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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning APRIL 01, 2010, and ending MARCH 31, 2011

B Check if applicable

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

C Name of organization

GILLETTE ELKS LODGE 2825

Number & street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 1358

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

Gillette WY 82717-1358

D Employer identification number

47-0864008

E Telephone number

(307) 682-0333

F Group Exemption

Number 1156

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

I Website: ► N/A

H Check ☒ if organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 12,452

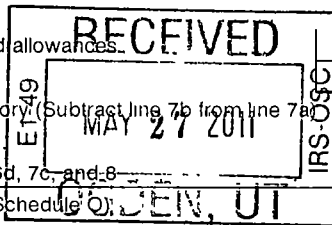
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	3,423
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	7,932
	4	Investment income	4	333
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	764
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	764	
EXPENSES	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 in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	12,452
	10	Grants and similar amounts paid (list in Schedule O)	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	400
	14	Occupancy, rent, utilities, and maintenance	14	1,000
ASSETS	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,914
	17	Total expenses. Add lines 10 through 16	17	7,314
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,138
	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	38,242
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	43,380

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

JUN 24 2010



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Part II **Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	47,772	22	52,249
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,086	24	5,101
25	Total assets	52,858	25	57,350
26	Total liabilities (describe in Schedule O)	14,616	26	13,970
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,242	27	43,380

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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

Expenses

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

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 (describe in Schedule O)		
(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.)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		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	
b Did the organization file Form 1120-POL for this year?	37b	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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter.	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
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	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 #2	
Located at	Telephone no	
	ZIP + 4	
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
If "Yes," enter the name of the foreign country	42b	X
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?	42c	X
If "Yes," enter the name of the foreign country		
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	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)

45a		X
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		X
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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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		X
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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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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

CARLA POYNOR

Type or print name and title

SECRETARY

Date

4-27-11

Paid Preparer Use Only

Print/Type preparer's name

Karen Duvall

Preparer's signature

Karen Duvall

Date

4-27-2011

Check ☐ if self-employed

Firm's EIN

Phone no

PTIN

307-682-2206

PTIN

P00085733

83-0260463

Firm's name H & R Block

Firm's address 1211 S DOUGLAS HWY STE L

GILLETTE WY 82716

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

GILLETTE ELKS LODGE 2825

Employer identification number

47-0864008

OTHER EXPENSES

FUNERAL 78

CHARITABLE 457

CONVENTION 2065

DUES 265

FUNDRAISER EXPENSE 20

HOOP SHOOT 353

INSURANCE 1050

MEETING ROOM 500

MISC 3

OFFICE EXPENSE 706

TELEPHONE 317

DRUG AWARENESS 100

LIABILITIES

ELKS NATIONAL FOUNDATION 168

WEST STATE MAJOR PROJECT 193

BUILDING FUND 12197

ELKS ANGELS 23

OTHER 1389

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	04-01-2010, and ending	03-31-2011
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	EXAULTED RULER 2.00	0	0	0
JOHN POYNOR 5306 VAN RIPPER ST GILLETTE, WY 82718	LOYAL KNIGHT 1.00	0	0	0
RON J HOLBROOK 1901 NEBRASKA Gillette, WY 82716	LECTURING KNIGHT 2.00	0	0	0
EDWARD COX PO BOX 1294 Gillette, WY 82717	1 YR TRUSTEE 1.00	0	0	0
DOUGLAS LEITZKE 333 ELK VALLEY RD Gillette, WY 82718	4 YR TRUSTEE 4.00	0	0	0
TYKE CONROY 2530 ANTLER RD Gillette, WY 82718	2 YR TRUSTEE 1.00	0	0	0
CARLA POYNOR 5306 VAN RIPPER ST GILLETTE, WY 82718	SECRETARY 40.00	0	0	0
RICK SHANK 1405 W 5TH STREET GILLETTE, WY 82716	TREASURER 2.00	0	0	0
DENIS CHRISTIANSON 1203 WILLOW BROOK LN GILLETTE, WY 82718	ESQUIRE 1.00	0	0	0
JOHN WAYNE III 1207 CEDAR CREEK GILLETTE, WY 82718	LEADING KNIGHT 1.00	0	0	0
ELTON SMITH 1116 E 9TH ST GILLETTE, WY 82716	TRUSTEE 1.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 04-01, and ending 03-31-2011
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 ST

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 _____