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Form **990** 

#### **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 2009

Department of the Treasury

Open to Public

		e Service				Inspection			
		2009 calendar year, or tax year beginning $APRIL 01$ , 2009	, and end	ing MARC					
B Che	ck if	Please C Name of organization BPOE #2790				dentification number			
1 1	lress ch	ange label or Doing Business As ELKS CLUB		B8-03	88-0365354				
Nar	ne chan	print or Number and street (or P O box if mail is not delivered to street address)	Room/ suite	E Telepi					
Initi	a) returr	type. See PO BOX 5544		(775)	<u>75</u> 1	-2796			
Ten	minated	Specific City or town, state or country, and ZIP + 4		G Gross					
Am	ended n	Instructions. Pahrump NV 89041		receip		153,721			
App	lication	pending F Name and address of principal officer H	(a) Isthis	group return fo	or affiliat	es? Yes X No			
ш.		· · ·		affiliates include		Yes H No			
1 Ta	x-exe	npt status X 501(c)(8 ) ◀ (insert no ) 4947(a)(1) or 527	If No,	" attach a list (s	see instri	uctions)			
				exemption num		▶ 0501			
K Fon	m of org	anization Corporation Trust X Association Other	<del>''</del>			ate of legal domicile NV			
Par	ti	Summary							
	1	Briefly describe the organization's mission or most significant activities							
	PRC	VIDES SERVICES FOR THE COMMUNITY AND ALLO	WS NS	TIONAI	1				
A C C C		ANIZATION TO SERVICE THE NEEDS OF THE COM							
GOVERZAZO	-								
Ϋ́Ε	2	Check this box ▶ If the organization discontinued its operations or disposed of m	ore than 2	5% of its ne	et asse	ets			
† R	3	Number of voting members of the governing body (Part VI, line 1a)			3	430			
ĮΑ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	<del> </del>			
E N	5	Total number of employees (Part V, line 2a)			5	<del> </del>			
E	6	Total number of volunteers (estimate if necessary)			6	50			
&		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	8,501			
	ι	Net unrelated business taxable income from Form 990-T, line 34			7b	0,301			
	<del>-</del>	The difficulties business taxable mount of min 350-7, mile 54		Prior Year	1	Current Year			
Ŗ	8	Contributions and grants (Part VIII, line 1h)	<b>}</b>	32,96		27,317			
アログラ アンド	9	Program service revenue (Part VIII, line 2q)	59,89		27,311				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,03	<u> </u>	981				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			125,423				
E	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,85		153,721				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		92,00		155,721			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			<del> </del>				
E	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<del> </del>				
EXPENSES	ľ	Professional fundraising fees (Part IX, column (A), line 11e)	ļ	-		<del></del>			
N	1	Total fundraising expenses (Part IX, column (D), line 25) ▶							
S	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	27,52	2.5	123,578			
Š	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>,├</b> ──	27,52		123,578			
	19	Revenue less expenses Subtract line 18 from the 12 RECEIVED	1 -	65,33		30,143			
N - D			Boom			End of Year			
N O R	20	Total assets (Part X, line 16)	Beginin	466,68		491,794			
OZC T	21		(	233,09		200,285			
E Z	22	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from the 20		233,09		291,509			
Par	111	Signature Block		233,30	, 0	291,309			
1 41		Under penalties of penury, I declare that I have examined this feture, interfalling accompanying exhaustics and s	talements an	d to the best of	my know	wiedne and			
		belief, it is true, correct, and complete Declarate of preparer (other than officer) is based on all information of				/ /			
Sign		Sharing V/A July 0				16/2/200			
Here		Signature of officer				10/2/2010			
11616	•		NIC VNI	701100		Date			
		EDWARD UNDERHILL LEADIN	MG VIN	TGUI		<del></del>			
		Type or print partie and title	Charter	<del></del>					
		Preparer's Diego Nucy Chi Date	Check if self-		parer's id	dentifying number (see instr.)			
Paid		signature GEORGIA / NEWRENCE	employed		<del>.</del>				
Prepa		Firm's name (or yours H&R CBLOCK		EIN	<u> </u>				
Use C	nly	if self-employed). 250 S HWY 160 STE 3			. –	75,700 661			
		address, and ZIP+4 Pahrump, NV 89048		Phone no	<u>► (7</u>	75)727-6611			
		discuss this return with the preparer shown above? (see instructions)				Yes X No			
For P	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2009)			



Form	990 (2009) BPOE #2790 88-0365354		Page 2
Par			
1			
	PROVIDES SERVICES FOR THE COMMUNITY AND ALLOWS NSTIONAL OR	GANIZAT	ION
	TO SERVICE THE NEEDS OF THE COMMUNITY		
		<del> </del>	
2	Did the organization undertake any significant program services during the year which were not listed on	_	
	the pnor Form 990 or 990-EZ?	Yes	🛛 No
	If "Yes," describe these new services on Schedule O		_
3	Did the 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	L	ليا
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	•	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	<b>.</b>	
	and allocations to others, the total expenses, and revenue, if any, for each program service reported		
42	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
74	(Code) (Expenses 3) (Revenue 3		····· ′
	<del></del>		
4b	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$		)
			′
	***************************************		
	<del></del>		
		<del></del>	
4c	(Code) (Expenses \$) (Revenue \$)		)
		<del></del>	
	Observation (Parallel and Parallel and Paral		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ \$		

JVA

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	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 N/A	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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	A	
•	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,"	·		
Ü	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	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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
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		Χ
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?	4		3.7
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 12 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,"			ĺ
	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		<del> </del>	<u> </u>
	the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete	1		1
	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?  N/A			<del></del> -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1-1-	1	┢──
·	any tax-exempt bonds?	24c	}	
d	37/7		<del> </del>	<del> </del>
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a			<u> </u>
130	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		234	<del> </del>	<u> </u>
b	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"	1	}	1
	complete Schedule L. Part I	25b		X
26	·	250	<del> </del>	<u>├</u> ^
20	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		X
27		20	-	<u> </u>
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	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,	21	<del>├</del>	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	}	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	20a	<del> </del>	<u> </u>
-	Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	200	<del> </del>	<u>├</u>
Ŭ	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	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125		Α_
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If ``Yes," complete Schedule N,	130		<u>-^</u>
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If ``Yes," complete	131	<del> </del>	$\stackrel{\wedge}{\vdash}$
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	V2		<u> </u>
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<del>  ^</del>
04	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	<del>-37</del>	-	$\vdash \stackrel{\wedge}{-}$
00	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	33	<del> </del>	
50	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		├^
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
20		37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	]	1 37
.IVA	Note: All Form 990 filers are required to complete Schedule O  99 99034 TWE 33396 Copyright Forms (Software Only) - 2009 TW	38 Form (	200	X
.IVA	ua aquee (VE 35595) LODVOOD EOROS (SORWARE UNIV) - 2019 (W	LARRY!		WWW.

BPOE #2790 88-0365354 Part 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 US Information Returns Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Ω Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Χ 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Ω If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  $\overline{A} \setminus \overline{N}$ 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За Χ h If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A 3b 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 account)? 4a Χ b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A 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 Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or N/A gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7a and services provided to the payor? Χ  $A \setminus N$ If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Χ If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f 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? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Χ 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 organization, have excess business holdings at any time during the year? 8 X Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a X Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations.Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources

12a

against amounts due or received from them )

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Χ

12a

11b

12b

Part VI Governance, Management, and DisclosureFor 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

Secti	on A. Governing Body and Management			
	and management		Yes	No
1a	Enter the number of voting members of the governing body   1a   430			
ь	Enter the number of voting members that are independent 1b	1		
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	Х	
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	H		<b>-</b>
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-	_
	organization's mailing address? If ``Yes," provide the names and addresses in Schedule O	9a	Х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	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 chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	<u>.</u>
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		X
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 arrangement			
_	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard N/A			
C41	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ See attachment #1			

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

X 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					at apply)	_	Reportable	Reportable	Estimated	
	hours per week	TRUSTEE OR	TRUSTEE	OFF-CER	EMPLOYEE	<b>™∑₽ О&gt; ШШ</b> - ОТШОН	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	
EILEEN MILLER											
EXALTED RULER ED UNDERHILL	32.00			Х				0	0	lo	
LEADING KNIGHT	20.00		<u> </u>	Х				o	lo	0	
DAVE BRECHBIEL											
LOYAL KNIGHT	20.00			Х				О	0	0	
CAROL DIEDRICK											
LECTURING KNIGHT	15.00			Х				0	0	0	
PAT MILLER SECRETARY	35.00			Х							
VIOLA JEWETT	35.00			^		i		ľ	U	U	
TREASURER	20.00			Х					0		
EARL GRAY	Γ								ľ	ľ	
ESQUIRE	10.00			Х				o	o	0	
BILL LUITHER											
CHAPLAIN	10.00	İ		Х				0	0	ļo	
BARBARA PRINGLE	I	İ				l		ļ			
INNER GUARD	10.00			Х				0	0	0	
CAROL WEAVER ORGANIST	10.00			Х							
FRED BEEMAN	10.00			^				ľ	ľ	р	
TRUSTEE THREE YEAR	35.00	X						h	0	10	
KENDALL POE PER											
TRUSTEE ONE YEAR	35.00	Х						О	o	0	
LEONARD SANCHEZ PER											
TRUSTE TWO YEAR	35.00	X						0	0	0	

Part	VII   Section A. Officers	, Director	s, Trust	ees, K	ey En	nploy	es, and	High	est Compensated E	mployees(continue	d)			
	(A)	(B)			_ (0	>)	_		(D)	(E)		(F)		
	Name and title		PO DIRECTOR INDIVIDUAL	I R U S T E E U T I O	OFF-CER	K E M F L OYEE	at apply) H COMPLOYEE HESSATE	F O € M E €	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related			
			' ` `	N A			E D					nizatio		
		  -  -				:								
1b	Total								0	0	0			
2	Total number of individuals ( from the organization ▶	including i	out not li	mited	to tho	se liste	ed above	) who	received more than	\$100,000 in reportal	ole comp	ensati	on	
	irom the organization									<del></del>		Yes	No	
3	Did the organization list any employee on line 1a? If "Ye							yee, o	r highest compensat	ted	3		Х	
4	For any individual listed on li			-					•					
	the organization and related individual	•						·	•		4		Х	
5	Did any person listed on line services rendered to the org.						•		•	r	5		Х	
Sectio	n B. Independent Contracto		11 163	, соп	piete	Janea	uie 3 101	Sucir	person	<del></del>		1		
1	Complete this table for your	five highe	st compe	ensate	d inde	pende	nt contra	actors	that received more t	than \$100,000 of				
	compensation from the orga					_								
	Name and	(A) business	address	;					(B)  Description of se	ervices	Compe		n	
2	Total number of independen \$100,000 in compensation from		-	_	out not	limite	d to thos	e liste	d above) who receiv	ed more than				
	00 00079 745 00400					000 TM					F	000		

