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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form 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)

► 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

OMB No. 1545-1150

2009

Open to Public
Inspection

A For 2009 calendar year, or tax year beginning APRIL 01

, 2009, and ending MARCH 31

, 20 10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GILLETTE ELKS LODGE 2825		D Employer identification number 47-0864008
		Number & street (or P.O. box, if mail is not delivered to street addr.)		E Telephone number
		Room/suite		(307) 682-0333
		City or town, state or country, and ZIP + 4 PO BOX 1358 Gillette WY 82717-1358		F Group Exemption Number ▶ 1156

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

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 44,288

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	621
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	360
	4	Investment income	4	616
	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	Gross revenue (not including \$ of contributions reported on line 1)	6a	37,746
6b	Less: direct expenses other than fundraising expenses	6b	30,180	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,566	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See attachment #1 2010)	8	4,945	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	14,108	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,615
	14	Occupancy, rent, utilities, and maintenance	14	675
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attachment #2)	16	5,802
	17	Total expenses. Add lines 10 through 16	17	8,092
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,016
	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	32,942
	20	Other changes in net assets or fund balances (attach explanation) #3	20	-101
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	38,857

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	41,310	22 48,387
23	Land and buildings		23
24	Other assets (describe ▶ See attachment #4)	5,086	24 5,086
25	Total assets	46,396	25 53,473
26	Total liabilities (describe ▶ See attachment #5)	13,454	26 14,616
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,942	27 38,857

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

Form 990-EZ (2009)

SCANNED AUG 23 2010

EXPENSES

NET ASSETS

4

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose?

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

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, & other relevant information for each program title.

28

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

28a

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

31a

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

32

0

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

(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p>

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See attachment #6

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	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
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter.		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
40b	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		X
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
42b	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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization a section 527 organization? | | X |
- 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"

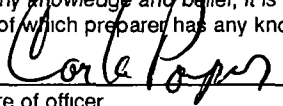

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		6-24-10 Date	
	CARLA POYNOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	6-9-10 H&R BLOCK 1211 S DOUGLAS HWY STE L Gillette, WY 82716	<input type="checkbox"/>	P00085733 EIN 83-0260463 Phone no. 307-682-2206

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.

Open to Public Inspection

Employer Identification number
47-0864008

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.

- ☒
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 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
		ROPING (event type)	FB AND GENER (event type)	(total number)	(Add col (a) through col. (c))
R E V E N U E	1 Gross receipts	26,839	10,907		37,746
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	26,839	10,907		37,746
D I R E C T E X P E N S E S	4 Cash prizes	14,624			14,624
	5 Noncash prizes	3,691			3,691
	6 Rent/facility costs	1,223			1,223
	7 Food and beverages	2,205			2,205
	8 Entertainment				
	9 Other direct expenses	5,466	2,971		8,437
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(30,180)
	11 Net income summary. Combine line 3, column (d), and line 10				7,566

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) thru col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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	X

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c**
- If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

- 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 ► \$ _____

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	04-01-2009, and ending	03-31-2010.
Name of Organization GILLETTE ELKS LODGE 2825			Employer Identification Number 47-0864008

Description of Other Revenue	Amount
GL INSURANCE	3,696
GL PER CAPITA	1,222
OTHER	27
Total	4,945

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 20

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

GILLETTE ELKS LODGE 2825

47-0864008

JVA Copyright Forms (Software Only) - 2009 TW L0819F 09 EOZGR36

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

Inspection

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

GILLETTE ELKS LODGE 2825

47-0864008

Totals

SCHEDULE OF OTHER LIABILITIES

Attachment 5: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.
Name of Organization GILLETTE ELKS LODGE 2825	Employer Identification Number 47-0864008

Description of Liability	Beginning of Year	End of Year
RESTRICTED PREPAID DUES	3,437	3,033
BUILDING FUNDS RESTRICTED	6,757	8,679
OTHER RESTRICTED FUNDS	1,612	1,389
ELKS FOUNDATION	192	242
WEST STATE MAJOR PROJECT	123	210
OTHER PREPAID INCOME	1,310	1,040
ELKS ANGELS RESTRICTED	23	23
Totals	13,454	14,616

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

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	
GILLETTE ELKS LODGE 2825		47-0864008	

Description of Other Expenses	Amount
INSURANCE	1,042
OFFICE EXPENSE	1,010
NSF CHECKS	6
TELEPHONE	317
CONVENTION EXPENSE	613
DUES	458
FUNERAL	102
LODGE ACTIVITIES EXPENSE	1,401
DONATIONS	769
STATE FEES	84
Total	5,802

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01-2009, and ending 03-31-2010.
Name of Organization GILLETTE ELKS LODGE 2825	Employer Identification Number 47-0864008

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
BILL CLIFTON 6803 ICABOD AVE GILLETTE, WY 82718	LEADING KNIGHT 9.00	0	0	0
JOHN POYNOR 5306 VAN RIPPER ST GILLETTE, WY 82718	EXALTED RULER 5.00	0	0	0
BOB MESSELT 810 VENTURA AVE Gillette, WY 82716	LECTURING KNIGHT 2.00	0	0	0
TYKE CONROY 2530 ANTLER RD Gillette, WY 82718	TRUSTEE 2.00	0	0	0
JOEY CASH 4191 RON DON RD GILLETTE, WY 82716	LOYAL KNIGHT 2.00	0	0	0
MYRA ADDISON PO BOX 336 Gillette, WY 82717	CHAPLAIN 2.00	0	0	0
CARLA POYNOR 5306 VAN RIPPER ST GILLETTE, WY 82718	SECRETARY 30.00	0	0	0
RICK SHANK 1405 W 5TH STREET GILLETTE, WY 82716	TREASURER 8.00	0	0	0
DENIS CHRISTIANSON 1203 WILLOW BROOK LN GILLETTE, WY 82718	ESQUIRE 1.00	0	0	0
RODNEY C ADDISON 523 FAIRWAY DR GILLETTE, WY 82718	TILER 2.00	0	0	0
ELTON SMITH 1116 E 9TH ST GILLETTE, WY 82716	TRUSTEE 1.00	0	0	0
RON HOLBROOK 1901 NEBRASKA ST GILLETTE, WY 82716	TRUSTEE 5.00	0	0	0
RODNEY ADDISON BOX 336 Gillette, WY 82717	TRUSTEE 6.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 04-01, and ending 03-31-2010.
Name of Organization GILLETTE ELKS LODGE 2825	Employer Identification Number 47-0864008
Part V - Line 42a	

Individual Name CARLA POYNOR
or
Business Name

Street Address 5306 VAN RIPPER

U.S. Address

Zip code 82718 City Gillette State WY
or
Foreign Address

City
Province or State
Country
Postal code
Phone Number (307) 682-3229
Fax Number