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Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047 Open to Public Inspection

A	For the 2	2010 calendar year, or tax year beginning $APR \ 1$ , $2010$ and ending	g MAR 3	1, 2011	
_	Check if applicable	C Name of organization BENELVOLENT & PROTECTIVE ORDER OF ELKS	D Em	ployer identifi	cation number
ſ	Address change	NO.2321			
֝֟֝֟֝֟֝֟	Name change	Doing Business As		637742	
[	return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address)  Room,  34212 ELKS ROAD	ephone number 985-	641-1266	
	Amender return Applica-	City or town, state or country, and ZIP + 4 SLIDELL, LA 70459		s receipts \$	227,824.
_	Itión pending	F Name and address of principal officer:HARVEY VERRETTE		or affiliates?	Yes X No
		SAME AS C ABOVE		re all affiliates inc	<del></del>
_	Tayayaa	npt status:	<del>,  </del> ' '		list. (see instructions)
		► N/A			n number ▶ 1156
_	Form of o				State of legal domicile LA
_	************	Summary	Tear or Torrilat	1011 23 0 0 1 14	Otate of legal dofflione 2222
	4 B	nefly describe the organization's mission or most significant activities: THE ELK	'S LODG	EISA	NON-PROFIT
9	B F	RATERNAL ORGANIZATION WHOSE PRINCIPAL PURPO	OSES AR	E TO PR	OMOTE
Š	2 C	heck this box I if the organization discontinued its operations or disposed of			
9	5 2 0 8 3 N	umber of voting members of the governing body (Part VI, line 1a)	more than 20	3	9
Č	9 4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	239
9	8 4 N			5	233
Activities 9 Contraction	6 5 TO	otal number of individuals employed in calendar year 2010 (Part V, line 2a)  otal number of volunteers (estimate if necessary)		6	49
	5 0 10	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
3		et unrelated business revenue from Fart VIII, column (6), line 12		7b	0.
_	9 14	et unrelated business taxable income from Form 990-1, line 34	Drie	r Year	Current Year
		antificitions and grants (Part VIII, line 1h)		0.	22,749.
9	8 C	ontributions and grants (Part VIII, line 1h)		0.	0.
Š	וש	rogram service revenue (Part VIII, Iline 2g)		0.	0.
á	5   10 ln	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	106,382.
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	129,131.
-		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+	0.	0.
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	5,139.
Č	15 Sa   16a Pi	alaries, other compensation, employee denems (24,74,74 dolumn (4),711168 5-10)		0.	0.
Š	i loa Pi	rofessional fundraising fees (Part IX, column (A), the 11e)			
j		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0.	86,274.
		ther expenses (Part IX, column (A), lines 11a 11d, A124f)  otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	91,413.
		evenue less expenses. Subtract line 18 from line-12		0.	37,718.
=	2 19 R	evenue less expenses. Subtract line 10 mol/ line-12	Posissing	of Current Year	End of Year
Net Assets or	[ <b>20</b> Td	stel coasts (Port V. line 16)	4	92,653.	521,039.
ASS	20 To	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	_	10,512.	1,180.
ĕ	E 22 N	et assets or fund balances. Subtract line 21 from line 20	4	82,141.	519,859.
<u>`</u>	art II	Signature Block		02/1110	313/033.
_		es of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements and	to the hest of m	knowledge and helief it is
•	•	and complete ,Declaration of pregarer (other than officer) is based on all information of which pre		-	y knowledge and belief, it is
5	ae, correct,	Have O, Vento	paror nas uny	7/20/	<del>///</del>
Ţ . Si	ign	Signature of officer		Daté Za	<u>'/</u>
		HARVEY VERRETTE, BOARD MEMBER			
200	ere	Type or print name and title			<del></del>
يز د	ere	1///	/ Date ,	Check	PTIN
Pa	aid   F	Innt/Type preparer's name  JAMES L. WHITE  JAMES L. WHITE	7/29/	2/) // self-employe	<b>-</b>
		Irm's name BERNARD & FRANKS, CORP. OF C.P.A.	<del>5 '  ^ ' </del>	Firm's EIN	
		irm's address 4141 VETERANS BLVD, SUITE 313		THITS CITY	<del></del>
<b>J</b> 3	,	METAIRIE, LA 70002-5581		Phone no (	504)885-0170
	av the IDC	discuss this return with the preparer shown above? (see instructions)		1 i nono no	X Yes No
141	wy the inc	dioces and retent that the property shown above. See institutions			140