		2009) BPOE #		8-0	365354			<del>,</del>	Page
Part	VIII	Statement of Reven	nue			(A)	(B)	(c)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 513, or 514
ĢĢ	1a	Federated campaigns		1a					
토함	b	Membership dues		1b	25,125	]			
G-HER S-FTS	c	Fundraising events		1c				1	
g Ş	d	Related organizations		1d				ľ	
AM	e	Government grants (contrib	outions)	1e		}			
S-X-LAR GRANTS	f	All other contributions, gifts	s, grants, &						
S A A A A		similar amounts not include		1f	2,192				
N M T	g	Noncash contributions included in li	nes 1a-1f	\$				•	
s	h	Total. Add lines 1a-1f			<u> </u>	27,317			
	_				Business Code	ļ			
S	2a	<del></del>				<u> </u>		<del></del>	<u> </u>
E RR	þ								
VE	C				<u> </u>	<u> </u>	- <del></del>	<del>-</del>	
ΙV	d							<del></del>	
CE	e	<del></del>			\ <u> </u>			<del>                                     </del>	
U	Ť	All other program service re	evenue					<del> </del>	
_ E		Total. Add lines 2a-2f			<u> </u>			<del> </del>	
	3	Investment income (includi	ng aiviaenas,	intere	001				
		other similar amounts)			•	981		981	<del> </del>
	4	Income from investment of	tax-exempt b	опа р	oceeds	<del></del>	<del></del>	<del> </del>	<del></del>
	5	Royalties	(i) Pool		(II) Personal	<u> </u>		<del> </del>	<del></del>
1	6-	Gross Rents	(ı) Real						
İ		Less rental expenses			320	{			!
		Rental income or (loss)			320	1 1			
		Net rental income or (loss)			320	320		320	<b>,</b>
1	•	Thet formar moonie or (1000)	(ı) Securiti		(II) Other	320	.—	<del>  32</del> 0	<u></u>
	7a	Gross amount from sales of assets other than inventory	(1) 0000111		(4) 54101				
	ь	Less cost or other basis						}	•
		and sales expenses							
0	c	Gain or (loss)				1			
H	d	Net gain or (loss)			<b>•</b>	<b>†</b>		Ì	
E	8a	Gross income from fundrai	sing			1		1	
R		events (not including \$							
_		of contributions reported or	n line 1c)						
RE		See Part IV, line 18		а		]			
v		Less direct expenses		b		]			
E		Net income or (loss) from f	-		<b>•</b>				
N U	9a	Gross income from gaming	j activities Se	е	_				
E		Part IV, line 19		а	7,200	ļ ļ			
		Less direct expenses		b					
		Net income or (loss) from g		es		7,200		7,200	
	10a	Gross sales of inventory, le	ess			{			
ŀ		returns and allowances		a	<u> </u>	. I			
		Less cost of goods sold		b	<u></u>				
- }	С	Net income or (loss) from s		огу	Dustress 0				<del></del>
-	44	Miscellaneous Rev	venue		Business Code	]		1	 
		BAR SALES				39,011		<del> </del>	
- 1		FOOD SALES				37,096		<del> </del>	
1	C	BEER SALES				24,697		<del> </del>	
								1	
		All other revenue  Total. Add lines 11a-11d	#	2		17,099 117,903	-	<del> </del>	

Part IX Statement of Functional Expenses

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

	Section 501(c)(3) and 501(c)( All other organizations must complete column	· · -			(D).
Do no	t include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and     general expenses	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		<u> </u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		<del></del>	ļ <u> </u>	
7	Other salaries and wages			ļ	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)			<del>                                     </del>	
9	Other employee benefits		<del></del>	<del> </del>	<del></del>
10 11	Payroll taxes		<del></del>	<del>                                     </del>	<del></del>
11	Fees for services (non-employees)				
a b	Management			<del>                                     </del>	
C	Legal Accounting	425		425	
d	Lobbying	425		423	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<del></del>	
g g	Other	60		60	<del></del>
12	Advertising and promotion	4,009		4,009	
13	Office expenses	2,829	<del></del>	2,829	<del></del> -
14	Information technology	2,023		2,023	
15	Royalties		-	-	-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ļ		ļ	
19	Conferences, conventions, and meetings	3,455		3,455	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,169			
23	Insurance	3,534		3,534	
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	BAR PURCHASES	22,877		22,877	
b	FOOD PURCHASES	16,300		16,300	
C	CHARITABLE DONATIONS	11,196		11,196	
d	UTILITIES	11,005		11,005	
6	OPERATIONAL EXPENSES BAR	9,237		9,237	
f	All other expenses #3	28,482		28,482	
25	Total functional expenses. Add lines 1 through 24f	123,578		113,409	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in			1	
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	L		<u>L</u>	Form 990 (2000

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Par	t X	Balance Sheet					
					(A)		(B)
_		_			Beginning of year	$\perp \perp$	End of year
	1	Cash non-interest bearing		· .	2,297	1_1_	3,056
	2	Savings and temporary cash investments			107,564	2	115,354
	3	Pledges and grants receivable, net .				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, dire	stees, key		1 1		
		employees, and highest compensated employees					
		Schedule L		5			
	6	Receivables from other disqualified persons (as de	efined un	der section			
Δ	1	4958(f)(1)) and persons described in section 4958					
ŝ		Part II of Schedule L		6			
A S S E T	7	Notes and loans receivable, net			7		
T	8	Inventories for sale or use		5,637	8	<b>5,</b> 636	
S	9	Prepaid expenses and deferred charges		-4,796	9	-10,924	
	10 a	Land, buildings, and equipment cost or other				1 1	
		basis Complete Part VI of Schedule D	10a	406,804			
	b	Less accumulated depreciation	10b	48,132	355,981	10c	358 <b>,</b> 672
	11	Investments publicly traded securities		11			
	12	Investments other securities See Part IV, line 1		12			
	13	Investments program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15	20,000	
	16	Total assets. Add lines 1 through 15 (must equal	466,683	16	491,794		
	1	Accounts payable and accrued expenses				17	
	1	Grants payable				18	
L		Deferred revenue			15,801	19	16,610
À	1	Tax-exempt bond liabilities				20	
B	1	Escrow or custodial account liability Complete Pa			59,894	21	52,675
Ŀ	22	Payables to current and former officers, directors,		•			
Ţ		employees, highest compensated employees, and	d disquali	fied			
T		persons Complete Part II of Schedule L				22	
E	1	Secured mortgages and notes payable to unrelate	•		157,400	23	131,000
S	1	Unsecured notes and loans payable to unrelated to	third part	ies		24	
	1	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			233,095	26	200,285
	1	Organizations that follow SFAS 117, check her	· 🖵	and			
N F		complete lines 27 through 29, and lines 33 and	34.				
<b>-</b>	1	Unrestricted net assets				27	
ŤND	28	Temporarily restricted net assets				28	
A S B	29	Permanently restricted net assets		. 🗑		29	
ŠΑ		Organizations that do not follow SFAS 117, ch	eck nere				
ĒL	20	and complete lines 30 through 34.			120 040	00	120 005
s N	1	Capital stock or trust principal, or current funds			132,840	30	138,235
C	1	Paid-in or capital surplus, or land, building, or equ	•		20,209	31	40,314
O E R S	i	Retained earnings, endowment, accumulated inco	ome, or o	tner tunas	102,818	32	112,960
	1	Total net assets or fund balances			255,867	33	291,509
	34	Total liabilities and net assets/fund balances			488,962	34	<u>491</u> ,794

Form	aan	(2009)	

Page **12** 

Pai	t XI	Financial Statements and Reporting					
			<u>.</u>	Yes	No		
1	Acc	ounting method used to prepare the Form 990 🕅 Cash 🔲 Accrual 📗 Other					
	If the	e organization changed its method of accounting from a prior year or checked `Other," explain					
	ın S	chedule O					
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х		
b	b Were the organization's financial statements audited by an independent accountant?						
c	If "Y	Yes" to lines 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? N/A 2c						
	If the	e organization changed either its oversight process or selection process during the tax year, explain in					
	Sch	edule O					
d	If 'Y	Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on	1				
	a co	insolidated basis, separate basis, or both					
	∏s	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in		ł			
		Single Audit Act and OMB Circular A-133?	3a		X		
b	If "Y	res," did the organization undergo the required audit or audits? If the organization did not undergo the			_		
_		aired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3ь				
JVA	09	99012 99011 TWF 33421 Copynght Forms (Software Only) - 2009 TW	Form	990	(2009)		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

#### **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.

OMB No 1545-0047

2009

Open to Public Inspection

	DE #2790		88-036	dentification numi 5354	рег
Par		Funds or Other Similar Funds or Acce		3334	<del></del>
	the organization answered "Yes" to Form 99		ouriscomplete ii		
	the organization answered Tes to Form 93	(a) Donor advised funds	(h) Funds	and other accounts	
1	Total number at end of year	(a) Bonor advised lands	(b) 7 dilas	56,82	
2	Aggregate contributions to (during year)		<del></del>	30702	<del></del> -
3	Aggregate grants from (during year)		<del></del>		
4	Aggregate value at end of year		<del></del>		
5	Did the organization inform all donors and donor adv	Isors in writing that the assets held in don	l		
•	funds are the organization's property, subject to the o	•	ior advisod	X Yes	No
6	Did the organization inform all grantees, donors, and	· ·	can be used only	E	□
•	for chantable purposes and not for the benefit of the	• •	•		
	impermissible private benefit?			X Yes	□No
Par		organization answered "Yes" to Form 990	0, Part IV, line 7		
1	Purpose(s) of conservation easements held by the or	<del></del>	-, -, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	<del></del>	
	Preservation of land for public use (e.g., recreation		eservation of an histor	ncally important lan	d area
	Protection of natural habitat	Pre	eservation of a certifie	ed historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held	l a qualified conservation contribution in the	he form of a conserva	ation	
	easement on the last day of the tax year				
			He	eld at the End of the Tax `	rear
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified his	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization	n during the tax	
	year				
4	Number of states where property subject to conserva	ation easement is located >			
5	Does the organization have a written policy regarding	g the periodic monitoring, inspection, hand	dling of violations, an	_	
	enforcement of the conservation easements it holds?			Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, insp	•	• •	· <del></del>	
7	Amount of expenses incurred in monitoring, inspectir	·		· \$	
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	tion	П.,	п.,
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes	□No
9	In Part XIV, describe how the organization reports co		•		
	balance sheet, and include, if applicable, the text of t	<u>-</u>	statements that desc	cribes	
Par	the organization's accounting for conservation easen  III Organizations Maintaining Collections of		ilar Assate		
· aı	Complete if the organization answered "Yes	·	illai Assets.		
	Complete if the diganization answered Tes	to to the observation of the obs			
1a	If the organization elected, as permitted under SFAS	116 not to report in its revenue statemer	nt and halance sheet	works of	
-	art, historical treasures, or other similar assets held fi	or public exhibition, education, or researc	th in furtherance of pu		
	provide, in Part XIV, the text of the footnote to its final	incial statements that describes these iter	ms		
ь	If the organization elected, as permitted under SFAS	116, to report in its revenue statement ai	nd balance sheet wor	ks of art.	
	historical treasures, or other similar assets held for p	•			
	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, histo	orical treasures, or other similar assets for	r financial gain, provid	de the	
-	following amounts required to be reported under SFA		<b>3</b> 7, 333		
а	Revenues included in Form 990, Part VIII, line 1		•	\$	
b	Assets included in Form 990, Part X		•	\$	

•						
Sche	dule D (Form 990) 2009	BPOE #27	<u>90 88-036</u>	65 <u>3</u> 54		Page 2
Pai	t III Organizations Mainta	lining Collections o	f Art, Historical Tr	easures, or Other Sim	ilar Assets(continued)	
3	Using the organization's acquis	sition, accession, and	other records, che	eck any of the following t	that are a significant use	of its collection
	items (check all that apply)					
а	Public exhibition		d	Loan or exchange	programs	
b	Scholarly research		e	Other		
C	Preservation for future ger					
4	Provide a description of the org	ganization's collection	ns and explain how	they further the organiz	ation's exempt purpose	ın
	Part XIV					
5	During the year, did the organi					О., О.,
	assets to be sold to raise funds					Yes No
Pa	<del></del>	•		zation answered "Yes"	to Form 990,	
	Part IV, line 9, or repor	ted an amount on Fo	orm 990, Part X, lin	e 21		
1a	Is the organization an agent, tr		ther intermediary to	or contributions or other	assets not	Ων Π
L	included on Form 990, Part X?		ammalata tha falla			X Yes No
þ	If "Yes," explain the arrangem	ent in Part XIV and C	ompiete trie followi	ng table		
С	Beginning balance				1c	59,894
d	Additions during the year				1d	3,977
e	Distributions during the year				1e	11,196
f	Ending balance				1f	52,675
2a	Did the organization include ar	amount on Form 99	0 Part X line 212		L.''-l	X Yes No
b	If "Yes," explain the arrangem		, r art x, into 21			E 100
			zation answered "	Yes" to Form 990, Part	IV. line 10	
		(a) Current year	(b) Prior yea			k (e) Four years back
1a	Beginning of year balance		1			
b	Contributions					
C	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	<u> </u>				
2	Provide the estimated percentage	age of the year end b	alance held as			
а	Board designated or quasi-end		%			
b	Permanent endowment >	%				
C	Term endowment ▶	%				
3a	Are there endowment funds no	ot in the possession o	f the organization t	that are held and admini	stered for the	<del></del>
	organization by					Yes No
	(i) unrelated organizations					3a(i)
_	(ii) related organizations					3a(ii)
b	If 'Yes" to 3a(II), are the relate	-	•			3b
4	Describe in Part XIV the intend					
ra				m 990, Part X, line 10		100
	Description of investmen	n  (a) Co	ost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value

Part \	/I Investments Land, Build	ings, and Equipment. See For	m 990, Part X, line 10		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a La	ind		75,000		75,000
<b>b</b> B	uldings .		310,200	47,724	262,476
c Le	easehold improvements				
d E	quipment		21,604	11,344	10,260
e O	ther .			T 1	
otal. A	dd lines 1a through 1e (Column (d)	should equal Form 990. Part X	column (B), line 10(c)		347.736

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Schedule D	(Form 990) 2009	BPOE	#2790	88-0365354		Page 3
Part VII	Investments	Other Securities.	See Form	990, Part X, line 12		
(;	a) Description of	security or category		(b) Book value	(c) Method of valua	
		me of security)			Cost or end-of-year mark	et value
Financial dei			ļ			
	equity interests		}			
Other	<del></del> _					
			i			
			Ì			
		990, Part X, col (B) line 12			<u> </u>	
Part VIII			. See Form	n 990, Part X, line 13	r	<del></del>
	(a) Description of	of investment type	1	(b) Book value	(c) Method of valua	
					Cost or end-of-year mark	ket value
			l			
			ľ			
		990, Part X, col (B) line 13				
Part IX	Other Assets	s. See Form 990, Pa				
CEDMIE	ICATE DEF	OCTU	(a) De	scription		(b) Book value
CERTIF	ICAIE DEE	0311				20,000
					ļ	
	<del></del>					
		l Form 990, Part X, o			<b>&gt;</b>	20,000
Part X		ties. See Form 990,	Part X, line		r	
1.		on of liability		(b) Amount		
Federal inco	me taxes					
			ľ			
	•					
Total. (Column	n (b) must equal Form 9	990, Part X, col (B) line 25	) 🕨			
2. FIN 48 Fo	otnote In Part XI	V, provide the text of	f the footno	te to the organization's f	inancial statements that reports the org	anization's liability for

