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-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 private foundations)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α | For the | e 2014 calen | dar year, or tax year beginni | ng | 4/1/2014 | , and | d ending | | <u>3/31/2015</u> | |
|-------------------------|-------------|--|---|---------------------------------------|-----------------------------------|-------------|---------------------------------------|-------------|------------------|---------------------------|
| В | Check if | fapplicable | C Name of organization | | | | | D Emp | oloyer ident | fication number |
| | Address | change | BENEVOLENT & PROTEC | TIVE ORDER | OF ELK'S #894 | | | l | | |
| | Name change | | Number and street (or P O box, if | | | | Room/suite | l . | 37-0 | 174473 |
| \sqcap | Initial ref | turn | 1640 N Henderson St | | | | E | E Tele | phone numb | oer . |
| \sqcap | Final retur | m/terminated | City or town | | State | ZIP cod | e | • | | |
| Ħ | | ed return | | | IL. | 61401 | | l | (309) | 343-5615 |
| H | | tion pending | Galesburg Foreign country name | Foreign provin | nce/state/county | | postal code | F Gro | up Exemp | |
| ш | Applicat | non penang | r oreign country hame | Torcign provin | ice/state/obanty | | postan cour | ì | nber ▶ | 1156 |
| | | | | | | | | L | | |
| | | iting Method | Cash X Accrual | Other (spec | cify) 🕨 | | \H | | | ne organization is |
| 1 | Websit | te: ► <u>N/A</u> | | | | | | | • | tach Schedule B |
| J | Tax-exer | mpt status (ch | eck only one) —501(c)(3) | X 501(c) (8 |) ◀ (insert no) | 4947(a)(1) | or527 | (Form s | 990, 990-E | Z, or 990-PF) |
| | | | | Trust | Association | | her | | | |
| | | forganization | | | | | | | | |
| | | | d 7b to line 9 to determine gros | | | | ore, or if total as | ssets | | |
| _ | | | pelow) are \$500,000 or more, f | | | | | | <u>▶\$</u> | 96,069 |
| P | art l | | e, Expenses, and Char | | | | | | ons for P | art I) |
| | | Check if | f the organization used S | chedule O to r | respond to any o | question | in this Part I | | · · · · | |
| | 1 | Contributio | ons, gifts, grants, and simila | ir amounts recei | ved | | | | 1 | |
| | 2 | | ervice revenue including go | | | | | . [| 2 | |
| | 3 | | ip dues and assessments | | | | | Ī | 3 | 15,501 |
| | 4 | Investmen | • | | | - | | . (| 4 | 147 |
| 20週 | 5a | Gross amo | ount from sale of assets oth | er than inventor | v . | 5a | | 1 | | |
| | b | | or other basis and sales ex | | | 5b | | | | |
| න | С | | ss) from sale of assets other | • | v (Subtract line 5t | from line | e 5a) | | 5c 1 | 0 |
| | 6 | - | nd fundraising events | | , (| | , | | | |
| | а | - | ome from gaming (attach So | chedule G if are: | ater than | | | ļ | | |
| ig i≊ | | \$15,000) | | 3.10 aa.0 O g. o. | | 6a | | | } | |
| OCANINGO WAY Revenue | b | | ome from fundraising events | s (not including | \$ | | ntributions | | | |
| ું | _ | | aising events reported on h | | | 0. 00. | | | | |
| ∌ ℃ | | | ch gross income and contril | | | 6b | | | | |
| | С | | • | | | 6c | · · · · · · · · · · · · · · · · · · · | | | |
| | 1 . | c Less direct expenses from gaming and fundraising events 6c decided Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | | | | | | İ | |
| <i>€)D</i> | . | line 6c) | e or (1033) from garriing and | i luliuluisilig evi | ents (add intes ee | and ob e | and Subtract | | 6d | 0 |
| | 72 | , | es of inventory, less returns | and allowances | | 7a | | 80,421 | - | |
| | b | | of goods sold . | and anowances | • | 7b | | 30.171 | } | |
| | c | | fit or (loss) from sales of inv | · · · · · · · · · · · · · · · · · · · | . . . t line 7h from line | | | 50.171 | 7c | 50,250 |
| | 8 | | enue (describe in Schedule | | | _ | | | 8 | 30,230 |
| | 9 | | enue. Add lines 1, 2, 3, 4, 5 | • | RECE | IVED | | | 9 | 65,898 |
| | 10 | | d similar amounts paid (list | -,,,, | - - | | -101 - | | 10 | 00,000 |
| | 11 | | - · · · · · · · · · · · · · · · · · · · | m ochedate of | 8 APR I | 7 2015 | SS | | 11 | |
| ທ | • | Benefits paid to or for members Salaries, other compensation, and employee benefits APR 1.7 2015 | | | | | | | 12 | |
| Expenses | 13 | Professional fees and other payments to independent contractors | | | | | | | 13 | |
| | 14 | | cupancy, rent, utilities, and maintenance QGDEN, UT | | | | | | | 19.406 |
| | 15 | Printing, publications, postage, and shipping | | | | | | | 14 15 | 18,406 |
| ш | 16 | | | | | • • | | • | | 1,419 |
| | 17 | Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 | | | | | | | 16 | 40,637 |
| | 18 | | | | lino (I) | | | | 17 | 60,462 |
| şte | 19 | | (deficit) for the year (Subtra | | | . (4)) (| | • | 18 | 5,436 |
| SS | 19 | | s or fund balances at begins | | m ime 27, column | i (A)) (Mu | si agree with | | 40 | 00.40+ |
| Ă | 20 | | ar figure reported on prior ye | | n in Cabandala Ch | | • | • | 19 | 66,491 |
| Net Assets | 20 | | nges in net assets or fund b | | | | | | 20 | |
| | 21 | Net assets | s or fund balances at end of | year Combine | lines 18 through | Z U | | | 21 | 71,927 |
| HT/ | | MOLK KEGUC | tion Act Notice, see the sepa | rate instructions | . | | | | | Form 990-EZ (2014) |

| Check if the org | anization used Schedule O to re | | T | (A) Beginning | of year | Ĺ | (B) End of year |
|---|--|---|--|---|-------------------------------------|--|--|
| ← Cash, savings, and | Linvoetments | | F | | 76,760 | 22 | 93,28 |
| Cash, savings, and | | | | | 8,431 | 23 | 4,65 |
| Land and buildings | cribe in Schedule O) | | . [| | 7,084 | | 4,69 |
| Other assets (desc Total assets | Tipe in Schedule C) | | [| | 92,275 | | 102,63 |
| | escribe in Schedule O) | | [| | 25,784 | | 30,70 |
| Not assets or fun | d halances (line 27 of column (| B) must agree with line | 21) | | 66,491 | 27 | 71,92 |
| art III Statement | of Program Service Accomplis | shments (see the instruc | tions for Part III) | | 1 | 1 | |
| Check if the | organization used Schedule O | to respond to any question | on in this Part III | | |] _ | Expenses |
| nat is the organization escribe the organization measured by expens | 's primary exempt purpose?] on's program service accomplishes. In a clear and concise mannother relevant information for ea | TO SERVE THE COMMU ments for each of its throner, describe the services | NITY FAMILYS 8 ee largest prograr | n services, | | 501(orga | uured for section c)(3) and 501(c)(4) inizations, optional ithers) |
| | | | · · · · · · · · · · · · · · · · · · · | | | 1 | } |
| | | | · | | | | } |
| | | | | | | } | } |
| (Grants \$ |) If this amoun | t includes foreign grants, | check here | <u> </u> | <u>- </u> | 28a | <u> </u> |
|) <i></i> | | | | | | } | Į |
| | | | | | | 1 | 1 |
| | | | | · • • • • • • • • • • • • • • • • • • • | | 1 | 1 |
| |) If this amoun | t includes foreign grants, | check here . | <u> </u> | <u> </u> | 29a | <u> </u> |
|) | | | | | | | |
| | | | | | | 1 | } |
| | | | | | | j | ļ |
| (Grants \$ |) If this amoun | t includes foreign grants, | check here | . 1 | • [] | 30a | 1 |
| | ucon (decembe in Cahadula (1) | | | | | | |
| Other program serv | nces (describe in Schedule O) | | | | | J | 3 |
| Other program serv (Grants \$ | , | t includes foreign grants, | | 1 | • 🔲 | 31a | , |
| (Grants \$ |) If this amoun | t includes foreign grants, | check here . | | <u> </u> | 31a | |
| (Grants \$ 7 Total program ser |) If this amoun vice expenses. (add lines 28a | t includes foreign grants, through 31a) | check here . | | <u> </u> | 32 | |
| (Grants \$ 2 Total program ser Part IV List of Office |) If this amoun vice expenses. (add lines 28a ers, Directors, Trustees, and | t includes foreign grants, through 31a) Key Employees (list each | check here n one even if not cor | | <u> </u> | 32 | |
| 2 Total program ser |) If this amoun vice expenses. (add lines 28a | t includes foreign grants, through 31a) Key Employees (list each to respond to any question | check here | mpensated – : | see the | 32 Instruc | |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in the | the is Pan | t V | |
|------------|--|---------------|--------------|-----------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in the | 7 | Yes | No |
| 22 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| 33 | detailed description of each activity in Schedule O | 33 | | _X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| U - | 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 | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | v |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | ļ | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 35c | } | Χ |
| 20 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 300 | | |
| 36 | during the year? If "Yes," complete applicable parts of Schedule N . | 36 | Ì | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | 1 |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | - | _X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | 4 | } | [|
| 39 | Section 501(c)(7) organizations Enter | | | Ì |
| a b | Initiation fees and capital contributions included on line 9 | - | | } |
| | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | - | | j |
| 70 u | section 4911 ►; section 4912 ►; section 4955 ► | | | } |
| b | | | | |
| | 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 | 1 | [|
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | { |
| | 4955, and 4958 | | | 1 |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | Ì | | } |
| | 40c reimbursed by the organization | | | ٠ ' |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| 41 | transaction? If "Yes," complete Form 8886-T | 40e | <u> </u> | <u> </u> |
| | | | | |
| 42 a | The organization's books are in care of ► Larry L Smith Telephone no ► | | 343-56 | 15 |
| | Located at ► 1640 N Henderson St City Galesburg ST IL ZIP + 4 ► 614 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority ove | | Yes | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | ļ | <u>X</u> |
| | If "Yes," enter the name of the foreign country | 1 | | ł |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 1 | | |
| _ | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 420 | | , |
| · | If "Yes," enter the name of the foreign country. | 42c | L | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | |
| 45 | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | 1 1/2 | 1 |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | Yes | No |
| a | completed instead of Form 990-EZ | 442 | f | x |
| b | | 44a | | ^- |
| - | completed instead of Form 990-EZ | 44b | | X_ |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | 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 | Ì | X |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| 45 b | 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) | 45b | <u></u> | X |
| | | Form S | 90-E | Z (2014) |

| Form 990-EZ (201 | 4) BENEVOLENT & PROTE | CTIVE ORDER OF ELK | S #894 | <u>`</u> | 37-017447 | | Page 4 |
|---------------------------------------|---|--|---|---|-----------------|--------|--|
| | | | | | <u></u> | Yes | No |
| | organization engage, directly or indirec | | | | 46 | | x |
| | dates for public office? If "Yes," completed ection 501(c)(3) organizations on | | | | 140 | | └ |
| Part VI S | Il section 501(c)(3) organizations on | ust answer questions 4 | 7–49b and 52, and | complete the tables | for lines | | |
| 5 | 0 and 51. | | | | | | |
| C | theck if the organization used Scheo | dule O to respond to an | y question in this Pa | art VI | - | | لياب |
| | | | | | , | Yes | No |
| | organization engage in lobbying activiti | | h) election in effect di | uring the tax | _ | | Ì |
| | "Yes," complete Schedule C, Part II . | | /aa " aammista Cabad | | 48 | | ├ |
| | rganization a school as described in se organization make any transfers to an | | | | 49a | | |
| | was the related organization a section | | ated organization: | | 49b | | |
| 50 Comple | ete this table for the organization's five h | nighest compensated emp | loyees (other than off | ficers, directors, truste | es and ke | ey | |
| employ | ees) who each received more than \$10 | 0,000 of compensation fro | om the organization. I | f there is none, enter | "None " | | |
| | | (b) Average | (c) Reportable | (d) Health benefits, contributions to employee | (e) Estima | ted am | ount of |
| (a |) Name and title of each employee | hours per week devoted to position | compensation (Forms W-2/1099-MISC) | benefit plans, and deferred | other co | | |
| | | devoted to position | (101113 44-21033-14130) | compensation | | | |
| Name None Title | | Hr/WK 00 | | } | } | | |
| | | THI/WKOO | | | | | |
| Title | | Hr/WK .00 | | | | | |
| Name | | | | | | | |
| Title | | Hr/WK .00 | | <u> </u> | | | |
| | | | | | | | |
| Title | | Hr/WK .00 | | | | | |
| Name Title | | Hr/WK 00 | | } | } | | |
| f Total n | umber of other employees paid over \$1 | | . • | | | | |
| 51 Comple | ete this table for the organization's five I | nighest compensated inde | ependent contractors | who each received m | ore than | | |
| \$100,0 | 00 of compensation from the organizat | ion If there is none, enter | "None." | | | | |
| | (a) Name and business address of each independ | dent contractor | (b) Type of serv | ice (d | c) Compensa | tion | |
| Name None | Str | | | | | | |
| City | ST | ZIP | 1 | | | | |
| Name - | Str | | | | | | |
| City | ST | ZIP | \ | | | | |
| Name | Str | | .} | } | | | |
| City | ST | ZIP | | | | | |
| Name | Str | 710 | | | | | |
| City Name | ST Str | ZIP | | | | | |
| City | ST | ZIP | | 1 | | | |
| d Total n | umber of other independent contractors | s each receiving over \$10 | | | | | |
| | e organization complete Schedule A? Noted Schedule A | ote. All section 501(c)(3) | organizations must at | tach a | ▶ ☐ Ye | s X | No |
| Under penalties of true, correct, and | of perjury, I declare that I have examined this return, complete Declaration of preparer (other than office | including accompanying scheduler) is based on all information of w | es and statements, and to the thich preparer has any know | ne best of my knowledge and ledge | d belief, it is | | |
| | X mm | Some | | 4/9 | 15 | | |
| Sign | Signature of officer | J. 201 | | Date / | | | |
| Here | Larry L Smith | | | Treasurer / | | | |
| | Type or print name and title Print/Type preparer's name | Preparer's signature | Date | | PTIN | | |
| Paid | This type preparet a traffic | 1 ' | | Check [| if (| | |
| Preparer | Firm's name ▶ | SELF-PREPARED | KETUKN | self-employed | 1 | | |
| Use Only | Firm's address | | | Firm's EIN ► Phone no | | | |
| May the IRS | discuss this return with the preparer she | own above? See instruction | ons . | · · · | ► X Ye | s | No |
| | | | | | | _= | 7 (224) |