Form	990 (2010) NO . 2 3 2 1	-0637742	Page 2
	R III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: THE ELK'S LODGE IS A NON-PROFIT FRATERNAL ORGANIZATION WHOSPURPOSES ARE TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITABLE		
	THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		-
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	s <b>.</b>	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.	and	
4a	(Code: ) (Expenses \$ 42,648. including grants of \$ ) (Revenue		)
	TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITABLE WORKS IN THE	E COMMUNI	TY.
		<u> </u>	
4b	(Code:) (Expenses \$	* COMMUNI	TY.
			-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
			_
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 42,648.	L	

4e Total program service expenses ▶

Form 990 (2010) NO . 2321

Part IV Checklist of Required Schedules

72-0637742

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١,,
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			17
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١_		x
•	Schedule D, Part III	8	ļ	^
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		X
44	If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	İ		
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	
а	Part VI	11a	Х	
<b>.</b>	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<del>  **</del>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a <sup>?</sup> If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Χ	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Pa	rt IV Checklist of Required Schedules (continued)			
<b>L</b>		Γ"	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			'''
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ł	İ
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del> -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		$\vdash$
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
2,	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del></del>
20	instructions for applicable filing thresholds, conditions, and exceptions):			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive more than \$25,000 in Norreash contributions: in Fes, complete ocheane in	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	30		
<b>54</b>	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
26	Section 512(0)(13)? If Yes, complete Scriedule In, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ı
36	, , , , , , , , , , , , , , , , , , , ,	20		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	97		Х
20		37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O	JO	41	

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Form	990 (2010) NO.2321 72-0637	742	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	į	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		i
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ı
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ı
11	Section 501(c)(12) organizations. Enter:			ı
а	Gross income from members or shareholders			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1	
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Į	-	
	organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand		]	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	]	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	aan /	2010)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
		<del></del>	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year  Enter the number of voting members included in line 1a, above, who are independent  1b 239	-							
b									
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
5 6	Does the organization have members or stockholders?	6	<del> </del> -	X					
7a	Does the organization have members of stockholders, or other persons who may elect one or more members of the	-							
, ,	governing body?	7a		Х					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
_	by the following:								
а	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?	10b							
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	_							
	to conflicts?	12b	-	_					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
42	In Schedule O how this is done	12c		Х					
13	Does the organization have a written whistleblower policy?	13		X					
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a		х					
	Other officers or key employees of the organization	15b		X					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	•							
	taxable entity during the year?	16a		Х					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶LA	_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	nd fina	ncıal						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨							
	BROOKE TULLOS - 985-641-1266								
	34212 ELKS ROAD , SLIDELL, LA 70459								

## Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organiza		orga	aniza			преі	nsat			<b>(</b> D)
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per	6	Positio (check all that					Reportable compensation	Reportable	Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustae or director	odsnu lenotiutismi	Officer		Highest compensated 5 cmployee		from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN GOUBLER										
TRUSTEE	0.00					<u> </u>		0.	0.	0.
WILLIAM GRAFF						ŀ			_	_
TRUSTEE	0.00					<u> </u>		0.	0.	0.
GREGORY HANRAHAN									_	_
TRUSTEE	0.00							0.	0.	0.
CHARLESRAY NEIGHT						ļ			_	_
TRUSTEE	0.00	<u> </u>						0.	0.	0.
GLENN LEMOINE									_	_
TRUSTEE	0.00	_			_			0.	0.	0.
PAUL NEWFIELD					ľ					•
BOARD OF DIRECTORS	0.00	ļ				<u> </u>		0.	0.	0.
WAYNE LANDRY	0.00				ŀ					0
BOARD OF DIRECTORS	0.00	<u> </u>		_		├		0.	0.	0.
FAYE STEVENSON	0.00				ŀ				^	0
BOARD OF DIRECTORS	0.00			$\vdash$		$\vdash$		0.	0.	0.
HARVEY VERRET	0.00							0.	0.	0.
BOARD OF DIRECTORS	0.00							0.	0.	