uncertain tax positions under FIN 48

Page 4
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Scrieduic	BIOE #2730 00 0303334			1 agc 4
Part Xi	Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements		
1 Tota	al revenue (Form 990, Part VIII, column (A), line 12)		1	
2 Tota	al expenses (Form 990, Part IX, column (A), line 25)		2	
3 Exc	ess or (deficit) for the year Subtract line 2 from line 1		3	
4 Net	unrealized gains (losses) on investments		4	
5 Don	nated services and use of facilities		5	
6 Inve	estment expenses		6	
<b>7</b> Pno	or penod adjustments		7	
8 Oth	er (Describe in Part XIV )		8	
9 Tota	al adjustments (net) Add lines 4 through 8		9	
_10 Exc	ess or (deficit) for the year per audited financial statements Combine lines 3 a	and 9	10	
Part XI	Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return		
1 Tota	al revenue, gains, and other support per audited financial statements		1	
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net	unrealized gains on investments	2a		
<b>b</b> Dor	nated services and use of facilities	2b		
c Rec	coveries of prior year grants	2c		
<b>d</b> Oth	er (Describe in Part XIV )	2d		
e Add	I lines 2a through 2d		2e	
<b>3</b> Sub	otract line 2e from line 1		3	
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
a inve	estment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Oth	er (Describe in Part XIV)	4b	7	
c Add	illines 4a and 4b		4c	
	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XI	II Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return		
1 Tota	al expenses and losses per audited financial statements	· <u>·</u>	1	
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25			
a Dor	nated services and use of facilities	2a	_	
<b>b</b> Pno	or year adjustments	2b		
c Oth	er losses	2c		
<b>d</b> Oth	er (Describe in Part XIV )	2d		
e Add	i lines 2a through 2d		20	
3 Sub	ptract line 2e from line 1		3	
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:			
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4a	_	
<b>b</b> Oth	er (Describe in Part XIV )	4b	_]	
c Add	lines 4a and 4b		4c	<u> </u>
5 Tota	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part XI	V 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 RESTRICTED ACCOUNT FOR CHARTIES /BLDG FND

09 990D4

#### **BOOKS ARE IN CARE OF**

Attachment	1: F	orm 990	) Page	6, Part	. VI,	Section Section	n C,	Line	20
Open to Public						_			
Inspection		ndar year 20	09 or tax p	eriod beginning	g 04·	-01	, and	ending	03-31-2010.
Name of Organization BPOE #2790	on								Employer Identification Number 88-0365354
Part VI - Line 91a					-				
Individual Name									
ог									
Business Name									
BPOE #2796	_	<del> </del>							
			_			-			
Street Address					;	2920 S	RED	ROCK	DRIVE
U S Address							_		
Zip code	89048		City	Pahrump				Sta	te NV
or			,						<del></del>
Foreign Address									
City									
					-				
Province or	State								
Country									
Postal code									
Phone Numb	oer								(775)727-1148
Fax Number									

#### **PART VIII - OTHER REVENUE**

Attachment 2: Form 990 Page 9, Line 11 - Miscellaneous Revenue

Open to Public Inspection For calendar year 2009, or tax period beginning 04-01-2009, and ending 03-31-2010.

Name of Organization
BPOE #2790
Employer Identification Number 88-0365354

BPOE #2790			88-0365354			
Miscellaneous revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514	
LODGE ACTIVITIES INC		8,351	idilotton rovondo	- Dadinos rovendo	11.0012,010,01011	
SUNDRIES SALES		5 <b>,</b> 087				
RV HOOK UP DUMP		2,690				
MISC AND UNASSIGNED		1,035			}	
MID AND STATE CONVEN		-64				
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			i	1	1	
	Totals	17,099	<u> </u>	<u> </u>	<u> </u>	

#### **SCHEDULE OF OTHER EXPENSES**

Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.

Name of Organization Employer Identification Number

Other Expenses	Name of Organization BPOE #2790	Employer Identific 88-0365354									
FER CAPITA TAXES 6,926 6,926 6,552 LODGE ACTIVITIES EXPENSES 6,552 6,269	Other Expenses	(A) Total		(C) Management							
Total 28 482 28 482	PER CAPITA TAXES  MAINTENANCE AND REPAIRS  LODGE ACTIVITIES EXPENSES  OPERATIONAL EXPENSES KITCHE  JANITORIAL EXPENSES  TELEPHONE  TAXES AND PERMITS  BAD CHECKS  MISC AND UNASSIGNED EXP  LODGE SUPPLIES  MEMBERSHIP FEES	6,826 6,552 6,269 4,987 1,367 858 810 309 180 164 90		and General 6,826 6,552 6,269 4,987 1,367 858 810 309 180 164 90	(D) Fundraising						
Total 28 482 28 482											
(VILL) 20, 302 1 20, 302 1	Total	28,482		28,482							

## Form **4562**

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2009

	•	See separate i	nstructions.		► Attach to	you	r tax return.			Sequence No 67
			1			this	form relates			Identifying number
										<u>88-0365354</u>
						1				
						aiti				#050 000
		_			sses					\$250,000
		•	-		acta intigado)					8800 000
	•			•	•					\$600,000
			-			nad i	filma conarat	alv	4	
	year eapt	ract line 4 hom	inc i ii zeio oi	1033, 0110	Ci -O- ii iiiali	iieu i	ming separat	cıy,	5	250.000
	escription (	of property	<del></del>	(b) Cos	t (busn_use	only	(c) Flee	med cost		230,000
	- COCHPUON	or property		(2) 000	t (buon use	J.1.,	(0) 210	<u> </u>		
					-		_			
7 Listed property Enter	the amount	from line 29		l .		7	····			
			mounts in colum	n (c). line	es6and7	<u> </u>	<u> </u>		8	
				(-),						
Name(s) shown on return   Business or activity to which this form relates   Identifying number   POR E70R 90   88-0365354										
•			•		s than zero) o	or lin	e 5 (see instr	uctions)		250,000
				•	•			,		
•										<del></del>
<del></del>							<u> </u>			<del></del>
			<del></del>			Do n	ot include lis	ted prop	erty)	(See instructions )
					<del> </del>					·
during the tax year (se	e instructio	ns)		•					14	
15 Property subject to sec	ction 168(f)	(1) election							15	
16 Other depreciation (inc	cluding ACF	RS)							16	
Part III MACRS D	epreciati	ion (Do not in	clude listed prop	perty ) (S	ee instruction	ns)		-		<del>-</del>
				Section	Α					
17 MACRS deductions for	r assets pla	iced in service i	n tax years begii	nning be	fore 2009				17	9,919
18 If you are electing to g	roup any as	ssets placed in s	service during th	e tax yea	ar into one or	mor	e			
general asset accounts	s, check he	ге						<b>▶</b> □		
Secti	ion B As	sets Placed in	Service During	2009 Ta	x Year Usin	g the	e General De	preciat	on Sy	stem
(a) Classification of pr		yéar placed in	(business/investme	nt use				(f) Met	hod	
						_  .				<u>-</u>
<b>b</b> 5-year property										
<del></del>						_				
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						$\dashv$				
	}-					-				
			<del></del>			-				
						$\dashv$				
	n C Ann	ets Blaced in S	ontion During 2	2009 Tax	Voor Hoine	***		1		System
	n C Asse	ets Placed In S	ervice During 2	UUS TAX	Tear Using	the.	Atternative	т —		system
				_	12	+			-	
						+	MM			
	(See instru	ictions )	<del>-</del>	1	-+U y15		IVIIVI	J3/L		<u> </u>
					· · ·				21	
· · · · · ·			h 17 lines 19 an	nd 20 in c	column (a) a	nd br	ne 21 Enter I	nere	41	
and on the appropriate	lines of yo	ur return Partn	erships and S co	orporatio	ns – see inst				22	9,919
	•		_	year, en	ter the	22				
שטוניטוו טו נווכ טמטוט מננ	vatable to	SCOUGH EUSPI C				43	1			

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

		ns (a) through (c) of S			ion B, an	d Sect	on C If a	pplicable							
		ion A Depreciation										<u> </u>			<del></del>
	(a) pe of property t vehicles first)	(b) Date placed in service	(c) Busn / investment use percentage	C	use clain (d) cost or er basis		(e) Basis for usn /inve	depr stment	24b if (f) Recover period	y Me	is the every (g) thod/ vention	Dep	written' (h) reciation duction	Ele	s No (i) ected ion 179 cost
25	Special depre	ciation allowance for	qualified list	ted prop	erty place	ed in se	ervice du	ring the	tax year						
		e than 50% ın a qua				ctions)					25	L			
26	Property used	more than 50% in a			ise				,						
		ļ	%						ļ <u> </u>	<b> </b>		ļ			
			%						<del> </del> -	<b> </b>					
		500/	%	Ъ		Щ.			<u> </u>	J		L			
27	Property used	150% or less in a qu					<del></del>		Τ	T <sub>C</sub> "					
—			%			-+-			┼──	S/L-		<del> </del>			
			- /º						<del> </del> -	S/L-	<del></del>			-	
28	Add amounts	in column (h), lines 2		1	here and	L on line	e 21 nac	e 1	L	10/2	28	<del> </del>			
29		ın column (ı), line 26	_				5 2 1, pag							9	
	employees, firs	on for vehicles used to the standard to the st	by a sole pro ons in Section	prietor, n C to se	partner, d	or othe meet a		han 5% on to co	owner," (	this sec		those v			es to
		ar (do not include			icle 1		nicle 2		iicle 3		cle 4		nicle 5		icle 6
31		ing miles driven duri	ng the year					<del>                                     </del>						+	
32		rsonal (noncommuti	•										<del></del>		
33	Total miles dra	iven during the year gh 32	Add		-	-									
34	Was the vehic	de available for perse	onal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty	hours?													
35	Was the vehic	le used primarily by	a more	1			1	1	} }				1	1	ł
		er or related person?			ļ									ļ	<u> </u>
36	Is another veh	nicle available for per													
Ansv	ers or related pe	Section C ions to determine if y ersons (see instruction	you meet an ons)	exception	on to com	pleting	Section	B for ve	hicles us	ed by e	mployee	s who	are not	more tha	n 5%
37	employees?	ain a written policy st												Yes	No_
38		ain a written policy st								uting, by	y your e	mploye	es?		1
20		ctions for vehicles usell use of vehicles by					or 1% or	more ov	vners					<b>-</b>	<del> </del>
39 40	-	-		•			rmation f		r omnlove	oo aha	ut the u	20 0f th		-	<del> </del> -
	vehicles, and	e more than five veh retain the information	n received?					_			ut the u	se or the	3		
41	-	the requirements cor	• .					,		,				<b></b>	<u> </u>
Do		answer to 37, 38, 39	, 4U, OF 41 IS	Yes,"	do not co	mplete	Section	B for th	e covered	vehicle	es				
Pai	rt VI Amo	rtization									10	<del></del>			
	Descript	(a) ion of costs	Date am	b) ortizatio gins ————	n	Amo	(c) rtizable nount		(d) Code section	е	Amorti: peno percer	zation d or		(f) nortization or this year	
42	Amortization of	of costs that begins of	during your 2	009 tax	year (see	ınstru	ctions)							<del></del>	
					-			$\longrightarrow$							
42	A	facility that have the		000 :-			_				L	1 40			250
43	Amortization (	of costs that began b	•		year for when							43			250 250

# 2009 Federal Depreciation Schedule

BPOE #2790 88-0365354

05-27-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
12 ROUND TABLES	10-26-05	200DBHY	7	1,537		0	0	1,537	1,057	137
B EER TAPPER	04-01-06	200DBHY	7	417	0	0	0	417	248	52
DINING ROOM CHAIRS	02-28-07	200DBHY	7	2,900	0	0	0	2,900	1,428	362
ELITE FRYER	05-18-07	200DBHY	7	854	0	0	0	854	418	149
FOLDING TABLE	10-26-05	200DBHY	7	51	0	0	0	51	33	5
FREEZER	08-30-07	200DBHY	7	528	0	0	0	528	258	92
GLASS WASHER UPRIGHT	05-18-07	200DBHY	7	297	0	0	0	297	146	52
ICE MACHINE&ICE BIN	07-24-06	200DBHY	7	3,107	0	0	0	3,107	1,847	388
LAND	12-31-03	Land	0	75,000	75,000	0	0	0	0	0
LODGE BUILDING	12-31-03	S/LMM	39	310,200	. 0	0	0	310,200	47,654	7,954
REFRIGERATOR	01-27-06	200DBHY	7	2,865	0	0	0	2,865	1,970	256
SANTA FE BBQ GRILL	02-21-06	200DBHY	7	1,000	0	0	0	1,000	688	89
SECURITY SYSTEM	03-22-05	200DBHY	7	549	0	0	0	549	426	49
STOVE	02-21-06	200DBHY	7	3,745	0	0	0	3,745	2,575	334
WATER RIGHTS	01-05-04	AMORT	15	3,754	0	0	0	3,754	250	250
15 Assets		To	tals	406,804	75,000	0	0	331,804	58,998	10,169
15 Assets		Grand To	tals	406,804	75,000	0	0	331,804	58,998	10,169

<sup>\*</sup> Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2009 AMT Depreciation Schedule

BPOE #2790 88-0365354

05-27-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990				-				
12 ROUND TABLES	10-26-05	150DBHY	7	1,537	0	188	137	-51
B EER TAPPER	04-01-06	150DBHY	7	417	0	51	52	1
DINING ROOM CHAIRS	02-28-07	150DBHY	7	2,900	0	355	362	7
ELITE FRYER	05-18-07	150DBHY	7	854	0	128	149	21
FOLDING TABLE	10-26-05	150DBHY	7	51	0	6	5	-1
FREEZER	08-30-07	150DBHY	7	528	0	79	92	13
GLASS WASHER UPRIGHT	05-18-07	150DBHY	7	297	0	45	52	7
ICE MACHINE&ICE BIN	07-24-06	150DBHY	7	3,107	0	381	388	7
LAND	12-31-03	Land	0	0	0	0	0	0
LODGE BUILDING	12-31-03	S/LMM	39	310,200	0	7,954	7,954	0
REFRIGERATOR	01-27-06	150DBHY	7	2,865	0	351	256	-95
SANTA FE BBQ GRILL	02-21-06	150DBHY	7	1,000	0	123	89	-34
SECURITY SYSTEM	03-22-05	150DBHY	7	549	0	67	49	-18
STOVE	02-21-06	150DBHY	7	3,745	0	459	334	-125
WATER RIGHTS	01-05-04	AMORT	15	3,754	0	250	250	0
15 Assets		Totals		331,804	0	10,437	10,169	-268
15 Assets	G	rand Totals	<u> </u>	331,804	0	10,437	10,169	-268

<sup>\*</sup> Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

#### **2009 DETAIL STATEMENTS**

PDOE #2700						
BPOE #2790 88-0365354	Page 1					
STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1:	E)					
MEMBERSHIP AFFILIATION						
TOTAL CARRIED TO 990-EO PG 9 Line 1f	2,192					
STATEMENT #2 - Advertising and promotion (990 EO PG 10 Line 12)						
MEMBERS AND OFFICERS BADGES. 662 BULLETIN. 2,600 DIGNITARIES VISITATIONS. 547 PHOTOGRAPHY/PUBLICITY. 200						
TOTAL CARRIED TO 990 EO PG 10 Line 12	4,009					
STATEMENT #3 - Mngmt. adv. and promotion (990 EO PG 10 Line 12c)  MEMBERS AND OFFICERS BADGES. 662 BULLETIN. 2,600 DIGNITARIES VISITATIONS 547 PHOTOGRAPHY/PUBLICITY. 200  TOTAL CARRIED TO 990 EO PG 10 Line 12c						
STATEMENT #4 - Mngmt, office expenses (990 EO PG 10 Line 13c)						
CARD KEY EXPENSE. 651 OFFICE EXPENSES. 1,858 OFFICERS EXPENSE. 280 PO BOX. 40						
TOTAL CARRIED TO 990 EO PG 10 Line 13c	2,829					
STATEMENT #5 - Management conv. and meetings (990 EO PG 10 Line 1						
CONVENTION EXPENSES						
TOTAL CARRIED TO 990 EO PG 10 Line 19c	3,455					

C1005D