 .Part I, Line 4 (990-EZ) - Investment Income

 1 Interest on savings and temporary cash investments
 1
 147

 2 Dividends and interest from securities
 2

 3 Gross rents
 3

 4 Other investment income
 4

 5 Total
 5

Part I, Line 16 (990-EZ) - Other Expenses

| | Total: | 40,637 |
|----|---|-------------|
| | Description | Amount |
| 4 | Travel | |
| | Meals and entertainment | |
| 3 | Fundraising | 2.572 |
| 4 | Conferences, conventions, and meetings | 3,572 |
| 5 | Depletion | |
| 6 | Equipment rental and maintenance | |
| 7 | Interest | 4 700 |
| 8 | Supplies | 1,729 |
| 9 | Telephone | |
| 10 | Unrelated business income taxes | 0 |
| 11 | Amortization | 0 |
| 12 | Depreciation | 3,775 |
| | INSURANCE | 2,153 |
| 14 | PER CAP TAX | 4,809 |
| 15 | SALES TAXES | 7,285 |
| 16 | Licenses | 2,710 |
| 17 | DONATIONS to LOCAL YOUTH GROUPS & SCHOOLS | 3,000 |
| 18 | BAR SUPPLIES | 1,407 |
| 19 | OTHER EXPENSES | 10,197 |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |