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Form '990 '

## **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)

2010

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

A	ai neveilu	2010	lar year or toy year beginning				20 11				
	ror the	2010 calend	lar year, or tax year beginning 04-01, 20		iing		31 ,20 11				
B	Check if a	pplicable	C Name of organization BENV & PROTECTIVE ORDER OF ELKS 31	.0	<del> </del>		Employer identification no.				
닏,	Address cl	hange	Doing Business As	·, -		8	2-0098640				
U,	Name cha	nge	Number and street (or P O box if mail is not delivered to street address)	į s	Room/suite	ĮΕ	Telephone number				
□ ·	Initial retui	m	6608 W FAIRVIEW AVE			(	208) 377-2763				
	Terminate	d	City or town, state or country, and ZIP + 4		129,18						
	Amended	return	BOISE, ID 83704			G	Gross receipts \$				
	Application	n pending	F Name and address of principal officer	_							
					H(a) Is this a gr affiliates?	oup return	Yes X No				
<u> </u>	Tax-exem	pt status	501(c)(3) 🗓 501(c) ( 8  ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		H(b) Areallaffii	ates inclu	uded? Yes No				
<u> </u>	Website:	► N/A			If "No," atta H(c) Group exe	ach a list mption nu	ıded?				
<u>—</u>	Form of or	ganization X	Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of fo	ormation 18	96 M State	of legal d	lomicile ID				
	rt i	Summar									
·		Briefly descr	ibe the organization's mission or most significant activities    THROUGH M	EMBERSHI	IP, A DESI	RE TO	PRESERVE				
		=	CHERISHED INSTITUTIONS, TRADITIONS AND VALUES.								
e e				•			· · · · · · · · · · · · · · · · · · ·				
t o	.										
v e	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more the	than 25% of a	its net assets						
i n	3	Number of v	oting members of the governing body (Part VI, line 1a)			3	8				
i a	. д	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4	8				
s c	5	Total numbe	r of individuals employed in calendar year 2010 (Part V, line 2a)			5	0				
& e	6	Total numbe	r of volunteers (estimate if necessary)			6	382				
	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12			7a	0				
	Фъ	Net unrelate	d business taxable income from Form 990-T, line 34			7b	0				
	10				Pnor Year		Current Year				
R	<b>8</b>	Contribution	s and grants (Part VIII, line 1h)		87	,089	83,029				
٧	<b>E9</b>		vice revenue (Part VIII, line 2g)	<u> </u>			0				
e	<b>1</b> 0	_	ncome (Part VIII, column (A), lines 3, 4, and 7d)			441	313				
U	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17	,272	20,699				
е	<u></u>		e - add lines 8 through 17 (must equal Part VIIII, column (A), line 12)	) <del> </del>		,802	104,041				
	_13		similar amounts paid (Part IX, column (A) imps/13))			,,,,,	0				
	14		to or for members (Par IX, Column (A), line 4)	<b>⊢</b>			0				
E	4				11	,031	13,000				
p	₩ 416a	Professional	er compensation, employee benefits (Part IX, column (A) Thes 5-10) fundraising fees (Part IX, column (A), line 11e)			,,,,,	0				
e n			sing expenses (Part IX, column (D), line (25)	0	· · · · · · · · · · · · · · · · · · ·	<del></del>	· ··········				
s e			ses (Part IX, column (A, lines) @ @ @ fext) U.T	<del>-</del> -	125	,830	114,316				
s	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), time=25)	· · · · ·		,861	127,316				
	19	•	s expenses. Subtract line 18 from line 12	· · · · ·		,059)					
	1.5	Tieveriue les	S expenses. Subtract line 10 from line 12		eginning of Current		End of Year				
Net Asse	<sup>ts</sup> 20	Total accete	(Part X, line 16)	-		,576	619,696				
or Fund	1		es (Part X, line 26)	· · · · ·		,991	279,386				
Bal-	22		or fund balances Subtract line 21 from line 20	· · · · }		,585	340,310				
ance	ırt II		re Block	••••	303	, 303	340,310				
			lare that I have examined this return, including accompanying schedules and statements, and to the	ne best of my kno	owledge						
			complete Declaration of preparer (other than officer) is based on all information of which preparer								
		$\sim$	Lude Romagren			-					
Sig	ın	Signatu	re of officer			Date					
He	1	Tr	innifer Romagnano - Secreta	n rv/			6/15/11				
		Type or	print name and title	<u>~                                    </u>							
_		<del></del>	Date		Check	lf PT	rin				
Pai	id	1	eparer's name Preparer's signature CPA 6-	1-11		·	H4				
	eparer	<del></del>	▶ WILSON HARRIS AND COMPANY		self-employ	en	<del></del>				
	e Only					NB 34	4_1355				
U D	C Oilly	Firm's addres	•	[ ]	Phone no 2	vo-34	4-1355				
Mari	the IDC	discuss *b	BOISE ID 83702		<del></del>		X Yes No				
			return with the preparer shown above? (see instructions)	<del>•••••</del>		<del></del>					
ror	raperv	TOIR REQUES	ion Act Notice, see the separate instructions.			EEA	Form <b>990</b> (2010)				

