

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

"Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning **04/01/10**, and ending **03/31/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BENEVOLENT & PROTECTIVE ORDER OF ELKS #1300 WATSONVILLE		D Employer identification number 94-0317347
	Number and street (or P O box, if mail is not delivered to street address) 121 MARTINELLI STREET	Room/suite	E Telephone number 831-724-2493
	City or town, state or country, and ZIP + 4 WATSONVILLE CA 95076		F Group Exemption Number ◆ 1156

G Accounting Method Cash Accrual Other (specify) **◆** _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website **◆ N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**8**) (insert no) 4947(a)(1) or 527

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, file Form 990 instead of Form 990-EZ **◆ \$ 169,760**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 6a Gross income from gaming (attach Schedule G if greater than \$15,000) 6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6c Less direct expenses from gaming and fundraising events 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	SEE STATEMENT		1	
			2	
			3	24,568
			4	3,780
			5c	
			6d	
			7c	13,894
			8	115,460
			9	157,702
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16			10	
			11	
			12	22,599
			13	3,900
			14	77,671
			15	3,925
			16	69,245
			17	177,340
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20			18	-19,638
			19	392,405
			20	
			21	372,767

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	253,650	22	250,179
23 Land and buildings	70,129	23	70,129
24 Other assets (describe in Schedule O)	131,770	24	119,599
25 Total assets	455,549	25	439,907
26 Total liabilities (describe in Schedule O)	63,144	26	67,140
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	392,405	27	372,767

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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, or other relevant information for each program title

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

28 OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF THE MEMBERS.

(Grants \$) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32

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
BERNICE TAPIZ 121 MARTINELLI STREET WATSONVILLE CA 95076	EXALTED RULER 10.00	0	0	0
WARREN ANDERSON 121 MARTINELLI STREET WATSONVILLE CA 95076	LEADING KNIGHT 10.00	0	0	0
KENNETH LEWIS 121 MARTINELLI STREET WATSONVILLE CA 95076	LOYAL KNIGHT 10.00	0	0	0
ROSEMARIE LEWIS 121 MARTINELLI STREET WATSONVILLE CA 95076	LECTURING KNIGHT 10.00	0	0	0
LAURA ROGERS 121 MARTINELLI STREET WATSONVILLE CA 95076	SECRETARY 10.00	0	0	0
MERLE AVERY 121 MARTINELLI STREET WATSONVILLE CA 95076	TREASURER 10.00	0	0	0
ABEL CAMPOS 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 5.00	0	0	0
DAVID DEBOER 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 5.00	0	0	0
RANDY MCCLELLAN 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 5.00	0	0	0
RICHARD RUELAS 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 5.00	0	0	0
JOE TAPIZ 121 MARTINELLI STREET WATSONVILLE CA 95076	TRUSTEE 5.00	0	0	0

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

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a		
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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		
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 <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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 <input type="checkbox"/>		X
41	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> SECRETARY Telephone no <input type="checkbox"/> 831-724-2493 121 MARTINELLI STREET Located at <input type="checkbox"/> WATSONVILLE CA ZIP + 4 <input type="checkbox"/> 95076		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
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 <input type="checkbox"/>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as 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?		
b 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

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

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 section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 *Laura M. Rogers*
Signature of officer
LAURA M. ROGERS LODGE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
JOHN G. HOLT, EA, ATA	JOHN G. HOLT
Firm's name	Firm's address
A J HOLT INC	4209 W MAGNOLIA BLVD
	BURBANK, CA 91505-2726

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

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 **BENEVOLENT & PROTECTIVE ORDER OF
 ELKS #1300 WATSONVILLE**

 Employer identification number
94-0317347
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MEMBERS RENT	\$ 47,953
LODGE ACTIVITIES	\$ 34,788
MISCELLANEOUS	\$ 17,834
PARKING LOT INCOME	\$ 14,885
TOTAL	\$ 115,460

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
BAR SALES	
SUPPLIES	\$ 378
LICENSES	\$ 1,699
REPAIRS & MAINTENANCE	\$ 49
EXPENSES	
OFFICE	\$ 1,734
CONFERENCES/MEETINGS	\$ 6,191
DIGNITARY ENT	\$ 547
SUPPLIES	\$ 264
OFFICERS EXP	\$ 1,644
PER CAPITA GL/STATE	\$ 4,399
TELEPHONE	\$ 1,601
LODGE ACTIVITIES	\$ 24,178
MEETING EXP	\$ 625
LANDSCAPING	\$ 6,273

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF

Employer identification number

94-0317347

YOUTH ACTIVITIES	\$	1,110
OFFICERS SALARIES	\$	1,200
BADGES/PINS	\$	1,448
BANK CHARGES	\$	896
PERMITS & LICENSES	\$	419
POSTAGE	\$	729
INSTALLATION	\$	92
MISCELLANEOUS	\$	11,375
COPY MACHINE EXPENSE	\$	2,394
TOTAL	\$	69,245

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	\$ 5,716	\$ 5,685
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 152	\$ 142
	\$ 522,445	\$ 522,445
LESS ACCUMULATED DEPRECIATION	\$ 396,543	\$ 408,673
TOTAL	\$ 131,770	\$ 119,599

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 930	\$ 2,196
MORTGAGES AND NOTES PAYABLE	\$ 26,750	\$ 26,750
RESTRICTED FUNDS	\$ 35,464	\$ 38,194

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF

Employer identification number

94-0317347

FIDELITY; TO RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNANCE, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF THE MEMBERS.