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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning APR 1, 2009 an	d ending M	AR 31, 2010	0			
	heck if	Please C Name of organization		D Employer identif	fication number			
а	pplicable	use IRS						
Address change B.P.O. ELKS LODGE NO. 214								
	Name _change	type		81-0	0131547			
	Initia! return	See Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb				
	Termin	Specific Instruct 500 1ST AVE SOUTH	İ	406-	-454-1305			
	Ameno	ded tions City as town at the area of the		G Gross receipts \$	395,341.			
	Application	GREAT FALLS, MT 53405		H(a) Is this a group				
	pendin	F Name and address of principal officer BARRY FIELDS		for affiliates?	Yes X No			
		1400 7TH AVE NW, GREAT FALLS, MT 594	04	H(b) Are all affiliates in	ncluded? Yes No			
]_]	ax-exe	empt status. X 501(c) (8) ◀ (insert no)	7	If "No," attach	a list (see instructions)			
JV	Vebsit	te: ► N/A		H(c) Group exempti	•			
KF	orm of	organization: X Corporation	L Year		M State of legal domicile: MT			
Pa	art I	Summary						
-0	1	Briefly describe the organization's mission or most significant activities: FRA	TERNAL	ORGANIZATIO	ON			
Š				_				
Governance	2	Check this box If the organization discontinued its operations or disp	osed of more	than 25% of its net a	assets.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		з	9			
G	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9			
es 6	5	Total number of employees (Part V, line 2a)		5				
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	20			
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		78	292,506.			
•	b	Net unrelated business taxable income from Form 990-T, line 34		71				
		RECEIVED		Prior Year	Current Year			
a	8	Contributions, and grants (Part VIII, line 1h)		1,003	1,981.			
Revenue	9	Program service revenue (Part VIII, line 29)		44,069				
ě		Investment income (Part VIII) column (A), lines 3, 4, and 7d)		73				
~		Other revenue (Part VIII), column (A), lines (5) 6d, 8c, 9c, 10c, and 11e)		305,067				
		Total revenue - add (12) 83 httpugh 11 (must equal Part VIII, column (A), line 12)		350,212				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	95,927	87,173.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>				
p	b	Total fundraising expenses (Part IX, column (D), line 25)						
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		240,514	. 218,603.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		336,441	. 305,776.			
	19	Revenue less expenses Subtract line 18 from line 12		13,771				
Assets or Balances			Ве	ginning of Current Year				
sets	20	Total assets (Part X, line 16)		600,951				
	21	Total liabilities (Part X, line 26)		40,087	. 44,170.			
<u> 25</u>	22	Net assets or fund balances Subtract line 21 from line 20		560,864	594,344.			
Pé	art II	Signature Block						
₹ 		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	and statements,	and to the best of my knowle	edge and belief, it is true, correct,			
			o arry knownougo					
Sig	n	XI Jarry Www) 5		X 10-1	9-2010			
Here Signature of officer								
		BARRY FIELDS, SECRETARY						
	Type or print name and title							
Paid		Preparer's Date	Ch		arer's identifying number instructions)			
_			19 · 70 em	iployed 🕨 🔙				
Preparer's Firm's name (or yours if yours if								
USE	use only self-employed). P O BOX 989							
_		address, and ZIP + 4 GREAT FALLS, MT 59403-0989		Phone no.	(406) 761-2820			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