Form	990 (2010) BENV & PROTECTIVE ORDER OF ELKS 310	82-0098640	Page 2
	rt 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		
	THROUGH MEMBERSHIP, A DESIRE TO PRESERVE AMERICAS CHERISHED INSTITUTIONS,	TRADITIONS AN	ID
	VALUES.		
2	Did the organization undertake any significant program services during the year which were not listed on	<del></del>	
-	the prior Form 990 or 990-EZ?	□ Yes	⊠ No
	If "Yes," describe these new services on Schedule O		E
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	∏ Vec	₹ No
	If "Yes," describe these changes on Schedule O.	1es	<u>k</u> 110
	·		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	s and	
4-	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$58,181 including grants of \$) (Revenu		<del></del>
	THROUGH MEMBERSHIP, A DESIRE TO PRESERVE AMERICAS CHERISHED INSTITUTIONS,	TRADITIONS A	ND
	VALUES.		
	<del></del>		
			<u>.</u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	e \$	)
			·
		•	<u> </u>
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses ► 58,181	····	<del></del>
	. July Fred and Control Confession F		

Form 990 (2010)
Part IV C **Checklist of Required Schedules** 

			res	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? (see instructions)	2		Χ_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ł	37
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	5		
•	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	7		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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 as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	_X_	ļ
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
L	Schedule D, Parts XI, XII, and XIII	12a	-	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	125		X
12	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	. 74		1
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		<u> </u>	<u> </u>
	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		l	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		l .	
	Part VIII, lines 1c and 8a? 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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
Ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	

Form 990 (2010)
Part IV C Checklist of Required Schedules (continued)

			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		<u>X</u>
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_		_ <u>X</u> _
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 Schedule J	_23_		_X_
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			٠
_	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
_ d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization 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	OFL		
25	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	26		х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	·		
	substantial 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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,	х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	Lou		1
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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 contributions of art, historical treasures, or other similar assets, or qualified		ļ	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	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? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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," complete Schedule R,			
	Part V, line 2 · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		_	
	197 <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2010) BENV & PROTECTIVE ORDER OF ELKS 310 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
	<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	I	•	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ŧ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ŀ		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return	I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		,
_	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		<u>X</u>
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	<u>-</u>	X
b	If "Yes," enter the name of the foreign country.	1		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	_ 1		7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c c	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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	UA		-1
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a	1	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	I		
	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		X
9	Sponsoring organizations maintaining donor advised funds.	. 1		7,5
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь 10		9b		Х
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter	1		
 a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them )	I		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	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.			
a	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.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the 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
_ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
<b></b>	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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	, , , ,		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
Ь	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	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			7.5
<u></u>	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)			
40-	Describes and the describes to the state of	10-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10L	v	
11.	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a		11a	Х	
ь	form?	110	Λ	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	iLa	Λ	
_	rise to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
Ь	Other officers or key employees of the organization	15b		Х
	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
ь	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			
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 Another's website 🗓 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial 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			
	organization ► JENNIFER ROMAGNANO (208)377-2763			
	6608 W FAIRVIEW AVE BOISE, ID 83704			

=orm	990	(201)	0)-

Section A.

BENV & PROTECTIVE ORDER OF ELKS 310

82-0098640

Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 (D), (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

(A)	(B)			(0	7)			(D)	(E)	<b>(F)</b>
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Posit Itd nri dur ise vtc iet deo ur ao	l t su t s t t	Office	all the K e y e m p l o y e e	at apply) H c e I o m g m p h p l e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DARIN MCINTIER										•
TRUSTEE	5.00	X				ļ		0	0	0
(2) FRED MUNSEY			1							
TRUSTEE	5.00	X	-				_	0	0	
(3) JERRY STEWART						ļ				
TRUSTEE	5.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0	. 0	0
(4) MIKE STAGNER				ļ						
CHAIRMAN	5.00	X	ļ			<u> </u>		0	. 0	
(5) SUE MEGRAN										
TRUSTEE	5.00	X	_	_				0	00_	0
(6) JENNIFER ROMAGNANO						ŀ				
SECRETARY	30.00	ļ		X				13,000	0	0
(7) TOM TUTTLE										
TREASURER	10.00	ļ		X		ļ		0	0	0
(8) TONY MEGRAN		1								
PRESIDENT	10.00	<u> </u>	_	X	<u> </u>			0	0	0
(9)										
(10)										
(11)										
(12)							-			
(13)										
(14)										
(15)										
(16)								-		

None and Title   Process of these aff min agenty   Process of the p	Pa	t VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)				
Note part		(A)	(8)			(0	<b>5</b> )			(D)	(E)			<b>(F)</b>	
(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29		Name and Title	hours per week (describe hours for related organizations in Schedule	Itd nri dur ise vtc iet deo u r	Institee tona	0 1 1 0	K e y e m p i o y e	H c e m p l c e m p l c e m p l c e n s t s e l e	ForEe	compensation from the organization	compensation from related organizations		ame comp fro orga and	ount of other ensation om the inization related	<b>1</b>
(29) (21) (22) (23) (24) (25) (26) (27) (28)  1b Sub-total (27) (28)  1c Total from continuation sheets to Part VII, Section A  1 Total add lines 1 ba and 1c) 1 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by 1 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by 1 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by 1 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by 1 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation and other compensation from the organization of reportable compensation from any unrelated organization or individual for services rendered to the org	(17)								-			+			
(20) (21) (22) (23) (24) (25) (26) (27) (28)  1b Sub-total (27) (28)  1c Total from continuation sheets to Part VIII, Section A (27) (28)  1c Total from continuation sheets to Part VIII, Section A (27) (28)  1c Total from continuation sheets to Part VIII, Section A (27) (28)  1c Total from continuation sheets to Part VIII, Section A (27) (28)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization b (28)  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual (3 X)  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual (3 X)  5 Did any person listed on line 1a receive or accrue compensation from any runrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person (5 X)  Section B. Independent Contractors (4)  Name and business address  (6)  Complete list stable for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the organization of services (5)  Name and business address	(18)												_		
(21) (22) (23) (24) (25) (26) (27) (28)  1b Sub-total	(19)						_		_						
(22) (23) (24) (25) (26) (27) (28)  1b Sub-total .	(20)	. <u>.</u> .				-									
(23)  (24)  (25)  (26)  (27)  (28)  1b Sub-total	(21)		:						-						
(24) (25) (26) (27) (28)  1b Sub-total	(22)		10												
(25)   (26)   (27)   (28)   (28)   (28)   (28)   (29)   (28)   (29)   (28)   (29)   (28)   (28)   (29)   (28)   (29)	(23)					<u> </u>		<u> </u>	_		<u> </u>				
(26)   (27)   (28)	(24)				_										
(27)   (28)	(25)														
1b   Sub-total	(26)	.,									:				
1b Sub-total	(27)														
1b Sub-total	(28)											-			
Total from continuation sheets to Part VII, Section A  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 compensation from the organization  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 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 rendered to the organization? If "Yes," complete Schedule J 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 the organization  (A)  Name and business address  Description of services  Compensation				<u> </u>				<u> </u>							
d Total (add lines 1b and 1c)	1b								<b>•</b>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶    Ves   No					• •		• •	• • •	<b>&gt;</b>			_			_
reportable compensation from the organization Property of the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual										<del></del>		0			U
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		· —										0			
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any <b>former</b> officer, director or	trustee. kev	emplo	vee.	or h	iahe	est com	npen	sated		Г		Yes	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			-				-						3	ĺ	Х
Individual	4	For any individual listed on line 1a, is the sum of report	able comper	nsation	and	ioth	er c	ompen	satio	on from			_		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					, <b>"</b> co	mpl	ete S	Schedu	ıle J	for such			.		3,5
for services rendered to the organization? If "Yes," complete Schedule J for such person	_					· ·			· ·	· · · · · · · · · · · · · · · · · · ·		.  -	4		Λ
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Name and business address  Description of services  Compensation	3	* *		-				-					5	İ	Х
Compensation from the organization  (A)  (B)  (C)  Name and business address  Description of services  Compensation	Sec									<del></del>					
(A) (B) (C)  Name and business address Description of services Compensation	1	Complete this table for your five highest compensated	ındependent	contra	ctor	's th	at re	ceived	mo	re than \$100,000 o	f				
Name and business address  Description of services  Compensation										1					
Total number of independent contractors (including but not limited to those listed above) who received											ervices				
Total number of independent contractors (including but not limited to those listed above) who received															
Total number of independent contractors (including but not limited to those listed above) who received															
Total number of independent contractors (including but not limited to those listed above) who received										_					
Total number of independent contractors (including but not limited to those listed above) who received			-												
more than \$100,000 in compensation from the organization ▶	2			o those	e list	ted a	bov	e) who	rec	eived	<del></del>				

T GIV		Statement of Flevenic		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a					
_	b	Membership dues 1b	39,080				
Contri- butions,	С	Fundraising events 1c	2,649				
grits, grants and	d	Related organizations 1d			:		
	е	Government grants (contributions) 1e			:		
other	f	All other contributions, gifts, grants,					
similar		and similar amounts not included above 1f	41,300				
amounts	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		83,029			
			Business Code			,	
	2a						
_	b						
Program Service	С						
Revenue	d						
	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, ar	nd	ļ			
		other similar amounts)		313	313		
	4	Income from investment of tax-exempt bond process	eds · · · ▶				
	5	Royalties	▶				
		(i) Real	(II) Personal				
	i i	Gross Rents					
	ſ	Less rental expenses · · · ·					
	ŀ	Rental income or (loss)					
	d	Net rental income or (loss)					ļ
	7a	Gross amount from sales of assets other than inventory	(II) Other		:		
	ь	Less cost or other basis and sales expenses			:		
0		Gain or (loss)					
t h		Net gain or (loss)					
e		Gross income from fundraising			<del>, , , , , , , , , , , , , , , , , , , </del>	<del> , .</del>	
r	"-	events (not including \$ 2,649					
R		of contributions reported on line 1c)			:		
e		See Part IV, line 18 a					
ė	ь	Less direct expenses b					
n							İ
e	1	Gross income from garning activities					
		See Part IV, line 19 a					
	ь	Less direct expenses b					
	1	Net income or (loss) from gaming activities					
	1	Gross sales of inventory, less		,		,	
		returns and allowances	45,842				
	Ь	Less cost of goods sold b	25,143				
	1	Net income or (loss) from sales of inventory	>	20,699	20,699		
		Miscellaneous Revenue	Business Code				
	11a			<u> </u>	·		
	Ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d				,	
	12	Total revenue. See instructions		104.041	21,012	0	0

82-0098640

## Part IX Statement of Fu

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 (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S See Part IV, line 22 . . . . . . . . . Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 13,000 2,600 10,400 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 10 Fees for services (non-employees): Ь Legal..... C Accounting 1,125 1,125 d Lobbying Professional fundraising services See Part IV, line 17 . f g 12 Advertising and promotion . . . . . . 13 3,321 3,321 Office expenses . . . . . . . . . . . 14 Information technology . . . . . . . 15 16 21,922 17,538 4,384 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . 20 17,953 17,953 21 22 17,527 17,527 Depreciation, depletion, and amortization . . . . . . 23 4,984 4,984 24 Other expenses Itemize expenses not covered 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) PER CAPITA 9,438 9,438 FUND RAISING EXPENSES 8,364 8,364 BULLETIN CHIMES 6,695 6,695 d CHARITY AND YOUTH 5,121 5,121 3,885 JANITORIAL EXPENSE 3,885 f 13,981 10,063 3,918 Total functional expenses. Add lines 1 through 24f . . 127,316 58,181 69,135 0 Joint Costs. Check here ▶ ☐ if following SOP 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 .....

Part )	K	Balance Sheet			
	I		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	40,083
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key	••••		
		employees, and highest compensated employees. Complete Part II of		1	
		Schedule L	. [	5	
- 1	6	Receivables from other disqualified persons (as defined under section	***************************************	1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
A		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
s		employees' beneficiary organizations (see instructions)	.	6	
e	7	Notes and loans receivable, net		7	
t	8	Inventories for sale or use	<del></del>	8	750
	9	Prepaid expenses and deferred charges	<del></del>	9	
	10a	Land, buildings, and equipment cost or		1	
		other basis Complete Part VI of Schedule D 10a 643,103			
l	ь	Less accumulated depreciation 10b 64,240	<b></b>	10c	578,863
	11	Investments - publicly traded securities	· <del></del>	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	619,696
$\overline{}$	17	Accounts payable and accrued expenses		17	1,688
	18	Grants payable		18	1,000
	19	Deferred revenue		19	26,299
<u> </u>	20	Tax-exempt bond liabilities		20	20,233
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ь	22	Payables to current and former officers, directors, trustees, key	•	+	
1	~~	employees, highest compensated employees, and disqualified		1 1	
į		persons Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	251,399
e	24			24	231,399
S	25	Unsecured notes and loans payable to unrelated third parties		25	
	26	Total liabilities. Add lines 17 through 25		26	279,386
		Organizations that follow SFAS 117, check here ▶ ☒ and	. 207,331		219,300
IF		complete lines 27 through 29, and lines 33 and 34.		1 1	
u	27	Unrestricted net assets	. 362,163	27	240 210
וַיַ		Temporarily restricted net assets		28	340,310
d	28	Permanently restricted net assets		29	
В	29	·	•	25	
a		Organizations that do not follow SFAS 117, check here ▶ □			
a	20	and complete lines 30 through 34.		20	
n	30	Capital stock or trust principal, or current funds	<del>_</del>	30	<del></del>
e e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
s	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
	33	Total net assets or fund balances		33	340,310
L	34	Total liabilities and net assets/fund balances	. 651,576	34	619,696 Form <b>990</b> (2010

·orm	990 (2010) BENV & PROTECTIVE ORDER OF ELKS 310 82-009864	U		age 12
Par	Reconciliation of Net Assets 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)		.04,0	1
2	Total expenses (must equal Part IX, column (A), line 25)	1	.27,3	316
3	Revenue less expenses Subtract line 2 from line 1		(23,	275)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	63,5	585
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
_	column (B))	3	340,3	310
Pai	rt XII Financial Statements and Reporting			•
, <del>-</del>	Check if Schedule O contains a response to any question in this Part XII			.П
	Check it Schools & Contains a response to any question in the Carthin		Yes	No
1	Accounting method used to prepare the Form 990.   Cash  Accrual  Other			1.3
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a		2a	х	Ì
		2b		x
b			-	1
С	· · · · · · · · · · · · · · · · · · ·	2c	$ _{\mathbf{x}}$	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	<del>  .^.</del> .	-
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	,			
	issued on a separate basis, consolidated basis, or both		1	
_	Separate basis Consolidated basis Both consolidated and separate basis		f	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			١,,
	the Single 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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		<u> </u>
	EEA	Form	<b>990</b> (	2010)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number								
BEI	VV & PROTECTIVE ORDER OF ELKS 310	82-0098640								
Pai	TI Organizations Maintaining Donor Advised Funds or Other Similar Fund	is or Accounts. Complete if								
<u></u>	the organization answered "Yes" to Form 990, Part IV, line 6.									
	(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 writing that the assets held in donor advised									
-	funds are the organization's property, subject to the organization's exclusive legal control?									
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	2 -								
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other									
	purpose conferring impermissible private benefit?									
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990,	<del></del>								
1	Purpose(s) of conservation easements held by the organization (check all that apply)									
	Preservation of land for public use (e.g., recreation or education)	orically important land area								
	Protection of natural habitat Preservation of a certification	, .								
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	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								
b	Total acreage restricted by conservation easements									
c	Number of conservation easements on a certified historic structure included in (a)									
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic									
	structure listed in the National Register.	2d								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o									
-	the tax year	.g								
4	Number of states where property subject to conservation easement is located									
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of									
•	violations, and enforcement of the conservation easements it holds?	Yes No								
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	<del>-</del> -								
•	<b>&gt;</b>	·g <b>,</b>								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during th	e vear								
•	<b>▶</b> \$	- <b>,</b>								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section									
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?									
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense	<del>-</del> -								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement									
	the organization's accounting for conservation easements.									
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other 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 (ASC 958), not to report in its revenue statement	ent and balance sheet works of								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of public service,								
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	·								
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and balance sheet works of art,								
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherand									
	provide the following amounts relating to these items.									
	(i) Revenues included in Form 990, Part VIII, line 1									
	(ii) Assets included in Form 990, Part X									
2	If the organization received or held works of art, historical treasures, or other similar assets for financial									
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	g, provide are								
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$								
b	Assets included in Form 990, Part X									
	Assets included in Form 330, Falt A	· · · · · · · · · · · · · · · · · · ·								

	tle D (Form 990) 2010 BENV & PROTECTI					82-00986		Page 2				
Par	t III Organizations Maintaining	Collections of	Art, Histori	cal Treasui	es, or Ot	her Similar Ass	sets (contin	ued)				
3	Using the organization's acquisition, accession,	and other records, c	heck any of the	following that	are a signific	ant use of its						
	collection items (check all that apply).											
a	Public exhibition	d 🗌 Loa	n or exchange	programs								
Ь	Scholarly research	e 🗌 Oth	er									
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in											
	Part XIV.											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar											
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arra	ingements. Con	nplete if organi	zation answere	d "Yes" to Fo	orm 990,	-					
	Part IV, line 9, or reported an amount	t on Form 990, Part	X, line 21									
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contribution	ns or other ass	ets not							
	included on Form 990, Part X?						. 🗌 Yes	☐ No				
b	If "Yes," explain the arrangement in Part XIV and complete the following table:											
						Amo	unt					
С	Beginning balance				10							
d	Additions during the year				10	1						
е	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on Form	990, Part X, line 21	?		<i>.</i>		. 🗌 Yes	☐ No				
b	b If "Yes," explain the arrangement in Part XIV											
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10												
		(a) Current year	(b) Pnor yea	ar (c) Two	years back	(d) Three years back	(e) Four year	s back				
1a	Beginning of year balance						<u> </u>					
ь	Contributions					, , , , , , ,	<del> </del>	,				
c	Net investment earnings, gains, and losses .						<u>[</u>					
d	Grants or scholarships						<u> </u>					
e	Other expenditures for facilities											
	and programs	<u> </u>			_		ļ.,	,+,				
f	Administrative expenses											
9	End of year balance	<b>`</b>					<u>t</u>	<del></del>				
2	Provide the estimated percentage of the year er											
а	Board designated or quasi-endowment	%										
ь	Permanent endowment   %											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the possession	on of the organization	n that are held	and administer	ed for the			1				
	organization by						Ye	s No				
	(i) unrelated organizations						3a(i)					
	(ii) related organizations						3a(ii)					
Ь	If "Yes" to 3a(II), are the related organizations lis	•					3b					
4	Describe in Part XIV the intended uses of the or											
Pa	t VI Land, Buildings, and Equip	oment. See Form	1 990, Part X, III	ne 10.								
	Description of investment	(a) Cost or oth	ner basis	(b) Cost or other	(c)	Accumulated	(d) Book val	ue				
		(investm		basis (other)	0	depreciation						
1a	Land	· · · · · · · · · · · · · · · · · · ·	120,000					20,000				
þ	Buildings		486,594			40,550	44	6,044				
С	Leasehold improvements	<u> </u>										
d	Equipment	• • •	36,509			23,690		12,819				
•	Other	1			1	ı						

578,863

Part VII	Investments - Other Securities. s	ee Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial d	erivatives			
	d equity interests			
(3) Other				
(A)				
(B)				<del></del>
(C)				
(D)				
(E)				
(F)				
(G)				<u> </u>
(H) (I)				
	b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments - Program Related.	See Form 990. Part X. line 13	F	
Laurent C. Veril	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
Part IX	o) must equal Form 990, Part X, col (B) line 13)  Other Assets. See Form 990, Part X, line	15	<u> </u>	
Trait M		Description		(b) Book value
(1)	(2)	Description		(b) book value
(2)				
(3)			1	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15			
Part X	Other Liabilities. See Form 990, Part X, II	1		*
1. (1) Fodoral (	(a) Description of liability	(b) Amount	-	
(2)	ncome taxes		<del></del>	
(3)	<del></del>		<del>- </del>	
(4)				
(5)				
(6)			<del>- </del>	
		<u> </u>	7	
(8)	12-m		7	
(9)				
(10)		<u> </u>		
(11)				
	b) must equal Form 990, Part X, col (B) line 25 )			
	C 740) Footnote In Part XIV, provide the text of the	ne footnote to the organization's	financial statements that reports the	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	atements
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
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Ь	Other (Describe in Part XIV )	_
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities	4 1
Ь	Prior year adjustments	4
С.	Other losses	_
d	Other (Describe in Part XIV.)	-
e 2	Add lines 2a through 2d	2e
3		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a L	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Add lines 4a and 4b	-   Aa
E		4c   5
5 <b>D</b> a	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b	<del></del>
	2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete	
	part to provide any additional information	
ino k	art to provide any additional information	<del>-</del>
	-	
		<del></del>
	— 1. T	
		<del>-</del>

BENV & PROTECTIVE ORDER OF ELKS 310

Schedule D (Form 990) 2010

82-0098640

Page 4

#### 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 Employer identification number BENV & PROTECTIVE ORDER OF ELKS 310 82-0098640 01. Form 990 governing body review (Part VI, line 11) THE 990 MUST BE REVIEWED BY THE AUDITING AND ACCOUNTING COMMITTEE BEFORE IT IS COMPLETED WITH SIGNATURE AND DATE TO BE MAILED TO THE IRS SEVICING CENTER. 02. Governing documents, etc, available to public (Part VI, line 19) ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC IF REQUESTED.

## Form 4562

# Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Department of the Treasury Attachment ▶ See separate instructions. ▶ Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates BENV & PROTECTIVE ORDER OF ELKS FORM 990 - 1 82-0098640 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 Other depreciation (including ACRS) 16 17,527 MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention f) Method (a) Depreciation deduction релоф service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental MM S/L 27.5 yrs property 27.5 yrs. MM S/L Nonresidential real MM S/L 39 yrs. property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 17,527 and on the appropriate lines of your return Partnerships and S corporations - see instructions 23 For assets shown above and placed in service during the current year, enter the

23

2010	PAGE 1		TMA	Current			,	12,477	2,143	,	1,834	17,527					
20		Social security number/EIN	82-0098640	depreciation									ST ADJ:				
		Social se	8	expense													
	,		7000	Depreciation	1,728	6,401	3,128	40,550	6,965		1,341	64,239	! : :				
				depr				12,477	2,143	_	1,834	17,527					
Вu		į		Rate	0	0	0	2.564	20	0	2 2						
Depreciation Detail Listing	seneral <b>is only</b>			Method					S/L MQ		S/L HY S/L MG						
on De	Management & General For your records only			Life	2 2	ī.											
preciatio	Management & General For vour records only							Depreciation Basis	1,728	6,401 5	3,128 5	486,594 39	10,717		9,170 5	523,104	
De		ļ		Section 179				-	•								
			$\vdash$	Business	100.00	100.00	100.00	100.00	100.00	100.00	100.00						
				Salvage						120,000		120,000					
			310	Cost	1,728	6,401	3,128	765,594	10,717	120,000	9,170	643,104 120,000	701 279				
			OF ELKS	Date	20000601	19950601	20020601	20080101	20080101	20080101	20080401						
tem was disposed	of during current year.	Name(s) as shown on return	BENV & PROTECTIVE ORDER	Description	EQUIPMENT	PERSONAL PROPERTY	EQUIPMENT	BUILDING	_	LAND	FURNITURE & FIXTURES FURNITUR & FIXTURES	Totals	Land Amount				
•	ofc	Ran		2	-	7	M	4	Ŋ	9	~ 8						

Land Amount Net Depreciable Cost

## 8868

(Rev January 2011)

Department of the Treasury

## Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization **Employer identification number** print BENV & PROTECTIVE ORDER OF ELKS 310 82-0098640 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 6608 W FAIRVIEW AVE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions BOISE, ID 83704 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return is For Code Code Is For Form 990 01 Form 990-T (corporation) Form 990-BL Form 1041-A 08 Form 990-EZ Form 4720 09 Form 990-PF Form 5227 04 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► JENNIFER ROMAGNANO 6608 W FAIRVIEW AVE, ID 83704 Telephone No ► 208-377-2763 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is . . . ▶ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 11-15, 20, 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for. ▶ ☐ calendar year 20 or ▶ X tax year beginning 04-01 , 20 10, and ending 03-31 ,20 11 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

payment instructions.

(Electronic Federal Tax Payment System) See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for