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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning April 1, 2009, and ending March 31, 2010

B Check if applicable:

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

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

Benevolent & Protective Order of Elks - Homer Lodge 2127

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

215 E Jenny Lane

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

Homer, AK 99603

D Employer identification number

92-0044637

E Telephone number

907 235-2127

F Group Exemption

Number ► 1156

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

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 281856

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5121
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	33280
	4	Investment income	4	281
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	82893
	b	Less direct expenses other than fundraising expenses	6b	74871
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8022	
7a	Gross sales of inventory, less returns and allowances	7a	142418	
b	Less cost of goods sold	7b	166196	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(23778)	
8	Other revenue (describe ► facility rental, other)	8	17863	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	40789	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	11508
	13	Professional fees and other payments to independent contractors	13	2235
	14	Occupancy, rent, utilities, and maintenance	14	11546
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 1)	16	42853
	17	Total expenses. Add lines 10 through 16	17	68142
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(27353)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	182363
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	155010

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	54846	26252
23 Land and buildings	146578	149916
24 Other assets (describe ► inventory, accounts rec)	11477	9740
25 Total assets	212901	185908
26 Total liabilities (describe ► accounts payable, deferred rev, payroll liab)	30538	30898
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	182363	155010

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED AUG 03 2010

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose?	Youth and Lodge activities for members
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	

Expenses

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

28	Lodge operations and activities related to fraternal society for members and charitable community purpose which benefit a community of approx \$4,000		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	✓	
b If "Yes," has it filed a tax return on Form 990-T for this year?	✓	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities 39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
40e		
41 List the states with which a copy of this return is filed. ▶ Alaska		
42a The organization's books are in care of ▶ Homer Elks Lodge 2127 Telephone no ▶ 907 235-2127		
Located at ▶ 215 W Jenny Lane, Homer, Alaska ZIP + 4 ▶ 99603		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
42b		✓
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶		✓
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Michael Riley Date: 6/25/10

Type or print name and title: Michael Riley Treasurer

Paid Preparer's Use Only

Preparer's signature: Tammy S Ackerman Date: 6/25/10 Check if self-employed: ☒

Firm's name (or yours if self-employed), address and ZIP + 4: Tammy S Ackerman, CPA
3808 Ben Walters Lane Homer, Alaska 99603

EIN: 907 235-0662 Phone no: 907 235-0662

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open To Public Inspection

Benevolent & Protective Order of Elks - Homer Lodge 2127

92 : 0044637

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	26568	56325	82893
Direct Expenses	2	Cash prizes	16351	35024	51375
	3	Noncash prizes		5051	5051
	4	Rent/facility costs		5246	5246
	5	Other direct expenses		5952	5952
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)			(67624)
	8	Net gaming income summary Combine line 1, column d, and line 7			15269

9	Enter the state(s) in which the organization operates gaming activities.	Alaska	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	✓	
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		✓
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11	✓	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		✓

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	75 %
b	An outside facility	13b	25 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ Jan Jonker			
Address ▶ 214 E Jenny Lane Homer, AK 99603			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	✓
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party.		
Name ▶			
Address ▶			
16	Gaming manager information		
Name ▶ Jan Jonker			
Gaming manager compensation ▶ \$ 0.00			
Description of services provided ▶ reporting			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions.		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 15269		

Form 990	Other Expenses	Statement 1
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<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Scholarships and charity	9,432			
Taxes	2,591			
Office	7,610			
Insurance	2,747			
Convention	500			
State Convention	-			
Comp food and drink	2,423			
Per Capita fee	5,820			
Telephone	1,518			
Depreciation	8,868			
Other	1,344			
Total included on Form 990, Line 43	<u>42,853</u>			

Form 990		Part V - List of Officers, Directors Trustees and Key Employees		Statement 2	
<u>Name and Address</u>	<u>Title and Avrg hrs/wk</u>	<u>Compen- sation</u>	<u>Employee Ben Plan Contrib.</u>	<u>Expense Account</u>	
Terry Felde 4724 Rochelle Road Homer AK 99603	Exhalted Ruler 3	-	-	-	
Jan Jonker 422 Elderberry Court Homer, AK 99603	Secretary 3	-	-	-	
Michael Riley PO Box 502 Homer, AK 99603	Treasurer 2	-	-	-	
John Chapple III Po Box 1201 Homer, AK 99603	Trustee 2	-	-	-	
Paul Hodgdon PO Box 1150 Homer, AK 99603	Trustee 2	-	-	-	
Jack Alexander PO Box 423 Homer AK 99603	Trustee 2	-	-	-	
Rick Alexander 5709 Clearwater Dr Homer AK 99603	Trustee 2	-	-	-	
Justin Cole 33730 Justins Ct Homer AK 99603	Trustee 2	-	-	-	
Mike Parrish 32689 Deane Ct Anchor Point, AK 99556	Lecturing Knight 2	-	-	-	
Thomas Youngblood PO Box 704 Homer AK 99603	Leading Knight 2	-	-	-	
Don Moran 40916 Belnap Dr Homer AK 99603	Loyal Knight 2	-	-	-	
Don Arseneau PO Box 1062 Homer AK 99603	Tiler 2	-	-	-	
Kim Delay PO Box 1197 Anchor Point AK 99556	Esquire 2	-	-	-	
Jack Jump PO Box 2714 Homer, AK 99603	Chaplain 2	-	-	-	
Jane Hodgdon PO Box 1150 Homer, AK 99603	Inner Guard 2	-	-	-	
Total included on Form 990, Part V		-	-	-	