Form 990 (2010) 72-0637742 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) (D) (E) Average Position Name and title Reportable Reportable Estimated hours per (check all that apply) compensation compensation amount of week from from related other (describe organizations the compensation hours for organization (W-2/1099-MISC) from the ndiwdual trustee or Institutional trustee related (W-2/1099-MISC) organization organizations and related ın Schedule organizations O) 0. 0. 1b Sub-total Ō. Ō. 0. c Total from continuation sheets to Part VII, Section A Ō. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule\_I for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 in compensation from the organization

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Pa	rt V	III   Statement of Reve	nue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돧돧	1 :	a Federated campaigns	1a					
gan	1	<b>b</b> Membership dues	1b	22,236.				
Contributions, gifts, grants and other similar amounts		c Fundraising events	1c					
<u>g'g</u>		d Related organizations	1d					
Sim	,	e Government grants (contribu						
e ti		f All other contributions, gifts, grain	· I I	E 1 2				
물히		similar amounts not included abo		513.				
Ϋ́Ε	!	Noncash contributions included in line	s 1a-1f \$		22,749.			
9	-	h Total. Add lines 1a-1f	<del></del>	Business Code	22,149.			
	•			Business Code				
Vic.	2							
Ser								
e a		d						· · ·
Program Service Revenue		е						
مّ	1	f All other program service rev	enue					
		g Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>				
	4	Income from investment of ta	ax-exempt bond p	oroceeds >				
	5	Royalties		<b>•</b>	,		· · · · · · · · · · · · · · · · · · ·	
			(i) Real	(ii) Personal				
	6	a Gross Rents	17,279.					
	١	<b>b</b> Less: rental expenses	2,678.					
		c Rental income or (loss)	14,601.		14 601	14 601		
		d Net rental income or (loss)	00	<b>▶</b>	14,601.	14,601.		
	7 :	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory  b Less: cost or other basis						
	Į.	and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		<b>•</b>				
		a Gross income from fundraisir	na events (not					
ğ		including \$	of					
Other Revenue		contributions reported on line	e 1c). See					
E		Part IV, line 18	a	9,064.				
Ĕ.		b Less: direct expenses	b	5,871.				
٦	•	c Net income or (loss) from fun	draising events	<b></b>	3,193.			3,193.
	9 ;	a Gross income from gaming a						
		Part IV, line 19		112,502.				
		<b>b</b> Less. direct expenses	ь	52,164.	60 220	60 220		
		c Net income or (loss) from gar	<del>-</del>	<b>•</b>	60,338.	60,338.		
	10 ;	<ul> <li>Gross sales of inventory, less</li> </ul>		E2 605				
		and allowances	a	52,695. 37,980.				
		<b>b</b> Less: cost of goods sold	b	31,300.	14,715.	14 715		1
ł		c Net income or (loss) from sale		Di	14,/13.	14,715.		
}	44 -	Miscellaneous Revenu a MISCELLANEOUS	16	Business Code 900099	13,535.	13,535.	İ	
		b		700099	13,333.	13,333.		
		C	<del></del>					
		d All other revenue	<del>.</del>					
ŀ		e Total. Add lines 11a-11d		<b>&gt;</b>	13,535.			-
	12	Total revenue. See instructions		<b>&gt;</b>	129,131.	103,189.	0.	3,193.
03200								Form <b>990</b> (2010)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,136. 5,136. Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 3. 3. 10 Payroll taxes 11 Fees for services (non-employees): Management а Legal 3,983. 3,983. c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 9,605. 9,605. g Advertising and promotion 12 1,626. 1,626. Office expenses 13 14 Information technology 15 Royalties 27,482. 16,489. 10,993 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,800. 1,800 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 7,704. 7,704. 22 Depreciation, depletion, and amortization 6,728. 6,728. Insurance 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 5,725. 5,725 OTHER TAXES 5,550. 5,550. REPAIRS AND MAINTANENCE 3,850. 3,850. PER CAPITA-GRAND LODGE 3,664. 3,664. MISCELLANEOUS 2,755. 2,755 JANITORIAL 5,802. 5,802. All other expenses 91,413. 42,648. 48,765 0. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ☐ If following SOP 26 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	59,422.
	2	Savings and temporary cash investments	86,988.	2	64,381.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
	ļ	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,500.	8	2,775.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,180,877.  10b 836,416.	252 165		244 461
	b	· · · · · · · · · · · · · · · · · · ·	352,165.	10c	344,461.
	11	Investments · publicly traded securities	F0 000	11	F0 000
	12	Investments - other securities. See Part IV, line 11	50,000.	12	50,000.
	13	Investments · program·related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	400 CE2	15	E21 020
	16	Total assets. Add lines 1 through 15 (must equal line 34)	492,653.	16	521,039.
	17	Accounts payable and accrued expenses	261.	17	211.
	18	Grants payable	8,757.	18	969.
	19	Deferred revenue	0,737.	19	303.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II		-	
	00	of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	1,494.	25	0.
	26	Total liabilities. Add lines 17 through 25	10,512.		1,180.
	20	Organizations that follow SFAS 117, check here   X and complete	10,3120	20	2,1001
s		lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	393,281.	27	394,937.
ala	28	Temporarily restricted net assets	88,860.	28	124,922.
<u>60</u>	29	Permanently restricted net assets	•	29	<u> </u>
Ę		Organizations that do not follow SFAS 117, check here  and			······································
P.		complete lines 30 through 34.			
)ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	•
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	482,141.	33	519,859.
	34	Total liabilities and net assets/fund balances	492,653.	34	521,039.

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Pa	rt XI Reconciliation of Net Assets				<del></del>
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	129	, 1	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2			13.
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482	2,1	41.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	519	8, 8	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	igle Audit			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

BENELVOLENT & PROTECTIVE ORDER OF ELKS NO.2321

Employer identification number 72-0637742

Pa	rt   Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised t	funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		•••
_	for charitable purposes and not for the benefit of the donor o		
	Impermissible private benefit?	,,,,	Yes No
Pa	THE Conservation Easements. Complete if the org	panization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	<del></del>	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	panization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	abition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche	dule D (Form 990) 2010 NO • 2 3 2 1	LENI a INO	1201		DER OF	220	72-	0637742	Page 2
	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Other	Similar As	sets (contir	nued)
3	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition	d	· 🔲	Loan or exc	hange progra	ams			
ь	Scholarly research	e		Other	• . •				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exemp	t purpose in	Part XIV.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	☐ No
Pai	T IV Escrow and Custodial Arran					"Yes" to Fo	rm 990. Part		
	reported an amount on Form 990, Pa	-		· · gaa	.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	liowina	table:					
_	ii , oo, o, pieii, iio anangemen ii i an , a							Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e	<del></del>	
f	Ending balance						1f	<del></del>	
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIV								
	t V Endowment Funds. Complete		swered	l "Yes" to Fo	rm 990, Part	IV, line 10.	·		
تتتنتا		(a) Current year		Prior year	(c) Two year		Three years ba	ack (e) Four	years back
1a	Beginning of year balance	(a) (a)				,,,,		15/	
ь	Contributions						· · · · · · ·	·   · · · · · · · · · · · · · · · · · ·	
c	Net investment earnings, gains, and losses						***************************************		
ď	Grants or scholarships						<del>', ', ' , ' , ' , ' , ' , ' , ' , ' , '</del>		<del></del>
e	Other expenditures for facilities						***************************************		
Ŭ	and programs								
f	Administrative expenses								······································
g	End of year balance	<del></del>					<del></del>	<u> </u>	<del></del>
2	Provide the estimated percentage of the year	r end balance held a	18:	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
a	Board designated or quasi-endowment	ar one balance note t	%						
ь	Permanent endowment	%							
c		<u></u>							
_	Are there endowment funds not in the posse	• •	ation th	at are held a	nd administe	red for the	organization		
-	by:				.,,,		- · gu,	ſ,	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations	•	•					3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule B?				3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
,	Description of investment	(a) Cost or o		T	or other	(c) Accu	mulated	(d) Book	value
	besofiption of investment	basis (investr			(other)		ciation	(a) Dook	·
12	Land				2,000.			322	,000.
	Buildings				_,				,
b	Leasehold improvements								
ب د	·			25	8,877.	83	6,416.	22	,461.
d	Equipment		<del></del>	1 00	<del>-,-,,</del>		<del>-,</del>		, 101.

Schedule D (Form 990) 2010

344,461.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	-	_		-
NO	า	2	2	1

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	<del></del>		-0031142 Fage 0
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year man	
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			<del></del>	
(3) Other	50.000		<del></del> ,	
(A) CERTIFICATE OF DEPOSIT	50,000.	COST		
(B)				
(C)				
(D)				<del> </del>
(E)				
(F) (G)	-		· ·-	
(H)			_	
(1)			<del></del>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	50,000.			
Part VIII Investments - Program Related. S		3.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)				
(2)				· ·· -
(3)				
(4)				
(5)				
(6)				
(8)				
(9) (10)				<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)	- ***			
(8)				
(9)				
(10)	15)	-		· · · -
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability	III 6 20.	(b) Amount		<del></del>
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740)	b the organization's financial statement	ents that reports the organ	zation's liability for uncertai	n tax positions under

Sche	dule D (Form 990) 2010 NO • 2 3 2 1					7:	<u>2-0</u>	0637742	2 Page <b>4</b>
Pai	t·XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed F	inanci	al S	tatem	ent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				
2	Total expenses (Form 990, Part IX, column (A), line 25)				2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3				
4	Net unrealized gains (losses) on investments				4				
5	Donated services and use of facilities				5				
6	Investment expenses				6				
7	Prior period adjustments				7				
8	Other (Describe in Part XIV.)				8				
9	Total adjustments (net). Add lines 4 through 8				9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				10				
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith R	levenu	е р	er Ret	<u>urn</u>		
1	Total revenue, gains, and other support per audited financial statements					<u> </u>	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı	ı			}			
а	Net unrealized gains on investments	2a							
b	Donated services and use of facilities	2b		-					
C	Recoveries of prior year grants	2c					- 1		
d	Other (Describe in Part XIV.)	2d		<del></del>			į		
е	Add lines 2a through 2d						2e │		
3	Subtract line 2e from line 1					ļ	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı	ı						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV.)	4b							
C	Add lines 4a and 4b						lc		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		A (: 4 )	<b>-</b>			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts v	vitn i	Expen	ses	T		<u>m</u>	
1	Total expenses and losses per audited financial statements					ļ	1		-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ـ ا	ı						
а	Donated services and use of facilities	2a							
b	Prior year adjustments .	2b							
С	Other losses	2c							
d	Other (Describe in Part XIV.)	2d				_			
е	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1					·	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.	I						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-				- 1		
b	Other (Describe in Part XIV.)	4b	<u> </u>	-		┨.	.		
_	Add lines 4a and 4b					<b>—</b>	lc	<del></del>	
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIV Supplemental Information						5		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines	10.00	I A: Dort	N/ 10	noo 1h -		b: Dart V III	an A: Port
X, IIn	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete tni	s part	to provid	ie ar	iy additid	onai i	information.	•
						•			
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## SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2010

Open To Public Inspection

Name of the organization

Department of the Treasury

BENELVOLENT & PROTECTIVE ORDER OF ELKS

Employer identification number 72-0637742

NO.2321					72-06 <u>37</u>	742
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "	es" to	o Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (inclu- rofess	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts fundraiser from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser organized in col. (ii)			
		Yes	No		,	
						,
Total			<b>•</b>			
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
	_					
					·	
		_				
	<del></del>					
						<del></del>

72-0637742 Page 2 Schedule G (Form 990 or 990-EZ) 2010 NO.2321 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 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 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c) 112,502. 112,502. Gross revenue 23,959 23,959. 2 Cash prizes Direct Expenses Noncash prizes 16,940. 16,940. Rent/facility costs 11,265. 11,265. 5 Other direct expenses X Yes Yes Volunteer labor No 52,164 7 Direct expense summary. Add lines 2 through 5 in column (d) 60,338. 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: LA X Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: X No Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990 EZ) 2010 NO • 2 3 2 1	2-0637742	Page 3
11 Dòes the organization operate gaming activities with nonmembers?	Yes	X No
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?	Yes	X No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
<b>b</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?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amoun	t	
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?	Yes	X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
organization's own exempt activities during the tax year > \$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	no (iii) and (ii) and	Port III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
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## 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.

2010
Open to Public Inspection

Name of the organization

BENELVOLENT & PROTECTIVE ORDER OF ELKS NO.2321

Employer identification number 72-0637742

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PATRIOTISM AND ENGAGE IN CHARITABLE WORKS IN THE COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 WAS
PRESENTED TO THE FULL BOARD AND WAS APPROVED BY THE BOARD OF DIRECTORS FOR
FILING WITH THE GOVERNMENT AND PRESENTATION TO THE PUBLIC.
FORM 990, PART VI, SECTION B, LINE 12: THE ORGANIZATION PRESENTLY DOES
NOT HAVE A CONFLICT OF INTEREST POLICY. THE BOARD WILL BE COMPILING A
PROPER POLICY FOR THE CURRENT YEAR.
THE ORGANIZATION DOES NOT HAVE A
COMPENSATION AND REVIEW POLICY. IT IS THE BOARD'S INTENT TO COMPILE A
PROPER POLICY FOR THE CURRENT YEAR.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS DOCUMENTS ARE
AVAILABLE ON THE WEBSITE GUIDESTAR. THE GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY
REQUESTING SUCH DOCUMENTS THROUGH THE OFFICE AT 34212 ELKS ROAD, SLIDELL,
LOUISIANA 70459. THE DOCUMENTS CAN BE REQUESTED BY PHONE AT (985)
641-1266.