	990 (2009)	B.P.O. ELKS	LODGE NO. 214	81-0131547 Page 2
-		Program Service Ac		
Ì	Briefly describe the orga	inization's mission: N	ONE	
			-	
		·		
2	Did the organization und	dertake any significant prog	gram services during the year which were not	
	the prior Form 990 or 99	00-EZ?		☐ Yes 🗓 No
		new services on Schedule		
3		use conducting, or make sig changes on Schedule O.	gnificant changes in how it conducts, any pro	gram services? Yes X No
4	Describe the exempt pu	rpose achievements for ea	ch of the organization's three largest program	n services by expenses.
			section 4947(a)(1) trusts are required to report	
	allocations to others, the	e total expenses, and rever	nue, if any, for each program service reported	
		\	1.1)/D
4a	(Code.) (Expenses \$ 'HE PRINCIPLES	including grants of \$ OF CHARITY, JUSTICE, E)(Revenue \$ BROTHERLY LOVE, AND
				HAPPINESS OF ITS MEMBERS
	FIDEBILI, TO	PROMOTE THE	WEDPARE & ENHANCE THE I	MITIMEDO OF TID MEMBERS
			- A-1-	
		· · · · · · · · · · · · · · · · · · ·		
			<u>.</u>	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(0000.) (Exponed +	moderning grante or c	, (10101120 +
			100.00	
				
				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
		- · 		
			· · · · · · · · · · · · · · · · · · ·	
4d		(Describe in Schedule O.)		
	(Expenses \$	including gra	unts of \$) (Revenue \$	
40	Total program service	avnencec • ¢		

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
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 candidates for	ì		
	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	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	į		
	Schedule D, Part III	8		<u>X</u> _
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		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	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			1
10				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		x
128	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
120	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		İ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		X
		Form	990	(2009)

`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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		х
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		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	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	1	 	
	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 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
			990	20091
				/

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
		a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ь0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable gaming	_		
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see ins	structions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to	by this return?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Į	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a		-	
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk and			
	Financial Accounts.				
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	on?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b	 	-
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods and services			
	provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	_		- T
	to file Form 8282?		7c	ļ	X
		7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	Soliai	7e		
	benefit contract?	·+2	7 6		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract. For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	λ,	7g		
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	e required?	79 7h		
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		- /		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exces				
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			İ	
a	Did the organization make any taxable distributions under section 4966?		9a	Ì	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.				
а	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I0a		1	
b	·	lOb]		
11	Section 501(c)(12) organizations. Enter.				
а		I1a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u>L</u> .	

Form 990 (2009) B.P.O. ELKS LODGE NO. 214 81-0131547 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec.	tion A. Governing Body and Management		_				
					Yes	No	
1a	Enter the number of voting members of the governing body	1a	9)			
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 relationship	with	any other				
	officer, director, trustee, or key employee?			2		X	
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	O was filed?	4		<u>х</u> х	
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	÷	5		X	
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 more me	mbers	of the				
	governing body?			7a	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b	X		
8	$\label{lem:decomposition} \mbox{ Did the organization contemporaneously document the meetings held or written actions undertaken}$	during	the year				
	by the following:						
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched :	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		r 	г	
					Yes	No_	
	Does the organization have local chapters, branches, or affiliates?			10a	X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			٦,	
	and branches to ensure their operations are consistent with those of the organization?	l	. (0	10b	77	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iing th	e torm?	11	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	\ 		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	مراسا ماساد		12a	X	 	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that cout to conflicts?	ıla giv	e rise	405	x		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voo "	docombo	12b		_	
C	in Schedule O how this is done	163,	describe	12c	x		
13	Does the organization have a written whistleblower policy?			13	X		
14	Does the organization have a written document retention and destruction policy?			14		x	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent	'		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	 , 11					
а	The organization's CEO, Executive Director, or top management official			15a		x	
	Other officers or key employees of the organization			15b	х	_ <u></u>	
	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 arranger	nent v	vith a	1			
	taxable entity during the year?			16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate i	ts participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orgi	anızat	on's				
	exempt status with respect to such arrangements?			16b			
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501)	c)(3)s only) avaılabl	e for			
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict	of interest policy, a	ınd fina	ancial		
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books a		ords of the organiz	ation:			
	JUNKERMIER, CLARK, CAMPANELLA, STEV - 406-761-2820)					
	501 PARK DRIVE SOUTH, GREAT FALLS, MT 59403						

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.

