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# Short Form Return of Organization Exempt From Income Tax

## 2014

**Open to Public Inspection**

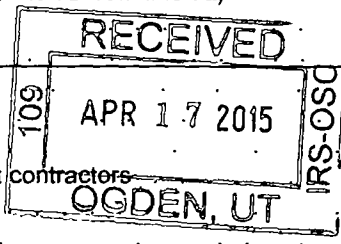
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning <u>4/1/2014</u> , and ending <u>3/31/2015</u>													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>BENEVOLENT &amp; PROTECTIVE ORDER OF ELK'S #894</b></td> <td><b>D</b> Employer identification number <u>37-0174473</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>1640 N Henderson St</u> <u>E</u></td> <td><b>E</b> Telephone number <u>(309) 343-5615</u></td> </tr> <tr> <td>City or town State ZIP code <u>Galesburg IL 61401</u></td> <td colspan="2"><b>F</b> Group Exemption Number ▶ <u>1156</u></td> </tr> <tr> <td>Foreign country name Foreign province/state/county Foreign postal code</td> <td colspan="2"></td> </tr> </table>	<b>C</b> Name of organization <b>BENEVOLENT &amp; PROTECTIVE ORDER OF ELK'S #894</b>		<b>D</b> Employer identification number <u>37-0174473</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>1640 N Henderson St</u> <u>E</u>		<b>E</b> Telephone number <u>(309) 343-5615</u>	City or town State ZIP code <u>Galesburg IL 61401</u>	<b>F</b> Group Exemption Number ▶ <u>1156</u>		Foreign country name Foreign province/state/county Foreign postal code		
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<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)												
<b>I</b> Website: ▶ <u>N/A</u>													
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>8</u> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____													
<b>L</b> 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. <span style="float: right;">▶ \$ <u>96,069</u></span>													

**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

	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	15,501
	<b>4</b> Investment income	<b>4</b>	147
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> 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)	<b>6b</b>	
	<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	80,421
	<b>b</b> Less cost of goods sold	<b>7b</b>	30,171
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	50,250
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	65,898
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	18,406
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	1,419
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	40,637
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	60,462
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	5,436
	<b>19</b> 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)	<b>19</b>	66,491
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	71,927



SCANNED MAY 18 2015 Revenue

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**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	76,760	93,281
23 Land and buildings	8,431	4,658
24 Other assets (describe in Schedule O)	7,084	4,697
25 Total assets	92,275	102,636
26 Total liabilities (describe in Schedule O)	25,784	30,709
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,491	71,927

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? TO SERVE THE COMMUNITY FAMILYS & CHILDREN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) 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	0

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nancy Berry ER	Hr/WK 2 00	0	0	0
Candis Dawson LEAD	Hr/WK 2 00	0	0	0
Linda Presley LOYAL	Hr/WK 2 00	0	0	0
Dave McCulloch LECT	Hr/WK 2 00	0	0	0
Sherryl Beard SEC	Hr/WK 10 00	0	0	0
Larry Smith TREAS	Hr/WK 8 00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

**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  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

**47** 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  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No

**49 a** Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No

**b** If "Yes," was the related organization a section 527 organization?  Yes  No

**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP

**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 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 *Larry L Smith* Date 4/9/15

Larry L Smith Treasurer

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Date Check  if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no

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

**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	147

**Part I, Line 16 (990-EZ) - Other Expenses****Total:** 40,637

	Description	Amount
1	Travel	
2	Meals and entertainment	
3	Fundraising	
4	Conferences, conventions, and meetings	3,572
5	Depletion	
6	Equipment rental and maintenance	
7	Interest	
8	Supplies	1,729
9	Telephone	
10	Unrelated business income taxes	0
11	Amortization	0
12	Depreciation	3,775
13	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		