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Form 990

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 (except private foundations)

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

Open to Public

OMB No 1545-0047

Inte	rnal Revenue				Inspection						
<u>A</u>	For the 2	D14 calendar year, or tax year beginning $04/01/14$, and ending $03/31/2$	15								
B Check if applicable C Name of organization BENEVOLENT AND PROTECTIVE ORDER D Employer identification nu											
	Address chan	of ELKS HOLLAND 1315									
$\overline{\Box}$	Name change	Doing business as			341609						
Н		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon							
	Initial return	569 EAST 24TH ST		PTP-	396-1245						
Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated											
$\overline{\Box}$	Amended retu	HOLLAND MI 49423		G Gross rece	erpts \$ 528,127						
\vdash	Antended retu	F Name and address of principal officer	Life's le thus a gree	un ratum far a	ubordinates? Yes X No						
	Application pe	nding	H(a) Is this a gro	oup return for st	7 7						
			H(b) Are all sub	ordinates incli	uded? Yes No						
			If "No,	" attach a list	(see instructions)						
$\overline{}$	Tax-exempt	status 501(c)(3) X 501(c) (8) ◄ (insert no) 4947(a)(1) or 527	7								
÷	Website:	N/A	H(c) Group exe	motion gumbe	.▶ 1156						
<u>-</u>			Year of formation	Inplion numbe	M State of legal domicile						
<u>~</u>	Form of organ		real of lornation		m State of legal domicile						
	Part I	Summary									
		fly describe the organization's mission or most significant activities									
e	د ا	LUB FOR PROMOTING FRIENDSHIP AND SOCIAL RELATIONSHIPS	FOR THE	BENEFI:	r of						
lan.	l M	EMBERS.									
Activities & Governance	;										
Š	2 Che	ick this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	sets							
95	3 Nur	nber of voting members of the governing body (Part VI, line 1a)		3	0						
S	4 Nur	nber of independent voting members of the governing body (Part VI, line 1b)		4	0						
ij	5 Tot	al number of individuals employed in calendar year 2014 (Part V, line 2a)		5	12						
Ę	6 Tot	al number of volunteers (estimate if necessary)		6	0						
4		al unrelated business revenue from Part VIII, column (C), line 12		7a	5,525						
	N	unrelated business taxable income from Form 990-T, line 34	-	7b	-8,852						
_	D IVE		Prior Yea		Current Year						
	8 Cor	atributions and grants (Part VIII, line 1h)			0						
9	9 Pro	gram service revenue (Part VIII, line 2g)	3	1,321	31,068						
Revenue	10 10	estment income (Part VIII, line 2g)		266	888						
Š	44 04	os revenue (Part VIII, column (A) lines 5, 6d 20, 00, 100 and 116)	24	5,370	203,024						
	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,957	234,980						
		al revenue – add lines 8 through 11 (must equal Rart VIII, column (A), line 12)	21	0,931	234,360						
		nts and similar amounts paid (Part IX, column (A), lines 1,3)									
	1	efits paid to or for members (Part IX, colùmn (A), line 4)		2 242	0						
ď	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12	0,348	105,026						
te enses	16a Pro	fessional fundraising fees (Part IX, column (A),₂line 11e)			0						
Fyng	b Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 3 , 134									
	i 17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,091	144,525						
9	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28	6,439	249,551						
Ø	19 Re	venue less expenses Subtract line 18 from line 12	_	9,482	-14,571						
Net Assets or	se		Beginning of Cu	rrent Year	End of Year						
รฐ	를 20 Tot	al assets (Part X, line 16)	42	1,328	406,899						
As (円 21 Tot	al liabilities (Part X, line 26)		7,973	8,115						
į	튄 22 Net	assets or fund balances Subtract line 21 from line 20	41	3,355	398,784						
_	Part II	Signature Block									
		les of penury, I declare that I have examined this return, including accompanying schedules and statem	ents and to the b	est of my kn	lowledge and helief it is						
		and complete_Declaration of preparer (other than officer) is based on all information of which preparer			iowicago ana bailoi, it io						
_	<u> </u>	(1) (1) (8)		7	-2-15						
<u>.</u>	.	Signature of officer		Date							
	ign		TIDED.	Date							
Н	ere	SCOTT DEJÖNGE TREAS	OKEK								
_		Type or print name and title									
_		Int/Type preparer's name Preparer's signature	Date	Check	If PTIN						
	 	ATHAN WEAVER, CPA	07/01	./15 self-em							
		m's name MULDER, FITCH, WEAVER, LLC	1	Firm's EIN	20-1938814						
Us	se Only	301 HOOVER BLVD STE 100									
	_F	mis address HOLLAND, MI 49423-8324	١,	Phone no	616-994-6500						
М		discuss this return with the preparer shown above? (see instructions)		-	Yes No						
	<u> </u>	k Reduction Act Notice, see the separate instructions.			Form 990 ₄ (2014						
DA		· · · · · · · · · · · · · · · · · · ·			. دام						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	-110
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	i	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			••
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			77
. -	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19	x	
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	43	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-42
_ <u>n</u>	11 103 to line 204, did the organization attach a copy or its addited infantial statements to this faturity	-40	000	

Part IV Checklist of Required Schedules (continued)

1 4	onechist of Neduried Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
۷ ۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	· · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
04-	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24U		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
	If "Yes," complete Schedule L, Part I	250	-	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		x
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	1	х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	·	206	ì	x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20		x
	conservation contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	31	1	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 22		x
	complete Schedule N, Part II	32		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		х
• •	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		x
	or IV, and Part V, line 1	34		X
35a	•	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			.
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u> </u>

)	Section 501(c)(7) organizations. Enter
а	Initiation fees and capital contributions included on Part VIII, line 12
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
ı	Section 501(c)(12) organizations. Enter

Gross income from members or shareholders а

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

12a

13a

11a

11b

12b

13b

13c

D	_
Page	

Pa	Tryl Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Se	e instr	uction	1S
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management		V	No
4.	Fate-the seal to the season of the season hade at the end of the toy year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			₩.
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_		₹.
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		37	ŀ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			₹.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ide.)		<u> </u>
		40	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		-
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		.
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		_^_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1 in	e help e	· ~~
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	35	.
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		11	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20_	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AN DEJONGE 569 E 24TH ST			
H	olland MI 49423			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		(W-21033-MIGC)	organization and related organizations	
(1) CHARLES WARFORD							-	:				
-	5.00									_		
EXALTED RULER	0.00	X	-	X					0	C	0	
(2) SARA DEVRIES	5.00											
SECRETARY	0.00	x		x					0	C	o	
(3) SCOTT DE JONGE		 	<u> </u>									
` '	10.00											
TREASURER	0.00	X		X	_				0	C	0	
(4)												
(5)	_	<u> </u>										
(6)											:	
(7)												
(8)				-			_					
(9)				_		<u> </u>						
(10)		-										
					_							
(11)												

Pa	rt VII ' Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any - hours for	off	x, unle ficer a	Pos check ess pe	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estinamo amo - of compe	F) nated unt of her ensation n the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and i	ization related izations	
(12)								-					
(13)													
(14)													
(15)												-	
(16)													
(17)													
(18)			_			- <u></u>	_	_					
(19)													
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	A	I.		> > >					
2	Total number of individuals (in				thos	e lis	ted a	bov	ve) who received more than	\$100,000 of			
3	reportable compensation from	ormer officer, du	ecto	r, or					loyee, or highest compensa	ated		Yes	
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	e 1a, is the sum	of re	port	able	com	pens	satic			3		x
5	Individual Did any person listed on line for services rendered to the o	rganization? If "Y								r individual	5		х
1	ion B. Independent Contracte Complete this table for your fi	ve highest comp	ensa	ated	inde	enc	lent d	cont	ractors that received more	than \$100,000 of	_		
	compensation from the organ	(A) t business address	omp	ensa	tion	ior t	ne ca	len		(B) tion of services		(C) Compens	ation
			,										
													-
2	Total number of independent								ose listed above) who				
DAA	received more than \$100,000	or compensation	ı iro	iii (N	e org	jai 112	auor	· 🚩		0	<u></u>	orm 99	0 (2014)

		Check if Schedule	U con	tains a response (
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1a	Federated campaigns	1a					,
	b	Membership dues	1b					
Am Am	С	Fundraising events	1c		· ·			
ij i	d	Related organizations	1d					
Z,C	е	Government grants (contributions)	1e					
rior	f	All other contributions, gifts, grants,				,		
		and similar amounts not included above	1f					
E G	g	Noncash contributions included in lines 1a	-1f \$	5				
용	_ h_	Total. Add lines 1a-1f		<u> </u>				
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts				Busn, Code				
Ş.	2a	MEMBERSHIP DUES			31,068	. =-		31,068
8	b							
Š	C							
S	d							
멸	е							
ē.	f	All other program service reve	nue					······································
		Total. Add lines 2a-2f		<u> </u>	31,068			
	3	Investment income (including	dıvıden	ds, interest,				000
		and other similar amounts)		•	888			888
	4	Income from investment of tax	(-exem	ot bond proceeds				
	5	Royalties	1					
		(i) Real		(ii) Personal				
	6a	Gross rents	∤					
	b	Less rental exps						
	C	Rental inc or (loss)						
Ì	d 7a	Net rental income or (loss) Gross amount from		() () ()		······································		
		sales of assets	· 	(II) Other				
ł	_	other than inventory						
	b	Less cost or other						
	_	basis & sales exps						
ŀ		Gain or (loss) Net gain or (loss)		>			1	
		, ,	t	<u> </u>				
<u>e</u>	oa	Gross income from fundraising ever (not including \$	1110					
e l		of contributions reported on line 10	, l					
Other Revenue		See Part IV, line 18	" a	10,675				
횰	h	Less direct expenses	ь					
ਰੋ∣		Net income or (loss) from fund	- (events	10,675			10,675
		Gross income from gaming activitie	r	CVCIRS		······		
	Ju	See Part IV, line 19	a	221,378				
	h	Less direct expenses	ь	196,975	,			-
		Net income or (loss) from gan	- (24,403		1,619	22,784
		Gross sales of inventory, less			, , , ,		, , ,	
		returns and allowances	а	258,102				
1	h	Less cost of goods sold	ь	96,172				•
	١.	Net income or (loss) from sale	es of in		161,930		3,906	158,024
 		Miscellaneous Revenue		Busn Code	· · · · · · · · · · · · · · · · · · ·	······································		
T	11a	GRANT			4,000		1	4,000
	b	DONATION			2,016	·		2,016
-	c					· · ·		-
	d	All other revenue						
	e	Total. Add lines 11a-11d			6,016			
	12	Total revenue. See instruction	ns	•	234,980	C	5,525	229,455

Form 990 (2014) BENEVOLENT AND PROTECTIVE ORDER

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		00 000	2 600	
7	Other salaries and wages	94,590	90,902	3,688	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		0.654	700	
10	Payroll taxes	10,436	9,654	782	
11	Fees for services (non-employees)				
а	Management				
b	Legal	T 077	4 050	2 225	
С	Accounting	7,077	4,852	2,225	-
d	Lobbying				- "
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	252	252		
12	Advertising and promotion		252		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			,	
17	Travel			.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,765		2,765	
19	Conferences, conventions, and meetings	2,163		2,703	
20	Interest				
21	Payments to affiliates	7,963	7,963	<u>-</u> .	
22	Depreciation, depletion, and amortization	1,905	1,303		
23	Insurance	7			
24	Other expenses Itemize expenses not covered			, , , ,	er i en e
	above (List miscellaneous expenses in line 24e. If	,		<i>" "</i>	***
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	52,984	52,984	· · · · · · · · · · · · · · · · · · ·	
a	,	30,517	32,304	30,517	
b	UTILITIES	21,390		21,390	
C	PROPERTY TAX	11,355			
d	•	10,222		-21,841	3,134
	All other expenses	249,551	206,891	39,526	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	239,001	200,031	23,320	3,23-
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part	X Balance Sheet Check if Schedule O contains a response or note	to any line in this Part Y			
	Sheek it Schedule of Contains a response of note	to any line in this Falt A	(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		58,038	1	58,278
2	Savings and temporary cash investments		189,990	2	184,646
3	Pledges and grants receivable, net	-	-	3	
4	Accounts receivable, net		1,193	4	3,788
5	Loans and other receivables from current and former of	ficers, directors,			
	trustees, key employees, and highest compensated em	ployees			
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified per-	sons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B),				
	sponsoring organizations of section 501(c)(9) voluntary		.		
2	organizations (see instructions) Complete Part II of Sch		6		
Saets 7	Notes and loans receivable, net			7	
₹ 8	Inventories for sale or use		20,578	8	16,121
9	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 655,860			
	Less accumulated depreciation	10b 511,794	151,529	10c	144,066
11	Investments—publicly traded securities		11		
12	Investments—other securities See Part IV, line 11		12		
13	Investments—program-related See Part IV, line 11		13		
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	421,328	16	406,899
17	Accounts payable and accrued expenses	7,973	17	8,115	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers	s, directors,			
Liabilities	trustees, key employees, highest compensated employe	ees, and			
<u> </u>	disqualified persons Complete Part II of Schedule L			22	
ا ا	Secured mortgages and notes payable to unrelated thir	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties		24	
25	Other liabilities (including federal income tax, payables	to related third			
	parties, and other liabilities not included on lines 17-24)	Complete Part X			
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		7,973	26	8,115
	Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ and			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.				
27 28	Unrestricted net assets			27	
ကို 28	• •			28	
일 29	•			29	
[Organizations that do not follow SFAS 117 (ASC 958	B), check here $ ightharpoonup$ and			
0 8	complete lines 30 through 34.				
ឆ្ល 30	. , , ,			30	
2 31			44.5 55-	31	
Net Assets or Fund 30 31 32	•	or other funds	413,355	32	398,784
_ 33			413,355		398,784
34	Total liabilities and net assets/fund balances		421,328	34	406,899

Form **990** (2014)

Form	990 (2014) BENEVOLENT AND PROTECTIVE ORDER 38-0341609			• Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	-,,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			980
2	Total expenses (must equal Part IX, column (A), line 25)	2			551
3	Revenue less expenses Subtract line 2 from line 1	3			<u>571</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4 :	13,	<u> 355</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
******	33, column (B))	10	3	98,	<u> 784</u>
Pa	rt XII Financial Statements and Reporting		`		_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		,		
	the Single Audit Act and OMB Circular A-133?		3a		_ <u>x</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 990	(2014)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number BENEVOLENT AND PROTECTIVE ORDER OF ELKS HOLLAND 1315 38-0341609 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Addregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(t) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III	Schedule D (Form 990) 2014 BENEVOL	ENT AND PRO	rective of	EDER		41609	Page :
a Public exhibition d Loan or exchange programs							(continued)
b Scholarly research □ Other		ssion, and other record	s, check any of the	following that a	re a significa	ant use of its	
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization assets. The propriet if the organization analyses. The provided in the propriet is the organization analyses. The percentage of the organization analyses. The percentage of the organization and performs 990, Part X, line 2.1 1a Is the organization and septimization asserted "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 2.1 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning bilance 1	a Public exhibition	d 🗌	Loan or exchange	programs			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 Dump the year, did the organization solicitor receive donations of art, historical irreasures, or other aimiliar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Secritory and Custodial Arrangements.	b Scholarly research	е 🗍	Other				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 Dump the year, did the organization solicitor receive donations of art, historical irreasures, or other aimiliar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Secritory and Custodial Arrangements.	c Preservation for future generations	_					
SUII So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to ruse funds rather than to be maintained as part of the organization's collection?		s collections and explain	n how they further t	he organization's	s exempt pu	irpose in Part	
5 During the year, did the organization solutor or receive donations of art, historical treasures, or other similar assets to be sold for rase finds arrained may be maintained as paid of the organization?	•						
Part IV Excrew and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X? If I''es, "Splan the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance I Amount I did I di		at or receive donations	of art, historical trea	asures, or other	sımılar		
Part IV Escrow and Custodial Arrangements							Yes No
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes, "Evaluatine arrangement in Part XIII and complete the following table Amount It							
990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additioned during the year e Distributions during the year e Distributions during the year f Ending balance 2 Dict the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Complete if the organization answered "Yes" to Form 990, Part IV, line 10. The Endowment Tender of the current year end balance (line 1g, column (a)) held as a Bagin line of dyear balance b Contributions Additions or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment % C Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment line and complete the related organizations is endowment funds Part Y Land, Buildings, and Equipment (a) Coursetty ear obeclude R? 4 Describe in Part XIII the intended uses of the organization is endowment funds Part Y Land, Buildings, and Equipment (a) Coursetty ear obeclude R? 4 Describe in Part XIII the intended uses of the organization is endowment funds Part Y Land, Buildings, and Equipment (a) Coursetty ear obeclude R? 4 Describe in Part XIII the intended uses of the organization is endowment funds 1a Land Buildings (b) Good orether bases (converting the Organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Buildings (converting the Organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Buildings (converting the Organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Buildings (converting the Organiza			" to Form 990, I	Part IV, line 9	, or repor	ted an amount c	n Form
1 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 11 Yes,yes, plan the arrangement in Part XIII and complete the following table	· · · · · · · · · · · · · · · · · · ·		·		•		
Note		todian or other intermed	lary for contribution	ns or other asset	ts not		
b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ % Permanent endowment ▶ % Permanent endowment ▶ % Permanent endowment I			•				Yes No
d Additions during the year Distributions during the year Ending balance 1e 1d 1d 1e 1f 1d 1d 1d 1d 1d 1d 1d		XIII and complete the fo	Ilowing table				
d Additions during the year Distributions during the year Ending balance 1e 1e 1e 1e 1e 1e 1e	b ii 100, explain ale arrangement ii r arra	and donners are to					Amount
d Additions during the year Ending balance Tending balance	c Reginning halance					1c	
Distributions during the year 1e						1d	
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % 1b Permanent endowment ▶ % 1repercentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by if yes' 5 33(ii), are the related organizations (lit) related organizations (lit) related organizations (lit) related organizations 1a Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Bescription of property (a) Cost or other basis (c) Pocur other basis (c) Accumulated depreciation (d) Book value (•						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▶ If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % c Temporanity restricted endowment ▶ % b Permanent endowment ▶ % c Temporanity restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment individes not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (iii) related organizations (iii) related organizations ■ If Yes No 3a(i), are the related organizations listed as required on Schedule R? A Describe in Part XIII the intended uses of the organization's endowment funds Part Vi Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value (investment) (investment) (other) Buildings c Leasehold improvements d Equipment e Other	g ,					1f	
b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Currient year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (n Form 990 Part X line	e 21, for escrow or	custodial accour	nt liability?		Yes No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Inie 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Tour years back (d) Three years back (e) Four year							
Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back		ATT OTTOOK TIOTO II LITO O	Apianau	<u>,, p. o mode ma s</u>			
(a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back years back (e) Four years back (e) Four years back (e) Four years back (e) Four years bac		ion answered "Yes	" to Form 990. I	Part IV. line 1	0		
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(investment) (other) depreciation 1a Land Buildings c Leasehold improvements d Equipment e Other							
1a Land b Buildings c Leasehold improvements d Equipment e Other	Description of property	1	1 '		1	i i	(a) Book value
b Buildings c Leasehold improvements d Equipment e Other		(investment	<i>'</i>	<u> </u>	uep.	- Codion	06 10
c Leasehold improvements d Equipment e Other	1a Land			86,101			86,10
d Equipment e Other	b Buildings						
e Other	c Leasehold improvements						
	d Equipment						
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)							00.10
	Total. Add lines 1a through 1e (Column (d) mo	ust equal Form 990, Pa	rt X, column (B), lin	e 10c)		<u>▶</u> 1	86,10

1.	(a) Description of liability	(b) Book value
(1) Federal in	ncome taxes	
(2)		
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column	(b) must equal Form 990, Part X, col. (R) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

DAA

Sche	dule D (Form 990) 2014 BENEVOLENT AND PROTECTIVE	ORDER	38-0341609	
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Retur	n.
	Complete if the organization answered "Yes" to Form 99			
1	Total revenue, gains, and other support per audited financial statements	_	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	<u>, </u>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		40	;
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per Retu	urn.
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			<u> </u>
3	Subtract line 2e from line 1		3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		40	<u>; </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	5	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information.

