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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)

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047 2014

Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service 31,2015 Apr 01, 2014, and ending For the 2014 calendar year, or tax year beginning Check if applicable BENEVOLENT & PROTECTIVE ORDER D Employer identification number В C Name of organization B P O E JOPLIN 44-0304955 Doing Business as Address change Number & street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1802 W 26TH STREET 417-624-0048 Initial return G Gross receipts City or town, state or province, country, and ZIP or foreign postal code 394063. Final return Joplin MO 64804 H(a) Is this a group return Amended return Application RANDY ALLGOOD Yes X No Name and address of principal officer for subordinates? pendina MO 64801-3434 RIDGE DRI JOPLIN Are all subordinates included? If "No," attach a list X Yes No 501(c)(3) X 501(c)(8) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status (see instructions) N/A Website: Group exemption number Year of formation 1903 M State of legal domicile MO X Corporation Other > K Form of organization Trust Association Summary Part I PERFORM CHARITABLE WORKS SUCH Briefly describe the organization's mission or most significant activities AS HOSPITAL PEDIATRICS, VETERANS WORK, BOYS AND GIRL SCOUTS RevenuอีCAINNIAEบ่งเบุค & Governange CHRISTMAS BASKETS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) 4 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 37 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 24421 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -14854 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 99519.Contributions and grants (Part VIII, line 1h) 93473. Program service revenue (Part VIII, line 2g) 767459. 6306. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 210443. 157802. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1077421. 257581. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 31428. 34287. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 129022 122349. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25)▶ 187358. 209034. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 365670. 347808. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 729613. -108089.19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Assets or Balances End of Year 1354657 1251930. 20 Total assets (Part X, line 16) 79004 85030. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1275653 1166900. Part II Signature Block 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 Signature of officer Date 6-18-15 EXALTED RULER Here RANDY ALLGOOD Type or print name and title Paid Check Print /Type preparer's name Preparer's signature Date WHETSTONE-SWEANALISA D WHETS 06/01/2015 self-employed P01361960 ANALISA D Preparer GILES & ASSOCIATES C 45-5491309 **Use Only** Firm's EIN ▶ Firm's name Phone no 417-623-8666 3222 S RANGE LINE RD Firm's address

Form 990 (2014

May the IRS discuss this return with the preparer shown above? (see instructions)

JOPLIN MO 64804

For	n 990 (2014) BENEVOLENT & PROTEC	CTIVE ORDER	44-03	04955 Page 2
Pa	Statement of Program Service Accou	•	D (III)	L-J
1	Check if Schedule O contains a respon Briefly describe the organization's mission	ise or note to any line in this	Part III	
'	CHARITABLE WORK FOR THE	COMMUNITY		
2	Did the organization undertake any significant pro	gram services during the year w	rhich were not listed on	
	the prior Form 990 or 990-EZ?	,		Yes X No
	If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or make si If "Yes," describe these changes on Schedule O	ignificant changes in how it cond	ducts, any program services?	Yes X No
4	Describe the organization's program service according to the service ac	mplishments for each of its three	e largest program services, as meas	ured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are			
	and revenue, if any, for each program service repo	orted		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	SEE SCHEDULE 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				
				··-
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$_	

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		- .		
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	-			

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grad	nts of \$)(Revenue \$)
4e	Total program service expenses			
BCA				Form 990 (2014)

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Pa	It IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments	,	İ	
	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		1	
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	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?//f "Yes,"		["	
	complete Schedule D, Part III	8		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		1	
	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			<u> </u>
	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			J
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		Х
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		Х
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
е	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		Х
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 statement for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		$-\frac{1}{X}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance	170		
13	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17		17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
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?	40]	v
20-	If "Yes," complete Schedule G, Part III Did the essangation energia and as more heapital facilities? If "Yes," complete Schedule H.	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	70D		

