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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning 4/01, 2009, and ending 3/31, 2010**B** Check if applicable:

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

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

C BPOE - HUNTSVILLE LODGE 1981
P. O. BOX 61
HUNTSVILLE, TX 77342-0061

D Employer identification number

74-1249421

E Telephone number**F** Group Exemption Number

► 1156

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527**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

► \$ 133,245.

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	9,479.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13,012.
	4	Investment income	4	10,042.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	33,945.
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	33,945.	
7a	Gross sales of inventory, less returns and allowances	7a	66,767.	
7b	Less: cost of goods sold	7b	66,768.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1.	
8	Other revenue (describe)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	66,477.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe) ► See Statement 1	16	71,445.
	17	Total expenses. Add lines 10 through 16	17	71,445.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,968.	
ASSETS	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	60,280.
	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	55,312.

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	51,588.	50,620.
23 Land and buildings	7,391.	7,391.
24 Other assets (describe) ► See Statement 2	1,301.	1,500.
25 Total assets	60,280.	59,511.
26 Total liabilities (describe) ► See Statement 3	0.	4,199.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,280.	55,312.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 22 2010

Part III	Statement of Program Service Accomplishments (See the instructions.)
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What is the organization's primary exempt purpose? benevolence

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

Expenses

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

28 to carry on fraternal activities under the Lodge system, the net
income of which is used exclusively for benevolent and charitable
purposes.

(Grants \$) If this amount includes foreign grants, check here.

28 a

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)
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[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 4

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A , section 4912 N/A ; section 4955 N/A		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **Lodge Secretary** Telephone no **---**
 Located at **same as above** ZIP + 4 **---**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

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 a 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. **43** ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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 and 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.			
	▶ <i>Ronda Fleming-Hays</i> Signature of officer ▶ <i>Ronda Fleming-Hays</i> Type or print name and title 6/16/2010 Date			
Paid Preparer's Use Only	Preparer's signature ▶ <i>Jim Plummer</i> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <i>Plummer & Plummer</i> 104 West Vulcan Brenham, TX 77833 Date ▶ 6/15/10 Check if self-employed ▶ ☒ ☐ Preparer's Identifying Number (See instructions) ▶ N/A EIN ▶ N/A Phone no ▶ (979) 836-5643			

May the IRS discuss this return with the preparer shown above? See instructions.

▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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

BPOE - HUNTSVILLE LODGE 1981

Employer Identification number

74-1249421

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

- | | |
|---|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

2a Did the organization have 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
		Fund Raising (event type)	Other Lodge Ac (event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	23,373.	10,572.		33,945.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,373.	10,572.		33,945.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary Combine lines 3, column (d) and line 10				33,945.

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))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 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		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
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 contact with a third party from whom the organization receives gaming revenue?**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: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**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: ▶ \$ _____

2009

Federal Statements

Page 1

Client: HYVILLE

BPOE - HUNTSVILLE LODGE 1981

7451249421

6/15/10

05:26PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

see attached statements

Total \$ 71,445.
 Total \$ 71,445.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 1,301.	\$ 1,500.
Total	\$ 1,301.	\$ 1,500.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Deferred Revenue	\$ 0.	\$ 4,199.
Total	\$ 0.	\$ 4,199.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Huntsville, Lodge No. 1981
Combined Balance Sheet
(All Entities)

	<u>Prior Year</u> <u>March 31, 2009</u>	<u>Current Year</u> <u>March 31, 2010</u>
ASSETS:		
Current Assets:		
1 Cash on Hand & in Bank	\$ 16,633	\$ 14,905
2. Prepaid Expenses	-	-
3. Inventories	1,301	1,500
4. Investments	34,955	35,715
5. Total Current Assets:	<u>\$ 52,889</u>	<u>\$ 52,120</u>
Fixed Assets:		
6. Buildings	\$ 102,902	\$ 102,902
7 Personal Property	32,617	32,617
8. Total	<u>\$ 135,519</u>	<u>\$ 135,519</u>
9. Less: Accumulated Depreciation	<u>\$ 135,519</u>	<u>\$ 135,519</u>
10. Net Book Value	-	-
11. Land	<u>\$ 7,391</u>	<u>\$ 7,391</u>
12. Total Fixed Assets	<u>\$ 7,391</u>	<u>\$ 7,391</u>
Other Assets:		
13 Investments - Long Term	\$ -	\$ -
14. Other	-	-
15. Total Other Assets	<u>\$ -</u>	<u>\$ -</u>
16. TOTAL ASSETS	<u>\$ 60,280</u>	<u>\$ 59,511</u>
LIABILITIES AND EQUITY		
Current Liabilities:		
17. Accounts Payable	\$ -	\$ -
18. Note Payments - Due within One Year	-	-
19. Deferred Dues & Fees	-	4,199
20. Other Payables	-	-
21. Total Current Liabilities	<u>\$ -</u>	<u>\$ 4,199</u>
Term Liabilities:		
22. Note Payments - Due After One Year	\$ -	\$ -
23. Other Term Liabilities	-	-
24. Total Term Liabilities	<u>\$ -</u>	<u>\$ -</u>
Deferred Income:		
25 Other	\$ -	\$ -
26. Total Deferred Income	<u>\$ -</u>	<u>\$ -</u>
Restricted Funds:		
27. Charity	\$ -	\$ -
28 Other	-	-
29. Total Restricted Funds	<u>\$ -</u>	<u>\$ -</u>
Equity		
30. From Page 8, Schedule 2	<u>\$ 60,280</u>	<u>\$ 55,312</u>
31. TOTAL LIABILITIES AND EQUITY	<u>\$ 60,280</u>	<u>\$ 59,511</u>

(0)

Huntsville, Lodge No. 1981
Statement of Lodge Fund Revenue, Expenses
and Comparison to Approved Budget

	Prior Year Ended March	Current Year Ended March 31, 2010		
	Actual	Actual	Budget	Over (Under)
REVENUE:				
1. Dues (Page 10)	\$ 10,107	\$ 12,222	\$ 10,000	\$ 2,222
2. Fees (Page 11)	425	790	350	440
3. Rent	8,575	9,275	8,400	875
4. Interest & Dividends	1,176	767	2,300	(1,533)
5. Contributions	5,738	9,479	5,600	3,879
6. Fund Raising	28,676	23,373	42,630	(19,257)
7. Other (Totals from Page 3A)	745	10,572	-	10,572
8. Total Revenue	\$ 55,442	\$ 66,477	\$ 69,280	\$ (2,803)
EXPENSES: (List)				
9. Auditing & Legal	\$ -	\$ -	\$ -	\$ -
10. Audit	1,900	3,600	1,260	2,340
11. Bulletin	177	-	50	(50)
12. Convention	2,335	2,270	2,400	(130)
13. Data Processing	-	-	-	-
14. Dignitary Entertainment	-	-	-	-
15. Employee Benefits	-	-	-	-
16. Insurance/Fid. Bonds	4,359	4,266	4,500	(234)
17. Interest	-	-	-	-
18. Janitorial Expense	300	374	500	(126)
19. Supplies	-	-	-	-
20. Office Expense	1,551	2,290	2,070	220
21. Officer's Expense	-	-	-	-
22. Per Capita - Grand Lodge	1,837	2,072	2,000	72
23. Per Capita - State	365	460	500	(40)
24. Rent Expense	1,507	1,803	1,500	303
25. Repairs & Maintenance	14,399	13,997	11,300	2,697
26. Salaries & Wages	-	-	-	-
27. Taxes, Payroll	-	-	-	-
28. Taxes, Other	-	495	-	495
29. Telephone	-	-	-	-
30. Utilities and Telephone	20,020	17,274	15,475	1,799
31. Fund Raising Expenses	-	-	-	-
32. Other (Totals from Page 3A)	14,236	22,543	20,185	2,358
33. Total Expenses	\$ 62,986	\$ 71,445	\$ 61,740	\$ 9,705
34. Increase/(Decrease) Before Depreciation Expense	\$ (7,544)	\$ (4,967)	\$ 7,540	\$ (12,507)
35. Depreciation Expense *	\$ -	\$ -	\$ -	\$ -
Increase/(Decrease) Equity (Page 8)	\$ (7,544)	\$ (4,967)	\$ 7,540	\$ (12,507)

* All assets are fully depreciated

See Accountant's Report

Current Year Ended March 31, 2010

See Accountant's Report

Huntsville, Lodge No. 1981
Statement of Club Fund Revenue, Expenses
and Comparison to Approved Budget

Prior Year Ended
March 31, 2009

Current Year Ended March 31, 2010

	Actual	Actual	Budget	Over (Under)
REVENUE:				
1. Gross Profit (Page 8)	\$ 16,843	\$ 26,413	\$ 14,800	\$ 11,613
2. Facility Rental	-	-	-	-
3. Other (Totals from Page 4A)	-	-	-	-
8. Total Revenue	\$ 16,843	\$ 26,413	\$ 14,800	\$ 11,613
EXPENSES: (List)				
5. Advertising	\$ -	\$ -	\$ -	\$ -
6. Alarm Service	-	-	-	-
7. Accounting	-	-	-	-
8. Audit	-	-	-	-
9. Auto Expense	-	-	-	-
10. Cash Over/Short	-	-	-	-
11. Equipment Rental	-	-	-	-
12. Insurance	-	-	-	-
13. Janitorial Expense	-	-	-	-
14. Laundry	-	-	-	-
15. Payroll Taxes	-	-	-	-
16. Licenses/Permits	2,240	484	2,000	(1,516)
17. Repairs & Maintenance	894	2,829	200	2,629
18. Salaries	-	-	-	-
19. Supplies, Bar	4,598	2,073	3,600	(1,527)
20. Supplies, Kitchen	-	-	-	-
21. Telephone	-	-	-	-
22. Utilities	-	-	-	-
23. Pro-rated Overhead	-	-	-	-
24. Other (Totals from Page 4A)	10,512	21,027	6,400	14,627
25. Total Expenses	\$ 18,244	\$ 26,413	\$ 12,200	\$ 14,213
26. Increase/(Decrease) Before Depreciation Expense	\$ (1,401)	\$ (0)	\$ 2,600	\$ (2,600)
27. Depreciation Expense *	-	-	-	-
Increase/(Decrease) Equity (Page 8)	\$ (1,401)	\$ (0)	\$ 2,600	\$ (2,600)

* All assets are fully depreciated

See Accountant's Report

Huntsville, Lodge No. 1981
Combined Statement of Cash Flow
(all funds)
Year Ended March 31, 2010

CASH FLOW FROM OPERATIONS ACTIVITIES:

1. Lodge - Net Income (Page 3)	(4,967)	
2. Club - Net Income (Page 4)	(0)	
3. Total Net Income		<u>\$ (4,968)</u>

**ADJUSTMENTS TO RECONCILE NET INCOME TO NET
CASH PROVIDED BY OPERATING ACTIVITIES:**

4. Depreciation	-	
5. Increase/Decrease in Prepaid Expenses	-	
6. Increase/Decrease in Inventories	(199)	
7. Increase/Decrease in Short Term Investments	(760)	
8. Increase/Decrease in Other Assets	-	
9. Increase/Decrease in Accounts Payable	-	
10. Increase/Decrease in Notes Due Within One Year	-	
11. Increase/Decrease in Prepaid Dues	4,199	
12. Increase/Decrease in Other Payables	-	
13. Increase/Decrease in Deferred Income	-	
14. Increase/Decrease in Restricted Funds	-	
15. Adjustments (Page 8)--Attach Explanation	-	
16. Total Adjustments		<u>\$ 3,240</u>

17. NET CASH PROVIDED BY OPERATIONS	<u>\$ (1,728)</u>
--	-------------------

CASH FLOW INVESTING ACTIVITIES:

18. Purchase of Fixed Assets	\$ -	
19. Reduction of Long Term Debt	-	
20. Change in Investments	-	
21. Capital Improvement to Building	-	
22. Adjustments - Attach Explanation	-	
23. Total Investing Activities		<u>\$ -</u>

NET CHANGE IN CASH	<u>\$ (1,728)</u>
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CASH AVAILABLE- MARCH 31, 2009	<u>\$ 16,633</u>
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CASH AVAILABLE- MARCH 31, 2010	<u><u>\$ 14,905</u></u>
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Explanation for Lines 15 & 22:

See Accountant's Report

Huntsville, Lodge No. 1981
Supplemental Schedules
Year Ended March 31, 2010

SCHEDULE OF GROSS PROFIT: Schedule 1

	Bar	Dining Room	Total
Sales:			
1. Food	\$ -	\$ -	\$ -
2. Liquor, Beer & Wine	66,767	-	66,767
3. Other Bar Sales	-	-	-
4. Total Sales:	\$ 66,767	\$ -	\$ 66,767
Cost of Sales:			
5. Inventory, April 1, 2009	\$ 1,301	\$ -	\$ 1,301
6. Purchases	21,851	-	21,851
7. Total	23,152	-	23,152
8. Less: Inventory, March 31, 2010	1,500	-	1,500
9. Cost of Sales	21,652	-	21,652
Gross Profit on Sales	\$ 45,115	\$ -	\$ 45,115
Direct Expenses:			
10. Salaries & Wages	16,119	-	16,119
11. Employee Meals, at Cost	-	-	-
12. Payroll Taxes & Benefits	2,584	-	2,584
13. Music & Entertainment	-	-	-
14. Total Direct Expenses	\$ 18,703	\$ -	\$ 18,703
GROSS PROFIT (Total to Page 4)	\$ 26,413	\$ -	\$ 26,413
Ratios:			
15. Cost of Sales (% of Total Sales)	32.43%	0.00%	32.43%
16. Employee Expense (% of Total Sales)	28.01%	0.00%	28.01%
17. Music & Entertainment (% of Total Sales)	0.00%	0.00%	0.00%
18. Gross Profit	39.56%	0.00%	39.56%
RECONCILIATION - EQUITY ACCOUNT: Schedule 2			
19. Balance, March 31, 2009			\$ 60,280
20. Net Increase/(Decrease), Page 3			(4,967)
21. Net Increase/(Decrease), Page 4			(0)
22. Adjustments-Increase Decrease), Attach Explanation			-
23. Balance, March 31, 2010			\$ 55,312

Line 22 - Adjustment Explanation:
Correction of prior year inventory.

See Accountant's Report

Huntsville, TX #1981

TX EAST District No. 8520

Lodge Officers & Committee Chairmen

Exalted Ruler	Ronda Fleming Hays-PER, Loyal Knight, Secretary, Trustee Chairman, 116 Hickory Street Huntsville, Tx 77320 Home: 936-295-3319 Office: 936-295-3319 Cell: 936-581-4027 FAX: 936-295-0182 Email: lilgabby62@hotmail.com
Secretary	Norma Elvin-PER, Exalted Ruler (Brian) 2828 Wolverton Street Huntsville, Tx 77340 Home: 936-295-9324 Office: 936-295-2881 Cell: 936-294-8469 Email: huntsvilleelks@suddenlinkmail.com
Treasurer	Sunny Fulenwider 41 Mossback St HUNTSVILLE, TX 77320 Home: 936-295-8588
Esteemed Leading Knight	Kenneth McIntyre, Trustee P O Box 9440 Huntsville, Tx 77340 Home: 936-577-2770 Office: 936-577-2770 Cell: 936-577-2770
Esteemed Loyal Knight	Karen Fulenwider 401 McCollum Huntsville, Tx 77340 Home: 936-294-9902
Esteemed Lecturing Knight	Jean Burton 236 Normal Park HUNTSVILLE, Tx 77320 Home: 936-295-0107
5 Year Trustee	Amelia (Amy) Thorn, Loyal Knight (Luther) 14 Veronica Lane Huntsville, Tx 77340 Home: 936-295-0045
4 Year Trustee	Burt Boyd III - PER, Leading Knight-Exalted Ruler-PSVP 115 Bath Road HUNTSVILLE, TX 77340 Home: 936-293-8591

	Office: 936-295-2881 Email: burt_tx@yahoo.com David Beacleay 3449 Montgomery Road Huntsville, Tx 77340 Home: 936-291-0476
3 Year Trustee	Pat Otteson 3004 Simmons Street Huntsville, Tx 77320 Home: 936-295-5460
2 Year Trustee	Charles (Rusty) Smith, Trustee, Audit Chairman (Deborah) 28 Pine Breeze Street Huntsville, Tx 77340 Home: 936-293-1508 Email: Rustydebb8@aol.com
1 Year Trustee	John Keough (Diana) 10 Betty Court HUNTSVILLE, TX 77320 Home: 936-291-2505
Tiler	Donna Martin-Ellis - PER, Loyal Knight, PER, Past State Trustee-Idaho P O Box 9903 Huntsville, TX 77340 Email: dmartinellis10@gmail.com
Esquire	Diana Keough, Trustee (John) 10 Betty Court Huntsville, Tx 77320 Home: 936-291-2505
Inner Guard	Dorothy Jordan 2990 Mimosa Lane Huntsville, TX 77320 Home: 936-295-6898
Chaplain	Annie Widner (Rudolf) P O Box 61 Huntsville, Tx 77342-0061 Office: 936-295-2881
Sweetheart	
Photographer	Gordon Lindsey