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As Filed Data -

DLN: 93492269005211

(Form 990, 990-EZ, or 990-PF)

OMB No 1545-1150

Open to Public Inspection

990-EZ

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2010 calendar year, or tax year beginning 05-01-2010 and ending 04-30-2011 Check if applicable C Name of organization D Employer identification number BENEVOLENT & PROTECTIVE ORDER OF ELKS Address change 23-7130173 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 2513 BEARTOOTH DRIVE Initial return (307) 587-4642 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CODY, WY 82414 Number 🟲 Application pending **G** Accounting method I Website:► N/A Check ► I if the organization is **not** required to attach Schedule B

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or

more,	, riie	Form 990 Instead of Form 990-EZ			- \$			117,918
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Bala Check if the organization used Schedule O to respond to any question in this P		See t	he instri	uctio •	ns for	Part I)
	1	Contributions, gifts, grants, and similar amounts received					1	40,872
	2	Program service revenue including government fees and contracts					2	46,001
	3	Membership dues and assessments					3	29,812
	4	Investment income					4	1,233
	5a	Gross amount from sale of assets other than inventory	5a					
흑	ь	Less cost or other basis and sales expenses	5b			0		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a)		•		5c	
Q.	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
	ь	Gross income from fundraising events (not including \$ $\underline{0}$ of contributions from fur reported on line 1) (attach Schedule G if the sum of such gross income and contr \$15,000)		-				
	c	Less direct expenses from gaming and fundraising events	6с			0		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b ar	nd sub	tract lı	ne 6c)		6d	C
	7a	Gross sales of inventory, less returns and allowances	7a					
	ь	Less cost of goods sold	7b			0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				$\cdot \mathbb{L}$	7c	
	8	Other revenue (describe in Schedule O)					8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-				9	117,918
	10	Grants and similar amounts paid (list in Schedule O)					10	33,241
	11	Benefits paid to or for members					11	
	12	Salaries, other compensation, and employee benefits				. ${ } { } { } { } { } { } { } { } { } { $	12	4,200
Š.	13	Professional fees and other payments to independent contractors					13	1,301
ens	14	Occupancy, rent, utilities, and maintenance					14	
Expenses	15	Printing, publications, postage, and shipping					15	4,920
	16	Other expenses (describe in Schedule O)					16	80,955
	17	Total expenses. Add lines 10 through 16			•		17	124,617
ച	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-6,699
stess.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	t agre	e with				
NetAs		end-of-year figure reported on prior year's return)					19	105,229
ž	20	Other changes in net assets or fund balances (explain in Schedule O)					20	4,415
	21	Net assets or fund balances at end of year Combine lines 18 through 20 .			. 🕨		21	102,945

Part II Balance Sheets					
Check if the organization used	d Schedule O to respond to	any question in this P	art II		<u></u>
(See the instruc	tions 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	0)		534	26	10,000
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	th line 21)	105,229	27	102,945
Part III Statement of Program	Service Accomplishn	nents		Τ	Expenses
Check if the organization use	d Schedule O to respond to	any question in this P	art III .	1 '	quired for section 501 (3) and 501(c)(4)
THE ASSOCIATION IS A FRATERNAL OPRINCIPLES OF CHARITY, JUSTICE, BRAND ENHANCE THE HAPPINESS OF ITS PATRIOTISM, TO CULTIVATE GOOD FOR ORGANIZATION Describe what was achieved in carrying oudescribe the services provided, the number program title	OTHERLY LOVE AND FIDING MEMBERS, TO QUICKEN ELLOWSHIP AND TO PERPORT THE CONTRACT OF THE CONTR	ELITY, TO PROMOTE THE SPIRIT OF AME ETUATE ITSELF AS A t purposes In a clear a	THE WELFARE RICAN A FRATERNAL and concise manner,	494 opt	anizations and section 47 (a)(1) trusts, ional for others)
28 MAJOR PROJECT YOUTH - MONIES F	RAISED ARE USED TO HE	LP THE NEEDY CHILE	OREN IN THE STATE		
OF WYOMING (Grants \$ 33,241) If th	ıs amount ıncludes foreıgn (grants, check here .	▶┌	28a	
29 PER PROJECTS - MONIES RAISED A	RE USED TO HELP WITH V	ARIOUS ASSOCIAT	ION ACTIVITIES		
(Grants \$ 91,376) If th	ıs amount ıncludes foreıgn (grants, check here .	▶┌	29a	
(Grants \$) If th	ıs amount ıncludes foreıgn q	grants, check here .	▶┌	30a	
31 O ther program services (describe in Sc	hedule O)				
	ıs amount ıncludes foreıgn (grants, check here .	▶ ┌	31a	
32 Total program service expenses (add lir	es 28a through 31a) .		. .	32	124,617
Part IV List of Officers, Directors, Tru				struction	
Check if the organization used	(b) Title and average	(c) Compensation	art IV		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens	lans &	
See Additional Data Table					

Form	990-EZ (2010)			Page
Pa	rt 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			
а	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			
а	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	40Ь		
С	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
	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	<u>(30</u>	7) 587	-4642
	2513 BEARTOOTH DRIVE Located at CODY, WY ZIP + 4	► <u>82</u>	2414	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		Νο
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	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 Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			<u> </u>
_		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation			
	ın Schedule O	44d		No

Form 990-E	EZ (2010)							Page
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	ne organization receive any payn ing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	ne organization engage, directly o dates for public office? If "Yes,"			ehalf of or in	opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and secti	on 4947(a)(1) non	exempt c	haritable tr		only.	110
	All section 501(c)(3) orgar 47-49b and 52.	nizations and section (4947(a)(1) nonexem	pt charitabl	le trusts must	answ	er que	stions —
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .			Yes	No
7 Did th	ne organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
	e organization a school described					48		
9a Did th	ne organization make any transfe	rs to an exempt non-cha	rıtable related organıza	tion?		49a		
b If "Ye	es," was the related organization	a section 527 organizat	ion?			49b		
	olete this table for the organization		. , .		, ,			
	and address of each employee	(b) Title and average		(d) Cont	tributions to	(€	Expe	
	id more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		count a r allowa	
ONE								
0(f) Tota	al number of other employees pa	ıd over \$100,000 .				• <u> </u>		
		, ,				• <u> </u>		
1 Comp	al number of other employees pa plete this table for the organization npensation from the organization	on's five highest compen			• each received n	►	an \$10	0,000
1 Comp	olete this table for the organization	on's five highest compen n If there is none, enter	'None "		• each received n		an \$10 Compen	
1 Comp of cor (a) Na	plete this table for the organization mpensation from the organization	on's five highest compen n If there is none, enter	'None "					
1 Comp of cor (a) Na	plete this table for the organization mpensation from the organization	on's five highest compen n If there is none, enter	'None "					
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1 Comp of cor (a) Na	plete this table for the organization mpensation from the organization	on's five highest compen n If there is none, enter	'None "					
1 Compoficor (a) Na ONE	plete this table for the organization mpensation from the organization ame and address of each independent call number of other independent c	on's five highest compen If there is none, enter in Indent contractor paid mo	'None " re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompen	sation
1 Compoficor (a) Na ONE 1(d) Tota 2 Did	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen If there is none, enter in indent contractor paid mo ontractors each receiving	'None " re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompen	sation
1 Compoficor (a) Na ONE 1(d) Tota 2 Did mus	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule sties of perjury, I declare that I have	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	c of service	npt cha	aritable (es	trusts
1 Composition of control (a) Na ONE 1(d) Tota 2 Did must	plete this table for the organization mpensation from the organization ame and address of each independent and address of each independent of the organization complete Schest attach a completed Schedule	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying sch	(b) Type	c of service	npt cha	aritable (es	trusts
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1 Composition of correction of	al number of other independent continues that a complete Sche stattach	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	re than \$100,000 g over \$100,000 on 501(c)(3) organization luding accompanying scheparer (other than officer)	(b) Type ons and 4947 edules and st is based on a	of service 7 (a)(1) nonexer atements, and to all information of 11-09-22 te Preparer's taxpay (See instructions)	npt cha the best which	aritable (es st of my prepare	trusts No r has a
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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 O	0		
MARK JOHNSON 1620 E LINCOLN AVE 57 RIVERTON, WY 82501	Inner Guard O	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 O	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 O	0		
STAN M BOHNSACK 1594 HOLY POND DRIVE SHERIDAN, WY 82801	3yr Trustee O	0		
FRAN CASE 1110 E PERSHING RIVERTON, WY 82501	2nd V President 0	0		
MICHAEL PETTIGREW PO BOX 69 GUERNSEY,WY 82214	1yr Trustee O	0		
JAMES H ROBINSON 12209 GLENCOE DR CHEYENNE, WY 82609	1st V President 0	0		

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As Filed Data -

DLN: 93492269005211

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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.

Open to Public Inspection

Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS **Employer identification number**

23-7130173

ldentifier	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

ldentifier	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	MISCELLA NOUS \$2054

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

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

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	WEST \$3804

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

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

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

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

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

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

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

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

ldentifier	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