	1000 (2014)	1-0304955		Page 4
Pa	t IV Checklist of Required Schedules (continued)			1
-4	District the second sec		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or d			X
	government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		^
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization	i i		
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes	1		X
	complete Schedule J	23		^
24a	•			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 1		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	enefit		Ì
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ĺ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curr or former officers, directors, trustees, key employees, highest compensated employees, or disqualified perso			
	If "Yes.", complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant	ntial		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family	member		
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
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):		ľ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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	$\neg \neg$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	İ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pa			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 3, 		
-	If "Yes," complete Schedule N, Part II	32	- 1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	•	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	24		v
25-	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, 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," 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	1 1		
_	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

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

Х

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E	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b		1		
c		1		
	gaming (gambling) winnings to prize winners?	1c	X	
2 <i>a</i>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 37]-		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	ļ
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
_	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	l ba		
D	gifts were not tax deductible?	6b		I
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ı
a	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	
Ŭ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d		_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f		7f		X
g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		_ X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	1		
		8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders . 11a		}	
D	Gross income from other sources (Do not net amounts due or paid to other sources			
20	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?	42-	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<u>.</u>	Note. See the instructions for additional information the organization must report on Schedule O	·va		
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 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \dashv$	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_
4		Forn	990	(2014)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
					Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	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					ļ
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
	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					v
	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	s filed?		4		$\frac{\Lambda}{X}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	Х	
6	Did the organization have members or stockholders?			6		
7a	·	ne or r	nore	_ _	x	
	members of the governing body?	1.1		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	iaers, i	or persons	1	x	
_	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				X	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					Х
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the	Intor	al Paya	9	, odo)	
sec	tion B. Policies (This Section B requests information about policies not required by the	men	iai Neve	iiue C	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			. 10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina	the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	9			,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done .			12c		
13	Did the organization have a written whistleblower policy?			13		X
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 decis	ion?				
а	The organization's CEO, Executive Director, or top management official			15a	ĺ	Χ
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				ľ	
	the organization's exempt status with respect to such arrangements?			16b		
ect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 re	on 501	(c)(3)s onl	/)		
	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)					
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	interes	st			
	policy, and financial statements available to the public during the tax year					
0	State the name, address, and telephone number of the person who possesses the organization's books and			0044	.	
	►FIRS LODGE 1802 W 26T JOPLIN MO 64804	41/	-h/4-	UUA	٠.	

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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		ated o	rganız	zatio	ns c	omper	nsate	ed any current office	r, director, or trustee	;
				(C)					
				Posit	ion					
	Í	(do r	not che	ck m	ore ti	han one	Э			
(A)	(B)	box, i	uniess	perso	on is	both ar	า	(D)	(E)	(F)
Name and Title	Average	office	er and	a dire	ector	/trustee)	Reportable	Reportable	Estimated
	hours per	익方	5	Q	<u>~</u>	9 ∓	F	compensation	compensation	amount of
	week	dre	statu	Officer	×	ng ghe	Former	from	from related	other
	(list any hours for	ctor	l og		릹	yee co	٦	the	organizations	compensation
	related	Individual trustee or director	¥		Key employee) mg		organization	(W-2/1099-MISC)	from the
	organiza- tions	tee	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)	•	organization
	below dotted		10			ted				and related
	line)									organizations
(1)TERRY MCCULLUM	5									
TRUSTEE	 	Х						00	0	0
(2)JAY WHITE	5	_v						0	0	0
TRUSTEE (3)CHARLIE SORENS	5	X					-i		<u> </u>	<u> </u>
TRUSTEE	5	x						0	0	О
(4)JAKE SKOUBY	5	Δ.							<u> </u>	
TRUSTEE		Х						О	0	О
(5)JONATHAN BHEND	5	-21								
TRUSTEE		X						0	0	О
(6)RANDY ALLGOOD	25									
EXALTED RULER		X					ŀ	0	0	О
(7)BRUCE LAIS	5						_			
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(8)CHARLES GENISI	5								•	
LOYAL KNIGHT	;	i	Х					0	0	0
(9)CHAD WARD	5			ŀ						
LECTURING KNIG			X					0	0	0
(10)BILL ANDERSON	40	1	ı			1				
SECRETARY			Х					14458.	0	0
(11)WYLIE BOATRIGH	5	j	ľ			j				
TREASURER			Х					0	0	0
(12)KEVIN JONES	5	ł		İ	- 1		-	_		_
INNER GUARD			Х		_			0	0	0
(13)KYLE EUBANKS	5		7,							•
ESQUIRE			Х		\dashv		_	0	0	0
(14)BILL HOOVER	5		x					_		0
TILER		ļ	Λ				!_	0	0	0

Form 990 (2014)

BCA

(A) Name and title	(B) Average	box, ı	not checuniess er and	perso	ion ore th	both a	n	(D)	(E) Reportable	, , , , , , , , , , , , , , , , , , ,	(F) stimate	ed .
	hours per week (list any hours for related organiza- tions below dolled (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	con orq ar	other other of the	tion e ion ed
(15)DAVID COX CHAPLAIN	5		Х					0	0			0
(16)			-11									
(17)]					
(18)												•
(19)												
(20)												
(21)												
(22)												
(23)		-										
(24)									,			
(25)											-	
1b Sub-total		<u>-</u> -	l.				▶	14458.	0		C)
c Total from continuation sheets to Part V	II, Section	ıΑ					•	0	0		C	
d Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited t	o thos	e liste	d ab	ove) who	rece	14458. eived more than \$100	0,000 of reportable	le compen	sation	·
from the organization >											TV	T
3 Did the organization list any former officer,	director, c	r trust	ee, ke	y en	olqn	yee, c	or hig	hest compensated			Yes	No
employee on line 1a? If "Yes," complete So				-		•		,	•	. 3		X
4 For any individual listed on line 1a, is the si									ı.			
the organization and related organizations of individual	greater tha	in \$150	J,UUU [,]	, II	res,	, com	тріец	e Scriedule J for suc	n	4	l	X
5 Did any person listed on line 1a receive or a	accrue con	npensa	ation f	rom	any	unrel	ated	organization or indiv	ridual for		 	
services rendered to the organization? If ")	es," comp	lete S	chedu	le J	for s	such p	ersc	on		5	<u> </u>	X
Section B. Independent Contractors									7100 000			
1 Complete this table for your five highest cor compensation from the organization Repor										ay vear		
(A)	Compens	dtion i	OI THE	Odic		ii year		(B)	, organization s to		C)	
Name and business ad	dress							Description of ser	rices	Compe		
												
						-						
	. , ,											
7												
2 Total number of independent contractors (in \$100,000 in compensation from the organization)		i not li	rnited	to th	iose	ıstec	abo	ove) who received m	ore man			

Page 9

Form 990 (2014)

BENEVOLENT & PROTECTIVE ORDER

لنظة	t VI	Check if Schedule O contains a response or	note to any line in the	his Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 15 75639 16 18 18 17 17834				-
	h	Total. Add lines 1a-1f Business Co				
Program Service Revenue	2a b c d	- Indianess of				
ď	f	All other program service revenue				
	g	Total. Add lines 2a-2f	·			<u> </u>
	4	Investment income (including dividends, interest, an other similar amounts) Income from investment of tax-exempt bond proceeds	6306.			6306.
	6a b	Rental income 11538	·			
	d 7a b	Net rental income or (loss)	11538.	4100.	7438.	
Other Revenue	8a b	Net gain or (loss) Gross income from fundraising events (not including S of contributions reported on line 1c) See Part IV, line 18 Less direct expenses b 22002 Net income or (loss) from fundraising events				-13676.
į	b	Gross income from gaming activities See Part IV, line 19 a Less direct expenses b Net income or (loss) from gaming activities			828.	
	10a b	Gross sales of inventory, less returns and allowances a Less cost of goods sold b 106074 Net income or (loss) from sales of inventory	SCH42	152393.	16155.	
	11a	Miscellaneous Revenue Business Code DISCOUNTS GAME MACHINE COMMIS	30. 538.	30. 538.		
		CASH OVERSHORT	1047.	1047.		
		All other revenue Total. Add lines 11a-11d	1615.			
	12	Total revenue. See instructions	257581.	158108.	24421.	-7370.

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Part IX '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 or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 34287. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign goverments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 14458. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 92462. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1328. 9 Other employee benefits 14101. 10 Payroll taxes Fees for services (non-employees) Management Legal 8248. Accounting Lobbying Prof fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 50. col (A) amount, list line 11g expenses on Sch O) 86. 12 Advertising and promotion 2483. 13 Office expenses 14 Information technology 15 Royalties 52022. 16 Occupancy 960. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6120. 19 Conferences, conventions, and meetings 20 Interest 13783. 21 Payments to affiliates 18628. 22 Depreciation, depletion, and amortization 17519. 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O) 89135. SEE STMT b c ď All other expenses е 365670. Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

if following SOP 98-2 (ASC 958-720)

Form 990 (2014)

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Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 30768. 1 9942. Cash - non-interest-bearing 1 766285. 689972. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Assets Part II of Schedule L 6 7 7 Notes and loans receivable, net 11121 10566. 8 Inventories for sale or use 2294. 17646. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 571473. basis Complete Part VI of Schedule D 10a 47669. 544189. 10c 523804. 10b Less accumulated depreciation b 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1354657. 1251930. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 23802. 31610. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 55202. 53420. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third 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 25 of Schedule D 79004. 85030. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1275653. 1166900. Retained earnings, endowment, accumulated income, or other funds 32 1275653. 33 1166900. 33 Total net assets or fund balances 1354657. 1251930. Total liabilities and net assets/fund balances 34

If the organization changed either its oversight process or selected process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form 990 (2014)

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Schedule O

the Single Audit Act and OMB Circular A-133?

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SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No 1545-0047

2014

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization BENEVOLENT & PROTECTIVE ORDER ELKS 44-0304955 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 Total number at end of year Aggregate 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, 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 an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 2b b Total acreage restricted by conservation easements 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 year 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)(i) and section 170(h)(4)(B)(ii)? Yes 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. 1 a 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

required to be reported under SFAS 116 (ASC 958) relating to these items

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 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, PartIV, line 11a See Form 990, Part X, line 10.

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	Depreciation	
1a Land	30,305.			30,305.
b Buildings	508,893.		28,573.	480,320.
c Leasehold improvements				
d Equipment	32,275.			32,275.
e Other .			19,096.	(19,096.)
Total. Add lines 1a through 1e (Column (d) mi	ust equal Form 990, Part X, co	lumn (B), line 10c)	•	523,804.

3a(i)

3a(ii)

3b

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization BENEVOLENT

PROTECTIVE ORDER ELKS

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

OMB No 1545-0047

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

Open to Publi Inspection Employer identification number

44-0304955

% Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (h) Purpose of grant Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria or assistance X Yes non-cash assistance (g) Description of (f) Methof of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of noncash assistance (d) Amount of cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table grant General Information on Grants and Assistance (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table used to award the grants or assistance? (p) EIN 1 (a) Name and address of Part Part II (12)3 3 9 6 5 Ξ Ξ 3 ල 3 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

44-0304955 BENEVOLENT & PROTECTIVE ORDER ELKS 1

Page 2

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column b, and any other additional information (book, FMV, appraisal, (e) Meth of valuation other) (d) Amount of assistance non-cash (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Ŋ 9 7 က

GRANT NO SINGLE INDIVIDUAL OR SINGLE ORGANIZATION RECEIVED A

5,000 OR ASSISTANCE OVER

(Form 990) (201	
Schedule I (Form 990	
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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.

► Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 44-0304955 BENEVOLENT & PROTECTIVE ORDER ELKS PAGE 6, PART VI, SECTION A, LINE 6, 7A AND 7B FORM 990 PAGE, MEMBERS VOTE ON 5 YEAR TRUSTEES, EXHALTED RULER, LEADING, LOYAL AND LECTURING KNIGHTS, TILER, SECRETARY AND TREASURER EACH YEAR AS, WELL AS EXPENDITURES OVER BUDGET, BYLAWS HOUSE RULES, AND EXPENDITURES OUTSIDE BUDGET FORM 990, PAGE 6, PART VI, SECTION B, LINE 11b THE TAX PREPARER COMPLETES RETURN AND THEN DELIVERES TO THE AUDITING AND ACCOUNTING COMMITTEE AND THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING FORM 990, PAG 6, PART VI, SECTION C, LINE 19 MADE AVAILABLE UPON REQUEST FORM 990 PAGE 12, PART XI, LINE 9 THIS CHANGE IS DUE TO THE DIFFRERENCES IN ACCOUNTING METHODS ON HOW THE GRAND LODGE ACCOUNTS FOR RESTRICTED FUND IN COMPARISON TO TAX LAW

Page: 1

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2014 ASSET DETAIL REPORT

Page: 2

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2014 ASSET DETAIL REPORT

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rior epr.	1 	73	143	144	52	140	100	24	186	186	317	30	135	36		1566		29041
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Basis		188	369	371	133	361	259	800	1300	1300	2220	150	675	179	1 1 1	8305	1 1 1	571473
Bus. 179+ Use Spec.																		
!		188 100	69 100	371 100	m	361 100	259 100	0	300 100	300 100	2220 100	150 100	675 100	179 100	!	8305	1	73
Cost	2013		m	m	7	М	2	80	13	13	22	7	o	1	1	83	1 1 1	571473
Date Acqd	Year:	01/13	01/13	01/13	01/13	02/13	03/13	02/13	10/13	06/13	06/13	09/13	11/13	12/13				
Description	In Service Year:	FREEZERS	OFFICER CHAI	ICE MACHINE	BLINDS	SANDWICH MAC	PODIUM	FLOORING	STEAMTABLE	REGISTER FOR	ROLLING COUN	LAPEL MIC	SNEEZE GUARD	SECURITY CAM				Form Totals:

Name: BENEVOLENT & PROTECTIVE ORDER ELKS	ID: 44-0304955
Description: FORM 990 PART III LINE 4A	
Туре	Amount
LODGE ACTIVITIES INCLUDING DANCES ALLOW REVENUES	
TO ENGAGE THE LODGE TO PERFORM CHARITABLE WORK	
SUCH AS SCHOLARSHIPS, SUPPORT BOYS AND GIRL SCOUTS	
HOSPITAL PEDIATRICS, CHRISTMAS WORK, ETC	
LODGE SALES OF FOOD & DRINK ALLOW THE MEMBERSHIP	
A PLACE TO EAT AND DRINK WHILE THEY PERFORM AND	
DISCUSS THE ABOVE LISTED OBJECTIVES.	
MEMBERSHIP DUES ALLOW THE LODGE TO COLLECT MONIES	
FROM APPROXIMATELY 720 MEMBERS SO THEY CAN ACHIVE	· · · · · · · · · · · · · · · · · · ·
THE ABOVED LISTED OBJECTIVIES	
	-
,	ı

Total

US

SCH#2 Detail Sheet

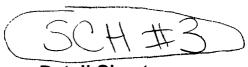
Name: BENEVOLENT & PROTECTIVE ORDER ELKS

ID: 44-0304955

Description: FORM 990 PART VIII LINE 10A	
Туре	Amount
SALES FROM BAR	212,423.
SALES FROM KITCHEN	27,594.
SALES FROM MEMBER PARTIES - FOOD & DRINK	8,755.
SALES FROM NON-MEMBER PARTIES - FOOD & DRINK	7,611.
	3,126.
SALES FROM MEMBER PARTIES - OTHER	3,126.
SALES FROM NON-MEMBER PARTIES - OTHER	4,062.
	-
Total	263,571.

106,074.





Detail Sheet

Name: BENEVOLENT & PROTECTIVE ORDER ELKS	ID: 44-0304955
Description: PAGE 9 PART VIII LINE 10B	
Tuna	Amount
Type	
COST OF SALES BAR	79,003.
COST OF SALES KITCHEN	19,787.
COST OF SALES MEMBER PARTIES	4,700.
COST OF SALES NON-MEMBER PARTIES	2,584.
•	
<u> </u>	
	
	

Total



Other Functional Expenses: Page 10, Line 24 US 990 2014 Program Management Total Services and General Fundraising Description of the Asset BADGES & PINS 216. 8,795. BULLETIN KEY CARD EXPENSE 1,894. 2,822. LICENSE 455. DIGNITARY VISITATION 4,400. JANITORAL SUPPLIES 4,900. SUPPLIES LAUNDRY 5,303. MISCELLANEOUS EXPENS 2,069. 2,142. BANK SERVICE CHARGES PUBLICITY & PHOTOS 7. EQUIPMENT RENTAL 250. 55,725 REPAIRS & MAINTANCE SPOILAGE 157. 89,135.

3

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Internal Revenue Service (99)		Sequence No	179						
Name(s) shown on return Business or activity to which this form relates								0495!	
	NEVOLENT & PROTECTIVE ORDER FORM 990								
	•	Property Under S							
		property, complete l	Part V before	you comple	<u>te Part I.</u>				
1 Maximum amount (see ins	· ·					1	500,0	000.	
2 Total cost of section 179 p	2		200						
3 Threshold cost of section	3	2,000,0	000.						
4 Reduction in limitation St						4	<u> </u>		
5 Dollar limitation for tax year		4 from line 1. If zero	or less, enter -()- If married		_			
filing separately, see instru		1 10 0 11		(1) 51	-1-11	5			
6 (a) Description of p	roperty	(b) Cost (bu	siness use only)	(c) Ele	cted cost	\dashv			
						\dashv	İ		
7 Listed property. Enter the	amount from line			7		\dashv			
8 Total elected cost of section			mn (c) lines 6	<u> </u>		8			
9 Tentative deduction Ente	9								
10 Carryover of disallowed de		10							
11 Business income limitation E		•		line 5 (see ins	structions)	11			
12 Section 179 expense dedu					,	12			
13 Carryover of disallowed deduc				13					
Note: Do not use Part II or F									
		Other Depreciation (I		sted property)	(See instr	uctio	ns)		
14 Special depreciation allows	ance for qualified	property (other than	listed property)	placed in se	rvice				
during the tax year (see ins		•				14			
15 Property subject to section	15								
16 Other depreciation (including	ng ACRS)					16			
Part III MACRS Depred	iation (Do not	t include listed prop	erty.) (See ins	structions.)					
		Sectio							
17 MACRS deductions for ass	•	• -	-	014		17	18,6	28.	
18 If you are electing to group		-	he tax year						
into one or more general as					<u> </u>				
Section B-Asse	(b) Month and	rvice During 2014 To			Deprecia	ation			
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period			od	(g) Depreciation deduction		
19 a 3-year property	_								
b 5-year property					ļ				
c 7-year property	-		 			\dashv			
d 10-year property									
e 15-year property f 20-year property	-					\dashv			
g 25-year property	┥ !		25 yrs		S/L	\dashv			
h Residential rental	-	·	27 5 yrs	MM	S/L				
property	-		27 5 yrs	MM	S/L	-+			
i Nonresidential real			39 yrs	MM	S/L	-			
property			00 110	MM	S/L	-+			
	Placed in Serv	ice During 2014 Tax	Year Using th			iatio	on System		
20a Class life					S/L		<u></u>		
b 12-year	12 yrs. S/L					-			
c 40-year									
Part IV Summary (See	instructions.)		·						
21 Listed property Enter am		3				21			
22 Total. Add amounts from			and 20 in colum	nn (g), and lin	-	\Box			
Enter here and on the approp	riate lines of your	return Partnerships an	d S corporations	- see instructi	ons	22	18,62	28.	
3 For assets shown above a		_	nt year, enter						
the portion of the basis att	ributable to secti	on 263A costs		23					