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Form **990-EZ** (2010)

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	104,738	22	103,730
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,025	24	9,215
25	Total assets	105,763	25	112,945
26	Total liabilities (describe in Schedule O)	534	26	10,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	105,229	27	102,945

Part III

Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?
THE ASSOCIATION IS A FRATERNAL ORGANIZATION WHICH WAS FORMED TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP AND TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	MAJOR PROJECT YOUTH - MONIES RAISED ARE USED TO HELP THE NEEDY CHILDREN IN THE STATE OF WYOMING (Grants \$ 33,241) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	PER PROJECTS - MONIES RAISED ARE USED TO HELP WITH VARIOUS ASSOCIATION ACTIVITIES (Grants \$ 91,376) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	124,617

Part IV

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















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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed 		
42a	The organization's books are in care of  JACK H CASH Telephone no  (307) 587-4642 Located at  2513 BEARTOOTH DRIVE CODY, WY ZIP + 4  82414		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . 	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer *****		Date 2011-09-22		
	Type or print name and title JACK H CASH Secretary/Treas				
Paid Preparer's Use Only	Preparer's signature	Cynthia Rankin	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	Cynthia M Rankin CPA 1285 Sherdan Ave Suite 235 Cody, WY 82414				Phone no (307) 587-8966

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

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 23-7130173

Name: BENEVOLENT & PROTECTIVE ORDER OF ELKS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LARRY CHRISTY 7 CANYON LAKE DRIVE CODY, WY 82414	3rd V President 0	0		
MARK JOHNSON 1620 E LINCOLN AVE 57 RIVERTON, WY 82501	Inner Guard 0	0		
KEVIN GREEN 2238 BALDWIN CREEK RD LANDER, WY 82520	5yr Trustee 0	0		
RUSTY WELLS PO BOX 2407 GREYBULL, WY 82073	Chaplain 0	0		
KEVIN WARD 195 LA PALOMA RAWLINS, WY 82301	2yr Trustee 0	0		
PAUL BOTKIN PO BOX 934 LARAMIE, WY 82070	4yr Trustee 0	0		
ROSE KREMERS PO BOX 1046 LUSK, WY 82225	Organist 0	0		
WALTER WILSON 1511 MYDLAND RD 189 SHERIDAN, WY 82801	Sargeant at Arm 0	0		
JACK H CASH 2513 BEARTOOTH DR CODY, WY 82414	Secretary/Treas 10 00	4,200		
JERRY FRITZ 1926 ASH STREET CODY, WY 82414	President 0	0		
STAN M BOHNSACK 1594 HOLY POND DRIVE SHERIDAN, WY 82801	3yr Trustee 0	0		
FRAN CASE 1110 E PERSHING RIVERTON, WY 82501	2nd V President 0	0		
MICHAEL PETTIGREW PO BOX 69 GUERNSEY, WY 82214	1yr Trustee 0	0		
JAMES H ROBINSON 12209 GLENCOE DR CHEYENNE, WY 82609	1st V President 0	0		

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 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 BENEVOLENT & PROTECTIVE ORDER OF ELKS	Employer identification number 23-7130173
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1008	Total Liabilities 1008	Unsecured Notes and Loans Payable - Beginning \$0 Unsecured Notes and Loans Payable - Ending \$10000

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$534 Secured Mortgages and Notes Payable - Ending \$0

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$8600

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$1025 Machinery and Equipment - Ending \$615

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$4415

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	SECRETARY OF STATE \$27

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	LAW OFFICER OF THE YEAR \$96

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	STATE AWARDS & TROPHIES \$201

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	OFFICER TRAINING \$242

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	PLACEMATS \$279

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	PUBLIC RELATIONS \$300

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	PINS \$837

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	BY LAWS \$923

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	NATIONAL FOUNDATION EXPENSE \$1215

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	TELEPHONE \$1315

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	FRIENDS OF THE WEST \$1514

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	MISCELLANEOUS \$2054

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	LEADING KNIGHT \$3183

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	RITUAL DEVELOPMENT \$3367

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	W E S T \$3804

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	VISITING DIGNITARY \$7105

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	NATIONAL SERVICE COMMISSION \$7723

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	LUCKY KNIGHT \$8850

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	50/50 \$9586

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$410

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$24222

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$1954

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1748

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name NEEDY YOUTH OF WYOMING Cash Amount Given \$33241