(A)	(B)	(C)		(D)	(E)	(F)					
Name and Title	Average hours	(0)		Pos			l. A	Reportable	Reportable	Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		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	
BARRY FIELDS											
SECRETARY	20.00	X						5,200.	0.	0.	
FRED GREEN									_	_	
TRUSTEE	2.00	ļ	<u> </u>	ļ		<u> </u>	<u> </u>	0.	0.	0.	
CHRIS LEONARD										•	
LEADING KNIGHT	2.00	-	 			ļ	ļ	0.	0.	0.	
JAKE JACOBS	2 00		ļ						_		
TRUSTEE	2.00	ļ	-			-		0.	0.	0.	
DON LOOSE	20.00	İ						0.	0.	0	
<u>CHAIRMAN</u> JOHN FIGARELLE	20.00	\vdash	┢		\vdash	-	\vdash	0.	0.	0.	
TRUSTEE	2.00							0.	0.	0.	
DAVID WOOLSEY	2.00						-	•	0.	•	
TREASURER	10.00							0.	0.	0.	
STEVEN RIGGIN											
EXALTED RULER	2.00							0.	0.	0.	
RICH TEESDALE											
TRUSTEE	2.00							0.	0.	0.	
							}				
		\vdash	_	_	ļ.,	-					

Form 990 (2009) B.P.O. E	LKS LOD	<u>GE</u>	NC	<u>).</u>	21	14			81-01	<u>3154</u>	17	Page 8	
Part VII Section A. Officers, Directors, Tre (A) Name and title	(B) Average hours			(C Posi	C) ition			(D) Reportable compensation	ees (continued) (E) Reportable compensation		(F) Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from from relate organization (W-2/1099-MISC)		C)	otheompen from organize and re organize	sation the ation lated	
							_			+			
1b Total			14-			>	L	5,200.	·	0.		0.	
Total number of individuals (including but recompensation from the organization	iot iirnitea to tr	iose	liste	eu ai	OOV	e) wi	no r	eceived more than \$100	υ,υυυ in repoπable		Ye	0 s No	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		3	X	
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes	," co	mple	ete S	Sche	edul	e J i	for such individual	-		4	х	
Did any person listed on line 1a receive or the organization? If "Yes," complete Sched Section B. Independent Contractors				from	any	/ unr	elat	ted organization for serv	rices rendered to		5	х	
Complete this table for your five highest countries the organization. NONE	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensatio	on from	ı	
(A) Name and business	address							(B) Description of s	services	Com	(C) npensa	tion	
											-		
2 Total number of independent contractors (including but r	not lu	mıte	d to	tho	se in	stec	d above) who received п	nore than				
\$100,000 in compensation from the organ	zation >					0		-		Fo	m 991	0 (2009)	

338,406.

Total revenue. See instructions.

12

43,919.

292,506.

0.

Form **990** (2009)

Part IX | Statement of Functional Expenses

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

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are			nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		•		
_	organizations, and individuals outside the U.S.			}	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	5,200.		•	
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73,402.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,571.			
11	Fees for services (non-employees)	Ĭ			
а	Management .				
b	Legal				
С	Accounting	17,545.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				
g	Other	100			
12	Advertising and promotion	128.			
13	Office expenses	1,811.			
14	Information technology				
15	Royalties .	24 025			
16	Occupancy	34,925. 90.			
17	Travel	90.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	610.	 .	, , , , , , ,	
20	Interest	010.	<u>-</u> .		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,010.			
23	Insurance	5,425.			
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.)				
а	UBIT	5,517.			
b	BINGO PAYOUTS	35,152.	- 18		
C	REPAIRS & MAINTENANCE	22,218.	<u> </u>		
d	SUPPLIES	15,732.			
е	BOWLING	10,732.			
f	All other expenses	43,708.			
<u>25</u>	Total functional expenses. Add lines 1 through 24f	305,776.			
26	Joint costs. Check here I 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				

Pai	t X	Balance Sheet		·						
				(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing		36,934.	1	62,318.				
	2	Savings and temporary cash investments		73,093.	2	106,557.				
	3	Pledges and grants receivable, net			3					
	4	Accounts receivable, net		4,140.	4	4,288.				
	5	Receivables from current and former officers, directors, tru	stees, key							
		employees, and highest compensated employees Comple	te Part II							
		of Schedule L			5					
	6	Receivables from other disqualified persons (as defined un	der section							
		4958(f)(1)) and persons described in section 4958(c)(3)(B).								
		Part II of Schedule L								
ţ	7	Notes and loans receivable, net			7					
Assets	8	Inventories for sale or use		11,672.	8	11,672.				
Ä	9	Prepaid expenses and deferred charges		649.	9	11,672. 1,845.				
	10a	Land, buildings, and equipment: cost or other				<u>-</u>				
		basis Complete Part VI of Schedule D 10a	1,609,127.			_				
	b	Less accumulated depreciation 10b	1,157,293.	474,463.	10c	451,834.				
	11	Investments - publicly traded securities		11	•					
	12	Investments - other securities. See Part IV, line 11	Γ		12					
	13	Investments · program-related. See Part IV, line 11	Г		13	*				
	14	Intangible assets	Γ		14					
	15	Other assets. See Part IV, line 11	Ī		15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)		600,951.	16	638,514.				
	17	Accounts payable and accrued expenses	1,648.	17	3,908.					
	18	Grants payable .			18					
	19	Deferred revenue .		29,357.	19	27,305.				
	20	Tax-exempt bond liabilities .			20					
တ္ဆ	21	Escrow or custodial account liability. Complete Part IV of S	chedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees	, key employees,							
abi		highest compensated employees, and disqualified persons	s. Complete Part II							
		of Schedule L			22					
	23	Secured mortgages and notes payable to unrelated third p	arties		23	-				
	24	Unsecured notes and loans payable to unrelated third part	ies		24					
	25	Other liabilities. Complete Part X of Schedule D		9,082.	25	12,957.				
	26	Total liabilities. Add lines 17 through 25		40,087.	26	44,170.				
		Organizations that follow SFAS 117, check here	X and complete							
S)		lines 27 through 29, and lines 33 and 34.								
Š	27	Unrestricted net assets		556,948.	27	589,584.				
3ale	28	Temporanly restricted net assets		3,916.	28	589,584. 4,760.				
Ď	29	Permanently restricted net assets			29					
걸		Organizations that do not follow SFAS 117, check here	▶ ☐ and							
þ		complete lines 30 through 34.								
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30					
1SS	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd		31					
et/	32	Retained earnings, endowment, accumulated income, or o	ther funds		32					
Z	33	Total net assets or fund balances		560,864.	33	594,344.				
	34	Total liabilities and net assets/fund balances		600,951.	34	638,514.				

Form **990** (2009)

Рa	rt XI ∣ Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	Ĭ	
	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?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
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?	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:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?	<u></u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		
	Form	990	(2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

B.P.O. ELKS LODGE NO. 214

Employer identification number

81-0131547

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	e used only
_	for charitable purposes and not for the benefit of the donor o	• •	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	— · · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat		trified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	* *	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	ne organization during the tax
	year >	, ,	5 5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		•
-	violations, and enforcement of the conservation easements if	· · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

		ELKS LODGE	NO. 2	14			8	31-01	31547	<u> Pa</u>	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histori	cal Tre	easures, o	r Othe	r Simila	r Asse	ts (contir	nued)	
` 3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the f	ollowing that	are a sig	ınıficant u	se of its	collection	ıtem	s
	(check all that apply)										
а	Public exhibition	d	I 🖳 Loa	n or exch	ange progra	ms					
b	Scholarly research	е	Oth	er							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they t	further th	e organizatio	n's exem	npt purpo	se in Parl	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, histor	ical treas	ures, or othe	er sımılar :	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	the organiza	tion's col	llection?				Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if organiz	zation an	swered "Yes	" to Form	1 990, Pai	rt IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tributions	s or other as:	sets not i	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	e:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	a Did the organization include an amount on Form 990, Part X, line 21?] No		
<u>b</u>	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	swered "Ye	s" to For	m 990, Part	IV, line 10)				
		(a) Current year	(b) Prior	year	(c) Two year	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses						-				
d	Grants or scholarships							. =			
е	Other expenditures for facilities				- ••				-		•
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	ar end balance held a	as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ai	re held ar	nd administe	red for th	e organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule	R?					3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See F	orm 990,	Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	valu	ıe
		basis (investi	ment)	basis (other)	dep	reciation				
1a	Land	171,	510.								10.
b	Buildings	1,108,				8	59,2	04.	249),4	96.
С	Leasehold improvements	33,	147.				28,9	20.	4	1,2	27.
d	Equipment	295,	770.			2	69,1	59.	26	5,6	01.
e	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0(c))				453	L,8	34.

Schedule D (Form 990) 2009

1 (a) Description of liability (b) Amount

Federal income taxes

BANQUET DEPOSITS 12,957.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

	dule D (Form 990) 2009 B.P.O. ELKS LODGE NO. 214					<u>-0131547</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audi	ted Finai	ncial S	tateme	nts	
` 1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses		_	6			
7	Prior period adjustments		·	7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9		10		,	•
Pai	rt XII Reconciliation of Revenue per Audited Financial Statem	ents W	/ith Reve	enue p	er Retu	m	
1	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:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recovenes of prior year grants	2¢					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d		•		2e	,	
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				40	:	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	ments \	With Exp	enses	per Re	turn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d			-	26	,	
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b			-	40	;	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pa	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines	1a and 4, F	Part IV, I	nes 1b an	d 2b; Part V, lin	e 4, Part
X, lın	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also con	nplete th	is part to p	rovide a	ny additio	nal information.	
					•		
	- 111			-			

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Employer identification number 81 – 01 31 54 7

B.P.O. ELKS LODGE NO. 214 81-0131547 FORM 990, PART VI, SECTION A, LINE 6: THE LODGE HAS 629 ELKS MEMBERS FORM 990, PART VI, SECTION A, LINE 7A: ALL OFFICERS OF THE LODGE ARE VOTED UPON BY THE MEMBERSHIP FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE ELKS GRAND LODGE STATUTES FORM 990, PART VI, SECTION B, LINE 10B: THE ONLY AFFILIATE OF THE ELKS LODGE ARE THE DOES, WHO HAVE SEPARATE WRITTEN POLICIES AND PROCEDURES FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS REVIEWED IN DETAIL BY THE SECRETARY AND TREASURER BEFORE FILING - DETAILS WERE THEN PROVIDED TO THE TRUSTEES. FORM 990, PART VI, SECTION B, LINE 12C: ALL CONFLICT ISSUES ARE BROUGHT TO THE ATTENTION OF THE LODGE OFFICERS FORM 990, PART VI, SECTION B, LINE 15B: LODGE OFFICER SALARIES ARE CONTAINED IN THE LODGE BYLAWS, WHICH ARE REVISED A MINIMUM OF EVERY 5 YEARS. ONLY THE SECRETARY AND TREASURER ARE COMPENSATED. EMPLOYEE SALARIES ARE MAINTAINED CONSISTENT WITH STATE/FEDERAL MINIMUM WAGE REQUIREMENTS, AND ALL RAISES ARE APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE LODGE MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule 0 (Form 990) 2009

932211 02-03-10

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization B.P.O. ELKS LODGE NO. 214	Employer identification number 81-0131547				
TO THE PUBLIC UPON REQUEST.					
FORM 990, PART XI, LINE 2C:					
NO CHANGE IN PROCESS FROM PRIOR YEAR.					
——————————————————————————————————————					