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**Short Form
Return of Organization Exempt From Income Tax**

2009

**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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 8/01, **2009, and ending** 7/31, **2010**

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	Please use IRS label or print or type. See Specific Instructions.	C MONTANA STATE ELKS ASSOCIATION 15 JUANITA WAY KALISPELL, MT 59901	D Employer identification number 81-6011740
			E Telephone number (406) 752-2469
			F Group Exemption Number
			G Accounting method <input checked="" type="checkbox"/> Cash <input 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: ▶ elks.org/states

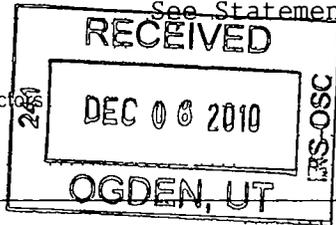
J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

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. ▶ \$ 284,137.

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	113,211.
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	30,924.
	5a Gross amount from sale of assets other than inventory	140,002.
	b Less: cost or other basis and sales expenses	139,349.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	653.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	
	b Less: direct expenses other than fundraising expenses	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a Gross sales of inventory, less returns and allowances	
	b Less: cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ▶ _____)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	144,788.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members		
12 Salaries, other compensation, and employee benefits		5,100.
13 Professional fees and other payments to independent contractors		1,200.
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		685.
16 Other expenses (describe ▶ See Statement 3)		87,302.
17 Total expenses. Add lines 10 through 16		137,187.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		7,601.
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)		529,974.
20 Other changes in net assets or fund balances (attach explanation)		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	537,575.	



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.

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		529,974.	537,575.
23 Land and buildings			
24 Other assets (describe ▶ _____)			
25 Total assets		529,974.	537,575.
26 Total liabilities (describe ▶ _____)		0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		529,974.	537,575.

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

Form 990-EZ (2009)

SCANNED JAN 4 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>See Statement 4</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	<u>TO AWARD SCHOLARSHIPS TO "MVP" STUDENTS ON BASIS OF APPLICATION, QUALIFICATIONS, SCHOLASTIC ACCOMPLISHMENTS AND PARTICIPATION IN SCHOOL & COMMUNITY ACTIVITIES</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	62,575.
29	<u>PURCHASE EQUIPMENT FOR SMALL HOSPITALS IN MONTANA. THIS IS DONE ANNUALLY ON THE BASIS OF NEED</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	30,525.
30	<u>DRUG AWARENESS, HOOP SHOOT, YOUTH PROGRAMS. THIS IS DONE FOR THE PURPOSE OF IMPROVING YOUTH ACTIVITIES IN THE COMMUNITY AND THE COMMUNITY AS A WHOLE</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	25,799.
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	118,899.

Part IV List of Officers, Directors, Trustees, and Key Employees. 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 Cooper 706 Pennsylvania Ave Deer Lodge, MT 59722	President 1.00	0.	0.	0.
Bob Hilliard 2540 Lillis Lane Billings, MT 59102	1st Vice Pres 1.00	0.	0.	0.
Candy Stephens 15 Juanita Way Kalispell, MT 59901	2nd Vice Pres 1.00	0.	0.	0.
Bob Stephens 15 Juanita Way Kalispell, MT 59901	Sec/Treas 3.00	5,100.	0.	0.
Klairaine Nichv 102 Imperial Way Missoula, MT 59803	Recording Sec 1.00	0.	0.	0.
Chuck Mohr 303 N Nowland Glendive, MT 59330	Trustee 1.00	0.	0.	0.
Jack Krumm 407 W 3rd St Anaconda, MT 59711	Trustee 1.00	0.	0.	0.
Bob Malyevac 339 Reserve Road Libby, MT 59923	Trustee 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 5

		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	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?		X
35b	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	b 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	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	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 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	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		X
40c	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		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ BOB STEPHENS Telephone no ▶ (406) 752-2469
 Located at ▶ 15 JUANITA WAY KALISPELL MT ZIP + 4 ▶ 59901

		Yes	No
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
42c	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 ▶ _____		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
 ▶ **43** | N/A

		Yes	No
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?		

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
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

▶ Robert E. Stephens | 12-2-2010
 Signature of officer Date
 ▶ ROBERT E. STEPHENS - SECRETARY
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Della Kienas Date 11/16/10 Check if self employed Preparer's Identifying Number (See instructions) N/A
 Firm's name (or yours if self employed) address, and ZIP + 4 ▶ Denning, Downey & Associates CPA's, PC
1740 Hwy 93 South EIN ▶ N/A
Kalispell, MT 59901 Phone no ▶ 406-756-6879

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
16b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	89,079.	67,687.	62,777.	101,557.	113,750.	434,850.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	89,079.	67,687.	62,777.	101,557.	113,750.	434,850.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	16,790.	0.	0.	0.	0.	16,790.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	16,790.	0.	0.	0.	0.	16,790.
8 Public support (Subtract line 7c from line 6)						418,060.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	89,079.	67,687.	62,777.	101,557.	113,750.	434,850.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,602.	27,788.	28,695.	30,662.	30,017.	147,764.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	30,602.	27,788.	28,695.	30,662.	30,017.	147,764.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						582,614.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	71.8 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	73.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	25.4 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	23.7 %

19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 140,002.
 Cost or Other Basis: 139,349.

Total Gain (Loss) Publicly Traded Securities \$ 653.

Total Net Gain (Loss) From Noninventory Sales \$ 653.

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity: COLLEGE TUITION
 Donee's Name: Brigham University
 Donee's Address: B-150 Abraham Smoot Bldg
 Provo, UT 84602
 Relationship of Donee: NONE
 Cash Amount Given: \$ 1,000.

Class of Activity: COLLEGE TUITION
 Donee's Name: Carroll College
 Donee's Address: 1601 N Benton Ave
 Helena, Mt 59601
 Relationship of Donee: NONE
 Cash Amount Given: \$ 1,500.

Class of Activity: COLLEGE TUITION
 Donee's Name: Concordia Colleg
 Donee's Address: 901 8th St S
 Moorhead, Mn 56562
 Relationship of Donee: NONE
 Cash Amount Given: \$ 500.

Class of Activity: COLLEGE TUITION
 Donee's Name: Rocky Mountain College
 Donee's Address: 1511 Poly Drive
 Billings, MT 59102
 Relationship of Donee: NONE
 Cash Amount Given: \$ 2,000.

Class of Activity: COLLEGE TUITION
 Donee's Name: Seattle Pacific University
 Donee's Address: 3307 Third Avenue West - Suite 113
 Seattle, WA 98119
 Relationship of Donee: NONE
 Cash Amount Given: \$ 500.

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	COLLEGE TUITION		
Donee's Name:	University of Montana		
Donee's Address:	909 5th Ave W Missoula, Mt 59801		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	13,100.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	South Dakota School of Mines		
Donee's Address:	501 E Saint Joseph St Rapid City, SD 57701		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Montana Tech		
Donee's Address:	1300 West Park St Butte, Mt 59701		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Montana State University		
Donee's Address:	1500 University Drive Billings, MT 59101		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	13,800.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Gonzaga University		
Donee's Address:	502 E Boone Ave Spokane, WA 99258		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,000.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	University of North Dakota		
Donee's Address:	Twamley Hall Room 216, Stop 8371 Grand Forks, ND 58202		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Harvard College		
Donee's Address:	1350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	COLLEGE TUITION		
Donee's Name:	Miles Community College		
Donee's Address:	2715 DICKINSON MILES CITY, MT 59301		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Trinity Bible College		
Donee's Address:	50 6th Ave South Ellendale, ND 58436		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	United World College		
Donee's Address:	P O Box 248 Montezuma, NM 87731		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	University of Mary		
Donee's Address:	7500 University Drive Bismarck, ND 58504		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Westminster College		
Donee's Address:	1840 South 1300 East Salt Lake City, UT 84105		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	University of Virginia		
Donee's Address:	P O Box 400204 Charlottesville, VA 22904		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	University North Las Vegas		
Donee's Address:	4505 S. Maryland Parkway Las Vegas, NV 89154		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	COLLEGE TUITION		
Donee's Name:	United States Airforce Academy		
Donee's Address:	2304 Cadet Drive, Suite 220 USAFA, CO 80840		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,000.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	U S Naval Academy		
Donee's Address:	101 Buchanan Road RM 4002 Annapolis, MD 21402		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Emory University		
Donee's Address:	100 Boisfeullet Jones Center Alanta, GA 30322		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Class of Activity:	COLLEGE TUITION		
Donee's Name:	Georgia Tech		
Donee's Address:	225 North Avenue Alanta, GA 30332		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

ADMINISTRATIVE FEE SCHOLARSHIP	\$	3,000.
Conferences, Conventions, and Meetings		8,822.
DRUG AWARENESS PROGRAMS		11,050.
GRAND LODGE PROGAMS		4,000.
HOOP SHOOT		100.
INSURANCE		1,039.
LICENSE		15.
MISCELLANEOUS EXP		25.
Office Expenses		1,360.
OTHER SMALL CHARITIES		4,188.
PINS		1,383.
RECORDING SECRETARY		650.
STATE PROJECT (ATTACHED SCHEDULE)		30,525.
Travel		12,248.
VISITATIONS		7,097.
YOUTH ACTIVITIES		1,800.
Total	\$	87,302.

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

College scholarships, purchase of equipment for small hospitals in the State of Montana and programs for the youth in communities.

Statement 5
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

Client 3355

MONTANA STATE ELKS ASSOCIATION

81-6011740

11/15/10

08 59AM

MONTANA STATE ELKS ASSOCIATION
 81-6011740
 JULY 31, 2010

LINE 43 - STATE PROJECTS

MISSOURI RIVERMEDICAL CENTER	OXIMETER	800.00
DANIELS MEMORIAL HOSPITAL	BLOODWARMER	204.00
PONDERA MEDICAL CENTER	BLOODWARMER	788.00
CLARK FORK VALLEY HOSPITAL	PIGG O STAT	3245.00
POWELL COUNTY MEMORIAL HOSPITAL	CWZ WASHING CELLS	2465.00
GRANITE COUNTY MEDICAL CENTER	PULMANARY FUNCTION	1663.00
ST LUKE COMMUNITY HOSPITAL	GLIDE SCOPE	9825.00
ROUNDUP MEMORIAL HOSPITAL	DATA SCOPE	2835.00
PIONEER MEDICAL CENTER	PORTABLE VENTILATOR	6900.00
COLUMBIA FALLS HOSPITAL	MEDICAL EQUIPMENT	600.00
GLENDIVE VETERANS HOSPITAL	MEDICAL EQUIPMENT	600.00
MILES CITY VETERANS HOSPITAL	MEDICAL EQUIPMENT	600.00

TOTAL		30525.00
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