Schedule D (Form 990) 2014 BENEVOLENT AND PROTECTIVE ORDER
Part XIII Supplemental Information (continued)

38-0341609

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 OMB No 1545-0047

Open to Public inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BENEVOLENT AND PROTECTIVE ORDER

Employer identification number

OF ELKS HOLLAND 13	15			38-03416	09					
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization complete this	n answe s part.	ered "Yes" to Form	990, Part IV, line	17.					
1 Indicate whether the organization raised funds through a	any of the following	activities	Check all that apply							
a Mail solicitations	e Solicitation	of non-go	vernment grants							
b Internet and email solicitations	f Solicitation	of govern	ment grants							
c Phone solicitations g Special fundraising events										
d In-person solicitations										
 Did the organization have a written or oral agreement we or key employees listed in Form 990, Part VII) or entity in the second of the second or entities (from the second of the second	in connection with	profession int to agre	nal fundraising services' ements under which the	7	Yes No					
(i) Name and address of individual		(iii) Did fund raiser have		(v) Amount paid to	(vi) Amount paid to					
or entity (fundraiser)	(ii) Activity	custody or control of	from activity	(or retained by) fundraiser listed in	(or retained by) organization					
<u> </u>		contributions		col (ı)						
_		Yes No	4							
1										
2										
3					-					
4										
5										
6										
7										
8										
9										
10										
Total	-									

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	9	Other direct expenses												
		•	y Add lines 4 through 9 in column (d) ubtract line 10 from line 3, column (d)											
P	art	III Gaming Com	plete if the organization ans	were	d "Yes"	to Form 9	90 Pa	art I\	/ line	19 or	report	ed mor	e	
•			on Form 990-EZ, line 6a				,		.,	,				
Revenue		(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming					(add							
Re	1	Gross revenue				164,	,263			57	,115		221	<u>,378</u>
ses	2	Cash prizes												
Direct Expenses	3	Noncash prizes												
Direct	4	Rent/facility costs							_		_			
	5	Other direct expenses				151,	,591			45	,384		196	,975
	6	Volunteer labor	Yes %	K	Yes No		%	X	Yes No		%			
	7	Direct expense summary	. Add lines 2 through 5 in column	(d)							•		196	<u>, 975</u>
	8	Net gaming income sumi	mary Subtract line 7 from line 1, c	column	(d)						>		24	,403
а	ls t		e organization conducts gaming a o conduct gaming activities in eac			?							X Yes	☐ No
		ere any of the organization Yes," explain	's gaming licenses revoked, suspo	ended (or termina	ted during t	he tax y	ear?					Yes	X No
DAA	<u> </u>									Sched	ule G (F	orm 990	or 990-E	Z) 2014

Sche	dule G'(Form 990 or 990-EZ) 2014	BENEVOLENT	AND	PROTECTIVE	ORDER	38-034160	9	Page 3
11	Does the organization conduct gaming						Y	res X No
12	Is the organization a grantor, beneficial	-	r a meml	per of a partnership or o	other entity			
	formed to administer charitable gaming							res 🗓 No
13	Indicate the percentage of gaming activ	rity conducted in				1	ı	
a	The organization's facility					13a	<u> </u>	
b	An outside facility					<u>_13b</u>	L	<u>%</u>
14	Enter the name and address of the per records.	son who prepares the c	rganizati	on's gaming/special ev	ents books and	1		
	Name ▶ JAN DEJONGE							
	569 E 24TH ST					Ver. 40400		
	Address ► HOLLAND					MI 49423		
15a	Does the organization have a contract revenue?	with a third party from v	vhom the	organization receives	gamıng			res 🗓 No
b	If "Yes," enter the amount of gaming re	venue received by the	organizat	ion ▶ \$		and the	ш.	•• 🔠
	amount of gaming revenue retained by		J					
С	If "Yes," enter name and address of the							
	Name ▶							
	Address ►							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Em	oloyee	ndepend	ent contractor				
17	Mandatory distributions							
a	Is the organization required under state	law to make charitable	distribut	tions from the gaming p	proceeds to			
	retain the state gaming license?			0 0,			Y	res 🕱 No
b	Enter the amount of distributions requir	ed under state law to b	e distribu	ited to other exempt org	ganizations or			_
	spent in the organization's own exempt							
Par	t IV Supplemental Informa		•			. , . ,		
	Part III, lines 9, 9b, 10b,	15b, 15c, 16, and	1/b, as	applicable Also p	rovide any a	idditional information	(see	
	instructions).							
		,						

SCHEDULE O (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 990-EZ or to provide any additional information.

OMB No 1545-0047

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BENEVOLENT AND PROTECTIVE ORDER OF ELKS HOLLAND 1315

Employer identification number 38-0341609

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT CLUB FOR PROMOTING FRIENDSHIP AND SOCIAL RELATIONSHIPS FOR THE BENEFIT OF MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC