and deferred charges . 9 10<u>a</u> 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D _10b 239,170 Less. accumulated depreciation . . . 10c 231,936 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11. 13 Investments—program-related See Part IV, line 11 13 14 14 15 15 Other assets See Part IV, line 11 . . . 384,167 375,776 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses . 15,425 6,204 18 18 Grants payable 55,308 57,306 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 13,122 25 19,458 26 Total liabilities. Add lines 17 through 25 83,855 82,968 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 29 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 300,312 32 292,808 33 300,312 33 292,808 34 Total liabilities and net assets/fund balances 375,776 384,167 34

| COMMI | 1950 (2009) PALIN COAST B P O ELKS # 2709 | 09-2009100 | P | age LZ |
|-------|--|------------|-----|--------|
| Par | XI Financial Statements and Reporting | | | |
| -,- | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | _ | | |
| | Schedule O. | , | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | . 2a | Χ | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Х |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | . 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | |
| 2- | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | 3a | | х |
| | the Single Audit Act and OMB Circular A-133? | Ja | | ^_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 3. | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | 990 | |
| | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

| PALN | I COAST B P O ELKS # 2709 | | 59-2669153 | | | | | |
|------|---|---|--|--|--|--|--|--|
| Part | Organizations Maintaining Done | or Advised Funds or Other Similar F | unds or Accounts. Complete if | | | | | |
| | the organization answered "Yes" t | o Form 990, Part IV, line 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 d | | | | | | | |
| _ | funds are the organization's property, subjections | | | | | | | |
| 6 | Did the organization inform all grantees, do | | | | | | | |
| | used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Part | | lete if the organization answered "Yes | | | | | | |
| 1 | Purpose(s) of conservation easements held | | | | | | | |
| | Preservation of land for public use (e.g. | , recreation or pleasure) Preservatio | n of an historically important land area | | | | | |
| | Protection of natural habitat | Preservatio | n of a certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization | ation held a qualified conservation contrib | ution 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 ea | | 2 b | | | | | |
| С | Number of conservation easements on a ce | | . <u>2c</u> | | | | | |
| d | Number of conservation easements include | | | | | | | |
| 3 | | | | | | | | |
| | during the tax year | | | | | | | |
| 4 | Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | | | | | | | |
| 5 | violations, and enforcement of the conserva | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitor | | | | | | | |
| • | | mig, moposting, and emercing concentati | on odoomonio damig ino you | | | | | |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing conservation e | asements during the year | | | | | |
| | ▶ \$ | 1 3, | 5 , | | | | | |
| 8 | Does each conservation easement reported | on line 2(d) above satisfy the requiremen | ts of section | | | | | |
| | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? | | Yes No | | | | | |
| 9 | In Part XIV, describe how the organization r | eports conservation easements in its reve | nue and expense statement, and | | | | | |
| | balance sheet, and include, if applicable, the | - | financial statements that describes | | | | | |
| | the organization's accounting for conservati | | | | | | | |
| Part | | ons of Art, Historical Treasures, or Oth | er Similar Assets. | | | | | |
| | Complete if the organization answere | | | | | | | |
| 1a | If the organization elected, as permitted und | | | | | | | |
| | art, historical treasures, or other similar assistervice, provide, in Part XIV, the text of the | | | | | | | |
| b | If the organization elected, as permitted und | | | | | | | |
| _ | historical treasures, or other similar assets h | | | | | | | |
| | service, provide the following amounts relat | | · | | | | | |
| | (i) Revenues included in Form 990, Part VII | I, line 1 | > \$ | | | | | |
| | (ii) Assets included in Form 990, Part X | | - \$ | | | | | |
| 2 | If the organization received or held works of | art, historical treasures, or other similar a | ssets for financial gain, provide the | | | | | |
| | following amounts required to be reported u | | | | | | | |
| а | Revenues included in Form 990, Part VIII, li | | ▶ \$ | | | | | |
| b | Assets included in Form 990, Part X | | • \$ | | | | | |

| Pari | Organizations Maintaining | g Collections of | Art, His | torical i | reasures, c | or Other Simila | ir Assets (continuea) | | |
|----------|--|------------------------|--------------|---------------|----------------|---------------------|------------------------------|--|--|
| 3 | Using the organization's acquisition use of its collection items (check all | | other reco | rds, chec | k any of the | following that are | a significant | | |
| а | Public exhibition | рр.уу. | d \square | Loan | or exchange | programs | | | |
| _ | = | | | Other | _ | | | | |
| b c | Scholarly research Preservation for future genera | ations | e | Other | | | | | |
| 4 | Provide a description of the organiz | | and expla | ain how t | hey further th | ne organization's | exempt purpose in | | |
| _ | Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar | | | | | | | | |
| 5 | assets to be sold to raise funds rath | er than to be mai | ntained as | part of t | he organizati | on's collection? | Yes No | | |
| Part | IV Escrow and Custodial Ar IV, line 9, or reported an ar | • | • | _ | | nswered "Yes" | to Form 990, Part | | |
| 1a | Is the organization an agent, trustee | | | ediary for | contribution | s or other assets | | | |
| _ | included on Form 990, Part X? | | | | | | Yes No | | |
| b | If "Yes," explain the arrangement in | Part XIV and con | iplete the | tollowing | table | | A | | |
| | | | | | | | Amount | | |
| C | Beginning balance | | • | | | . 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | . 1e | | | |
| f | Ending balance | | • | | | 1f | | | |
| 2a | Did the organization include an amo | | Part X, Iır | ne 21? . | | | Yes X No | | |
| <u> </u> | | | | | | | | | |
| Part | V Endowment Funds. Com | | | | | | | | |
| | | (a) Current year | (b) Pro | r year | (c) Two years | back (d) Three year | ars back (e) Four years back | | |
| 1a | Beginning of year balance | , | | | | | | | |
| b | Contributions | | | | | - | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | |
| - | and programs | | | | | | | | |
| f | Administrative expenses . | | | | | | | | |
| | End of year balance . | | | | | | | | |
| g 2 | Provide the estimated percentage of | f the year end hal | ance held | 36. | | | | | |
| a | Board designated or quasi-endowm | • | ance neid | us. | | | | | |
| b | Permanent endowment | | | | | | | | |
| c | Term endowment | | | | | | | | |
| 3a | Are there endowment funds not in the | he nossession of t | the organi | zation the | at are held a | nd administered t | for the | | |
| va | organization by | is possession on | o organi | | aro nota di | adminiotorou | Yes No | | |
| | (i) unrelated organizations . | | | | | | . 3a(i) | | |
| | (ii) related organizations | | | | | • • | 3a(ii) | | |
| ь | If "Yes" to 3a(ii), are the related org. | | Is required | Lon Sche | dule R? | • | 3b | | |
| 4 | Describe in Part XIV the intended u | | • | | | | . [] | | |
| Part | | | | | | X line 10 | | | |
| | Description of investment | (a) Cost or of | | _ | t or other | (c) Accumulated | (d) Book value | | |
| | | (investr | nent) | basis | (other) | depreciation | | | |
| 1a | Land | | | | 56,783 | | 56,783 | | |
| þ | Buildings | · | | | 419,482 | 272,3 | 147,140 | | |
| C | Leasehold improvements | | | · | | | | | |
| d | Equipment | | - | | 165,423 | 137,4 | 28,013 | | |
| <u>e</u> | Other | | 000 0 | -1 V1 | · (D) (Fig. : | 10(-1) | | | |
| ı ota | I. Add lines 1a through 1e. (Column (| a) must equal Fol | ın 990, Pa | irt X, COIL | unn (B), line | 10(C)) ▶ | 231,936 | | |

PALM COAST B P O ELKS # 2709 59-2669153 Schedule D (Form 990) 2009 Page 3 Investments—Other Securities. See Form 990, Part X, line 12. Part VII (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives . Closely-held equity interests . . . Total (Column (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 990, Part X, line 13 Part VIII (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | • |

Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER PAYABLES 8,474 **DEFERRED INCOME** 10,984 Total (Column (b) must equal Form 990, Part X, col (B) line 25) ightharpoons19,458

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12). 384.085 2 Total expenses (Form 990, Part IX, column (A), line 25). 391,589 3 Excess or (deficit) for the year. Subtract line 2 from line 1. 3 -7,504 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities . 5 6 6 7 7 Prior period adjustments Other (Describe in Part XIV.) 8 9 9 Total adjustments (net). Add lines 4 through 8 . . . Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9. 10 -7,504 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments. 2a 2b Donated services and use of facilities . . . Recoveries of prior year grants . . . 2c C Other (Describe in Part XIV.) 2d d Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b а Other (Describe in Part XIV.) 4b Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b h Other losses . . . 2c c Other (Describe in Part XIV) d Add lines 2a through 2d . 2e е 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PALM COAST B P O ELKS # 2709

59-2669153

| Schedule D (Form 9 | 990) 2009 | Page 5 |
|--------------------|--------------------------------------|---------------|
| Part XIV | Supplemental Information (continued) | |
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SCHEDULE G (Form 990 or 990-EZ)

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.

2009

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer Identification number** Name of the organization PALM COAST B P O ELKS # 2709 59-2669153 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а f Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (vi) Amount paid to (i) Name of individual (ii) Activity (or retained by) custody or control of or entity (fundraiser) from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No Total \blacktriangleright 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

| Pa | rt II | | | | s" to Form 990, Part IV, ss receipts greater than | | or repo | orted |
|-----------------|--|--|-----------------------------|--|--|---------------------------------------|--|---------------|
| | | more than \$15,000 | (a) Event #1 | (b) Event #2 | (c) Other events | | tal even | ts. |
| | | | | | | (add col | (a) thro | |
| 4. | | | (event type) | (event type) | (total number) | | ol (c)) | |
| Revenue | 1 | Gross receipts | | | | | | |
| Reve | 2 | Less Charitable contributions | | | | | | |
| _ | 3 | Gross income (line 1 | | | | | | - |
| | | minus line 2) | | | | | | |
| | 4 | Cash prizes | · | | | | | |
| | - | · | | | | | | |
| | 5 | Noncash prizes | | | | | | |
| nses | 6 | Rent/facility costs . | | | | · · · · · · · · · · · · · · · · · · · | | · |
| Direct Expenses | 7 | Food and beverages . | | | | | | |
| Direct | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses . | | | | | | |
| | 10 11 | Direct expense summary Net income summary. Cor | _ | * * | | | | |
| Pa | rt III | | | | ▶ | ported m | ore | |
| | | than \$15,000 on Fo | | | | <u> </u> | | |
| ηne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total col (a) the | | |
| Revenue | | | | unigorprogressive unige | | 301 (a) till | | . (0)/ |
| <u>~</u> | 1 | Gross revenue | 131,465 | 16,935 | | | 14 | <u>48,400</u> |
| ses | 2 | Cash prizes | 106,093 | 10,847 | | | 1 | 16,940 |
| rect Expenses | 3 | Noncash prizes | | | | | | |
| | 4 | Rent/facility costs | | | | | | |
| ٥ | 5 | Other direct expenses . | | | | | | |
| | 6 | Volunteer labor . | X Yes 100.00% | X Yes 100.00% | Yes No | · | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summ | arv. Combine line 1. colu | mn d. and line 7 | | | 3 | 31,460 |
| | | | | <u>-</u> | | | Yes | No |
| 9 a | | iter the state(s) in which the the organization licensed to | | |) | 9a | | X |
| b | | 'No," explain: | operate gaining activitie | s in each of these states: | | . Ja | | 1 |
| | S | ATE OF FLORIDA DOES I | NOT LICENSE BINGO | | | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | 10a | | X |
| b | | Yes," explain | 5 5 | , | J , | 1 | | |
| | | | | | | | | |
| 11 | Do | es the organization operate | e gaming activities with n | onmembers? | | 11 | Х | |
| 12 | ls | the organization a grantor, | beneficiary or trustee of a | a trust or a member of a p | artnership or other entity | 12 | | |
| | 101 | med to administer charitab | ie gaming? | <u> </u> | <u> </u> | 12 | | X |

Page 3

| Sched | ule G (Form 990 or 990-EZ) 2009 | | | Page 3 |
|-------|--|--------------|-----|--------|
| | | r | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility | | | |
| b | An outside facility | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | : | |
| | Name ▶ GEORGE PINES | | | |
| | Address ► 85 WHISPERING PINES DRIVE PALM COAST, FL 32164 | | | |
| 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 > \$ | | | |
| G | If "Yes," enter name and address of the third party: | ľ | | |
| Ŭ | 11 100, Onto hame and address of the time party. | | } | |
| | Name ▶ | | | |
| | Address • | | | |
| 16 | Gaming manager information | <u> </u> | | |
| | Name ▶ | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided | | | |
| | X Director/officer | | | |
| 17 | Mandatory distributions: | i | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | <u></u> | | |
| | retain the state gaming license? | 17a | | X |
| 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 > \$ | | | |

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

| | | - |
|----|--------------------|---|
| ,, | OMB No 1545-0047 - | |
| | | |

Open to Public Ø Ø Ø

Inspection Employer identification number

Š

X Yes

| 59-2669153 ants or assistance, and | PALM COAST B P O ELKS # 2709 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | 4 G + 2 |
|------------------------------------|---|--------------------|
| ganization answered "Yes" to | Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to | ď |
| | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | 7 |
| | assistance? | |
| ants or assistance, and | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the gr | ~ |
| | General Information on Grants and Assistance | ٩ |
| 59-2669153 | M COAST B P O ELKS # 2709 | PA |
| | | |

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ELKS NATIONAL FOUNDATION 2750 N LAKEVIEW AVE CHICAG | | | 4,829 | | | | |
| HARRY ANNA TRUST FUND PO BOX 49 UMATILLA, FL 32784 | | | 2,313 | | | | |
| FLORIDA ELKS YOUTH CAMP PO BOX 49 UMATILLA, FL 32784 | | | 1,800 | | | | |
| BPOE GRAND LODGE 2750 N LAKEVIEW AVE CHICAG | | | 12,600 | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government or3 Enter total number of other organizations | 501(c)(3) and rganizations | government organ | ganizations | | | • | |

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 4,315 1,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients VARIOUS (a) Type of grant or assistance PUBLIC CHARITY EXPENSES BOY SCOUT SCHOLARSHIPS Part III Part IV

. « SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

59-2669153

Name of the organization

PALM COAST B P O ELKS # 2709

Department of the Treasury Internal Revenue Service Attach to Form 990.

| Form 990 Part IV Line 19 BINGO IS REPORTED ON SCH G |
|--|
| Form 990 Part VI Section B Line 11A LODGE HAS AN AUDITING AND ACCOUNTING COMMITTEE WHICH REVIEWS ALL |
| FINANCIAL STATEMENTS INCLUDING TAX RETURNS |
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·Élections

Election to NOT claim first-year special depreciation - All Property

The Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return.

Sequence No 67

| Name(s) shown on return | | vity to which this f | orm relates | | Identifying num | ber | |
|---|-------------------|-----------------------|-----------------|---------------------------|-------------------|--|---------------------------------------|
| PALM COAST B P O ELKS # 2709 | 990 | | = | | 59-2669153 | | |
| Part I Election To Expense Certain | | | | | | | |
| Note: If you have any listed property, co | | | | | | 1 4 | 250,000 |
| 1 Maximum amount. See the instructions for | • | | | | | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | | | | | | | 16,850 |
| (| | | | | | | 800,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 | | | | | | | |
| | from line 1. If: | zero or less, ent | er -0 If mar | ried filing | | | |
| separately, see instructions | <u> </u> | | | | | 5 | 250,000 |
| 6 (a) Description of property | | (b) Cos | t (business use | e only) | (c) Elected co | ost | |
| | | | | | | | |
| | | <u></u> | | | | | |
| 7 Listed property. Enter the amount from line | | | | | | | · · · · · · · · · · · · · · · · · · · |
| 8 Total elected cost of section 179 property. | Add amounts in | column (c), line | s 6 and 7 . | | | 8 | |
| 9 Tentative deduction Enter the smaller of le | ne 5 or line 8 | | | | | 9 | |
| 10 Carryover of disallowed deduction from line | 13 of your 2008 | 3 Form 4562 | | | | 10 | |
| 11 Business income limitation. Enter the small | er of business ir | ncome (not less | than zero) or | line 5 (see in | structions) . | . 11 | |
| 12 Section 179 expense deduction. Add lines | 9 and 10, but do | not enter more | than line 11 | · | | 12 | |
| 13 Carryover of disallowed deduction to 2010. | Add lines 9 and | 10, less line 12 | | . ▶ 13 | | | |
| Note: Do not use Part II or Part III below for list | ed property. Ins | tead, use Part V | / | | | | |
| Part II Special Depreciation Allowar | | | | lude listed p | roperty)(See | ınstru | ictions) |
| 14 Special depreciation allowance for qualified | | | | | | | |
| during the tax year (see instructions) | | | | | | 14 | |
| 15 Property subject to section 168(f)(1) election | | | | | | 15 | |
| 16 Other depreciation (including ACRS) | | | | | | 16 | |
| Part III MACRS Depreciation (Do not | include listed | property) (Se | e instruction | s) | | | |
| | | Section A | | ····/ | *** | | |
| 17 MACRS deductions for assets placed in ser | vice in tax vears | | re 2009 | | | . 17 | 21,375 |
| 18 If you are electing to group any assets place | | | | | | | |
| | | | | | ▶ □ | | |
| Section B - Assets Placed in | | | | | registion System | | |
| Section B - Assets Flaced II | | r | | | ĭ | 111 | (m) |
| () () () () | (b) Month and | | (d) Recovery | | (f) | _ | (g) |
| (a) Classification of property | year placed | depreciation | period | Convention | Method | Depre | eciation deduction |
| 40 - 0 | in service | (business/investment) | | | | - | |
| 19 a 3-year property | | 505 | - | 110 | 00000 | | |
| b 5-year property | | 525 | 5 | MQ | 200DB | <u> </u> | 26 |
| c 7-year property | | 16,325 | 7 | MQ | 200DB | - | 2,473 |
| d 10-year property | | | | | | | |
| e 15-year property | | | | | | | |
| f 20-year property | | | | | | ļ | |
| g 25-year property | | | 25 yrs. | | S/L | | |
| h Residential rental | | | 27.5 yrs. | MM | S/L | ļ., | |
| property | | | 27 5 yrs. | MM | S/L | | |
| i Nonresidential real | | | 39 yrs | MM | S/L | 1 | |
| property | | | | MM | S/L | | |
| Section C - Assets Placed in S | ervice During | 2009 Tax Year | Using the Al | ternative De _l | preciation System | em | |
| 20 a Class life | | | | | S/L | | |
| b 12-year | | | 12 yrs | | S/L | | |
| c 40-year | | | 40 yrs | MM | S/L | | |
| Part IV Summary (See instructions.) | | | | | | | |
| 21 Listed property. Enter amount from line 28 | | | | | | 21 | 209 |
| 22 Total. Add amounts from line 12, lines 14 th | | 19 and 20 in co | lumn (g), and | line 21. | | | |
| Enter here and on the appropriate lines of y | | | | | ons . | 22 | 24,083 |
| 23 For assets shown above and placed in serv | | | | | | | |
| of the basis attributable to section 263A cos | | | | 23 | | | |

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) X Yes 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? Nο (c) Business/ (e) Basis for dep-(g) (i) (b) Type of property Date placed investment use Cost or reciation (business/ Recovery Method/ Depreciation Elected section 179 deduction (list vehicles first) in service percentage other basis investment use only) period Convention cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . 25 26 Property used more than 50% in a qualified business use 200DB - HY COMPUTER 5/11/2006 100.00% 464 5 53 5 200DB - HY 107 COMPUTER 2/29/2008 100.00% 556 556 5 49 428 428 200DB - HY **PRINTER** 11/4/2006 100.00% 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 209 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) 30 Total business/investment miles driven (a) (b) (c) (d) (e) Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 during the year (do not include commuting Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes Yes Yes Yes Yes No Yes No Was the vehicle available for personal No Nο No No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles **Amortization** Part VI (b) Date (d) (e) Description of costs amortization Amortizable Code Amortization period Amortization for section or percentage this year Amortization of costs that begins during your 2009 tax year (see instructions): Amortization of costs that began before your 2009 tax year . . . 43 Total. Add amounts in column (f) See the instructions for where to report 44