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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2009

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning 4/01, 2009, and ending 3/31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. B.P.O.E. TULARE LODGE #1424 POST OFFICE BOX 1301 TULARE, CA 93275-1301	<b>D</b> Employer identification number 94-0317345
		<b>E</b> Telephone number 559-686-3431
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

**I** Website: ▶ N/A

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 162,453.

### 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	14,573.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	15,199.
	4	Investment income	4	2,690.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ <u>3,808.</u> of contributions reported on line 1)	6a	7,230.
6b	b Less: direct expenses other than fundraising expenses	6b	7,230.	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	7a Gross sales of inventory, less returns and allowances	7a	122,552.	
7b	b Less: cost of goods sold	7b	81,810.	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	40,742.	
8	8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u> )	8	209.	
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	73,413.	
EXPENSES	10	10 Grants and similar amounts paid (attach schedule)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	17,333.
	13	13 Professional fees and other payments to independent contractors	13	2,097.
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	1,239.
	16	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	16	65,759.
17	17 Total expenses. Add lines 10 through 16	17	86,428.	
ASSETS	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,015.
	19	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	203,757.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	190,742.

### 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.

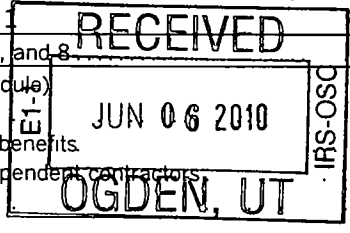
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,454.	28,032.
23 Land and buildings	172,970.	169,756.
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u> )	15,182.	13,572.
25 Total assets	222,606.	211,360.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u> )	18,849.	20,618.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	203,757.	190,742.

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

Form 990-EZ (2009)

SCANNED AUG 11 2010



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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b> <small>(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DENNIS BELL 650 N. E STREET TULARE, CA 93274	EXALTED RULER 0	0.	0.	0.
RON WARD 2001 E. CROSS AVE. TULARE, CA 93274	COMMITTEE MEMBE 10.00	0.	0.	0.
TAMMY BAUMGARDNER 2250 HEMLOCK TULARE, CA 93274	LECTURING KNIGH 0	0.	0.	0.
GRACE CARVALHO 1535 E BARDSLEY TULARE, CA 93274	TILER 0	0.	0.	0.
DON BELL 543 S SACRAMENTO TULARE, CA 93274	LEADING KNIGHT 0	0.	0.	0.
TONY PARREIRA 1663 S. MARION TULARE, CA 93274	LOYAL KNIGHT 0	0.	0.	0.
KEITH WHITE 11666 N. M STREET TULARE, CA 93274	TREASURER 0	0.	0.	0.
CAROL THOMPSON 3415 W. IRIS VISALIA, CA 93274	ESQUIRE 0	0.	0.	0.
DON PARTEN 707 N. F STREET TULARE, CA 93274	TRUSTEE 4 YEAR 0	0.	0.	0.
LYNDA CLARK 1631 E. OAKDALE AVE TULARE, CA 93274-9346	SECRETARY 10.00	1,800.	0.	0.
LARRY MOREHEAD 1780 RIESLING ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.
GUY LABER 635 MANOR ST. TULARE, CA 93274	COMMITTEE MEMBE 0	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 6**

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> 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>b</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	<b>40b</b>	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ NONE		

**42a** The organization's books are in care of ▶ B.P.O.E. TULARE LODGE #1424 Telephone no. ▶ 559-686-3431  
 Located at ▶ 1535 E. BARDLSEY AVE, TULARE, CA ZIP + 4 ▶ 93274

	Yes	No
<b>42b</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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>42c</b> 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 ▶ _____		X

**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 ▶  N/A N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**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 and deferred compensation	(e) Expense account and other allowances


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

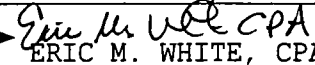
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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**  
 ▶  | 06-29-10  
 Signature of officer Date  
 ▶ LYNDA CLARK SECRETARY  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶  Date 6/29/10  
 ERIC M. WHITE, CPA  
 Check if self-employed  Preparer's Identifying Number (See instructions) N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ADAIR & EVANS, AN ACCOUNTANCY CORPORATION  
 111 E. KERN  
 TULARE, CA 93274  
 EIN ▶ N/A  
 Phone no ▶ (559) 688-0655

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

CLIENT 314

B.P.O.E. TULARE LODGE #1424

94-0317345

6/28/10

01 45PM

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

LOTTERY INCOME			
		TOTAL	\$ 209.
			<u>\$ 209.</u>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ALARM SERVICE		\$	704.
BANK CHARGES			178.
CASH OVER/SHORT			1,428.
CONFERENCES, CONVENTIONS, AND MEETINGS			3,963.
CONTRACT LABOR			3,220.
CREDIT CARD FEES			1,800.
DEPRECIATION			4,980.
DIGNITARY VISITATIONS			192.
DONATIONS			1,100.
EMBLEMS & PINS			168.
GIFTS			157.
INSURANCE			6,380.
JANITORIAL			648.
LICENSE & PERMITS			504.
MISCELLANEOUS			164.
OFFICE EXPENSES			395.
OFFICERS EXPENSES			500.
PER CAPITA FEES			4,920.
PROMOTIONS			954.
PROPERTY TAXES			3,537.
REPAIRS AND MAINTENANCE			4,048.
REPLACEMENTS			2,292.
RITUAL CONTEST			200.
SECRETARY EXPENSES			3,180.
SECURITY GUARDS			116.
SUPPLIES			2,271.
TELEPHONE			1,881.
UTILITIES			15,879.
		TOTAL	\$ <u>65,759.</u>

STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 50.	\$ 50.
FURNITURE AND FIXTURES	9,225.	7,460.
INVENTORIES	4,863.	5,300.
PREPAID EXPENSES AND DEFERRED CHARGES	1,044.	762.
TOTAL	<u>\$ 15,182.</u>	<u>\$ 13,572.</u>

6/28/10

01:45PM

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES .	\$ 40.	\$ 0.
ACCRUED EXPENSES	5,803.	4,179.
CHECKING RESERVE ACCT	5,036.	5,138.
DEFERRED REVENUE	7,970.	11,301.
<b>TOTAL</b>	<b>\$ 18,849.</b>	<b>\$ 20,618.</b>

**STATEMENT 5  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY; TO RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

**STATEMENT 6  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO