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SCA. JINED SEP 08

990 Form

Return of Organization Exempt From Income Tax

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

B Check draphocable Address changes Name change Name change Name and street (in P D but if main not delivered to inset accesses) Name change Name and street (in P D but if main not delivered to inset accesses) P D BDX 94.3 P D BDX 94.3 P D BDX 94.3 P D BDX 94.3 P Name and address of principal office Name and address of principal office Name and address of princ	A F	or the	2014 calend	lar year, or	tax year begir	nning	(4-01	, 2014, and er	nding	03	-31 ,2015
Name claring Name claring Po Box Ps 3	В	Check if a	pplicable	C Name of o	rganization BENE	EVOLENT & PRO	TECTIVE ORI	ER ELF	KS			D Employer identification no
Po BX 943 Professional return Po BX 943 Professional proportion, country, and ZP or foreign position code 175, 139 175,		Address o	hange	Doing busi	ness as							71-0013337
Prest returniteministed Copyretisms, sales presented, country, and 2/P or foreign postal codes Discoverage		Name cha	ange	Number ar	nd street (or P O bo	ox if mail is not delivered	to street address)	<u> </u>		Room/suite		E Telephone number
Application persons TEXARKANA, AR. 71854 G. Gross recognis	_ ı	nitial retu	ım	POB	OX 943							(870)772-7839
Application pending Name and address of principal officer Ho] is the a group return for Yes Mo None appropriation Yes None appropriation Yes None None None appropriation Yes None	□ F	inal retu	m/terminated	City or tow	n, state or province	e, country, and ZIP or fore	ıgn postal code					175,139
Tance-semplit status		mended	return	TEXAR	KANA, AR	71854						G Gross receipts\$
New Content Note		pplication	on pending	F Name and	address of principa	al officer				Issa) la thia a a		
Remark										n(a) is this a g	tes?	Yes X No
Remark	1 7	ax-exem	pt status	501(c)(3)	∑ 501(c) (8) ◀ (insert no)	4947(a)(1) or	527		H(b) Are all sul	ordinat	les included? Yes No
Summary	J	Vebsite	▶ N/A							H(c) Group exe	mption	number 1156
1 Briefly describe the organization's mission or most significant activities COMMUNITY SUPPORT	K F	orm of o	rganization	Corporation	Trust X Ass	sociation Other		L Yea	ar of formation 1	998 M State	of lega	al domicile AR
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1s) 3 1.5 5 Total number of independent voting members of the governing body (Part VI, line 1s) 4 1.5 5 Total number of votinteers (estimate if necessary) 6 6 Total number of votinteers (estimate if necessary) 7 7 Total number of votinteers (estimate if necessary) 6 6 Total number of votinteers (estimate if necessary) 7 8 Contributions and grants (Part VIII, line 1sh) 7 9 Program service revenue (Part VIII, column (A), line 1sh	Pa	rt I	Summar	у								
Ta Total unrelated business revenue from Part VIII, column (O)_line.12		1	Briefly descr	ibe the orga	nızatıon's miss	ion or most significa	ant activities	COMMUN	ITY SUPPOR	RT		
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	`. 			_		<u> </u>						
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	32								<u> </u>			
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	, E	1										
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	8	2	Check this b	ox ▶ 🗌 ift	he organizatior	n discontinued its of	erations or dispo	sed of mo	ore than 25% o	f its net assets.		1
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	<u>ن</u> مح	3	Number of v	oting memb	ers of the gove	rning body (Part VI,	line 1a)				3	15
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	. ⊸Sa	4	Number of in	ndependent	voting member	s of the governing b	ody (Part VI, line	1b) .			4	15
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	ξ	5	Total numbe	r of individu	als employed in	n calendar year 201	4 (Part V, line 2a)				5	10
Ta Total unrelated business revenue from Part VIII, column (O)_line.12	Ę	6	Total number	r of voluntee	ers (estimate ıf	necessary)			<u>.</u>		6	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 1fe) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 510) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total lasbifities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Lotal sasets (Part IX, line 26) 24 Lotal part IX Signature Block Under penalties of penyur, Idealars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is truc. correct and complete bectaragin of preparer's name Paid Professorial Thrax Proparer INTAX Preparer Lotal Trexas Blvd Terms address > 2412 Texas Blvd Texas kana TX 75503 Possible (Part X III) Professorial Professorial Trexas Professorial T	•	7a	Total unrelat	ted business	s revenue from	Part VIII, column (C)_line_12		<u> </u>		7a	6,026
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1fe) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundralising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 1te) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Vertice and complete Declarating of preparer (part in an affect) is asset on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declarating of preparer (part in an affect) is asset on all information of which preparer has any knowledge Paid Preparer Use Only 8 Contributions and grants (Part X VIII, line 1h) 9 Professional fundralising expenses (Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 11 (must equal Part IX, column (A), lines 1-10) 12 (must equal Part IX, column (A), lines 1-10) 13 (must equal Part IX, column		b	Net unrelate	d business t	taxable income	from Form 990-T, I	ine 34 Kたい	<u> </u>	<u> </u>	<u> </u>	7b	0
10 Program service revertue ("Part VIII, column (A), lines 3, 4, and 7d) 31 15 15 10 10 10 10 10 1									1 72 1 1-	Prior Year		Current Year
10 Program service revertue ("Part VIII, column (A), lines 3, 4, and 7d) 31 15 15 10 10 10 10 10 1	. 18	8	Contribution	s and grants	s (Part VIII, line	1h)	. 12 . ، ۱۵ .	-8 201	5 · - -:: - -	24	,788	8 24,984
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 122,503 121,202 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,520 36,723 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 11e) 0 18 Total expenses (Part IX, column (A), line 11e) 0 19 Total fundraising expenses (Part IX, column (A), line 11e) 0 19 Total fundraising expenses (Part IX, column (A), line 11e) 0 19 Total fundraising expenses (Part IX, column (A), line 25) 0 19 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 122, 667 119,557 19 Revenue less expenses. Subtract line 18 from line 12 (164) 1,645 19 Revenue less expenses. Subtract line 18 from line 12 (164) 1,645 20 Total assets (Part X, line 16) 120, 126 21 Total liabilities (Part X, line 26) 3,136 3,394 21 Total liabilities (Part X, line 26) 3,136 3,394 22 Net assets or fund balances. Subtract line 21 from line 20 154,913 156,732 Part II Signature Block	∰.	9	Program ser	rvice revenu	e (Part VIII, line	e 2g)	. S Aug :		· · · · · · · · · · · · · · · · · · ·			0
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0	æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								,684	96,203
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total labilities (Part X, line 16) 12 Total labilities (Part X, line 26) 13 Total expenses fund that lines 13 from line 20 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10 Total expenses (Part IX, column (A), lines 11b	i.	12	Total revenu	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							,503	121,202
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0	-	14	Benefits paid to or for members (Part IX, column (A), line 4)									0
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19 Revenue less expenses. Subtract line 18 from line 12 (164) 1,645 Total assets (Part X, line 16) 158,049 160,126 21 Total liabilities (Part X, line 26) 3,136 3,394 22 Net assets or fund balances. Subtract line 21 from line 20 154,913 156,732 Part II Signature Block Under penalties of penury, 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 afficer) is passed on altinformation of which preparer has any knowledge Paid Pinn/Type preparer's name Preparer's signature Date Check final PTIN	Ä	17	Other exper	ses (Part IX	(, column (A), lı	nes 11a-11d, 11f-2	1e)			81	,14	7 82,834
Beginning of Current Year End of Year		18	Total expens	ses Add lin	es 13-17 (mus	t equal Part IX, colu	mn (A), line 25)			122	,66	7 119,557
Part Signature Block		19	Revenue les	s expenses	. Subtract line	18 from line 12 .	<u></u>				(16	4) 1,645
Part Signature Block	5,6									Beginning of Curren	t Year	End of Year
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Part Signature Block	AAS	21	Total habilitie	es (Part X, lı	ne 26)		<i>.</i>			3	,13	6 3,394
Under penalties of penury, 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 afficer) is pased on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Date Check If PTIN Paid INTAX Preparer Firm's name Intax Firm's EIN Interval Phone no Texarkana TX 75503 903-792-1231			Net assets of	or fund balar	nces. Subtract	line 21 from line 20	<u></u>			154	,91	156,732
Sign Signature of officer Date Here Type or pnnt name and title Pant/Type preparer's name Preparer's signature Intax Firm's EIN Use Only Firm's address 2412 Texas Blvd Texarkana TX 75503 903-792-1231										<u> </u>		
Sign Signature of officer Date Here Type or pnnt name and title Paid Pnnt/Type preparer's name Preparer's signature Date Check If PTIN INTAX Pnnt/Type preparer Preparer's signature O7 - 20 - 2015 self-employed P01206685 Preparer Use Only Firm's address 2412 Texas Blvd Phone no Texarkana TX 75503 903 - 792 - 1231	Under	penaltie	s of penury, I dec	clare that I have	examined this retu	m, including accompanyi	ng schedules and stat	ements, and er has any ki	I to the best of my k	nowledge and belief	it is	
Sign Signature of officer Date Type or pnnt name and title Pnnt/Type preparer's name Preparer's signature Date Check	aue, c	Jonect, al	na complete Det	Taratta Tor prep	A COLITER UTAIL	A . /	/	-				
Here Type or pnnl name and title Pnnl/Type preparer's name INTAX Preparer's signature 07 - 20 - 2015 Preparer Use Only Firm's address ▶ 2412 Texas Blvd Texarkana TX 75503 Preparer Preparer's signature 07 - 20 - 2015 Firm's EIN Poll 206685 Preparer Preparer's signature 07 - 20 - 2015 Firm's EIN Phone no 903 - 792 - 1231				7 ray	ml/Yi	-/ MM						
Type or print name and title Print/Type preparer's name INTAX Preparer Use Only Type or print name and title Preparer's signature O7 - 20 - 2015 Self-employed P01206685 Firm's name Intax Firm's EIN Phone no 903 - 792 - 1231	Sig	n	Signatu	re of officer	, ,	, , , , , , , , , , , , , , , , , , , ,					Date	e
Preparer's name INTAX Preparer Firm's name Intax Firm's elln Preparer's signature 07 - 20 - 2015 Firm's ElN Phone no Texarkana TX 75503 Date 07 - 20 - 2015 Self-employed PO1206685 Prim's ElN Phone no 903 - 792 - 1231	Hei	e e		<u> </u>			- <u>-</u>		·			
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Use Only Firm's address 2412 Texas Blvd Phone no Texarkana TX 75503 903-792-1231	Pai	d	INTAX			- suu	v	07-	-20-2015	self-emplo	/ed	P01206685
Texarkana TX 75503 903-792-1231	Pre	parer	Firm's name	>	Intax					Firm's EIN		
	Use	Only	Firm's addres	ss 🕨	2412 Te	kas Blvd				Phone no		
May the IRS discuss this return with the preparer shown above? (see instructions)												
	Мау	the IRS	S discuss this	return with	the preparer s	hown above? (see i	nstructions)	· · · ·	<u> </u>	<u> </u>	<u></u>	🛚 Yes 🗌 No

orm	990 (2014) BENEVOLENT & PROTECTIVE ORDER ELKS	71-00133	37 Page
Par	t III Statement of Program Service Accomplishments		-
	Check If Schedule O contains a response or note to any line in this Part III		<u> [</u>
1	Briefly describe the organization's mission:		
	COMMUNITY SUPPORT		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	Yes	i 🗌 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	s 🗌 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	the total expenses, and revenue, if any, for each program service reported.		
1a	(Code:) (Expenses \$ 119,557 including grants of \$) (Rever	nue \$)
	ST. JUDES CHILDRENS HOSPITAL V A HOSPITAL		
			· · · · · · · · · · · · · · · · · · ·
			
b	(Code:) (Expenses \$ including grants of \$) (Rever)
-	(3333) / (23panasa)		
			
			
			
			
_	(Code:) (Expenses \$ including grants of \$) (Rever		
С	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	<i>'</i>
			
_			-
d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
е	Total program service expenses ▶ 119,557		
A			Form 990 (2

BENEVOLENT & PROTECTIVE ORDER ELKS

Part 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		
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 98-19? If "Yes," complete Schedule C,			
	Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	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	_	<u>X</u>
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	_	_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	_	<u>X</u>
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	****** *** <u>*</u>	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,"		3.5	
	complete Schedule D, Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			37
	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			37
	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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
0	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			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		4.0		7,
	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	426		v
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		$\frac{\Lambda}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		A
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	146		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
13		15		Х
46		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
. 3	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
2va b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	100 to mio 200, die die organization a copy or io addition interioria de tria fotaliti			

Page 3

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			
	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			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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 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			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
	substantial 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):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	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)			7.5
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.5
	Parti	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7,
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
25-	or IV, and Part V, line 1	34	-	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	2=1		v
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,		
27	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,			v
20	Part VI	37		<u>X</u> _
38		20	_v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

Pai	t 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			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			į
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			į
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			į
	Statements, filed for the calendar year ending with or within the year covered by this return			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_X_	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_ 1		7.5
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		1,7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		}	7.
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received 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		<u> </u>
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?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	ļ	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		ļ	
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)]	
40	against amounts due or received from them)	12a		
12a		140	 . 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	.50		
•-	Enter the amount of reserves the organization is required to maintain by the states in which		}	1
b	the organization is licensed to issue qualified health plans		1	
_		1		
C 145	Enter the amount of reserves on hand	14a	 	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	
D	III 165, Has It IIIQ & FUITI 120 to report trese payments: II 146, provide an explanation in concede C		1	1

71-0013337

Part VI

BENEVOLENT & PROTECTIVE ORDER ELKS 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	<u></u>		. X						
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									
	If there are material differences in voting rights among members of the governing body, or	1								
	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 1b 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- 1							
	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	ł								
	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		_X_						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	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,									
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
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 Code)		-							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	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 filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
Ū	describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13	•	Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
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?		i							
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		X						
U	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									
iva	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									
J	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		Ì						
Sec	ction C. Disclosure									
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)									
18	available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Don request Other (explain in Schedule O)									
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and									
19	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									
20	JACKIE FALLS (870)772-7839, P O BOX 943, TEXARKANA, AR 71854									
	ANCETE ENTRE (GIALITE-1013) F O DOU 3431 FRANKENNY DE 11034									

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Page 7

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.

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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons

(A) Name and Title -	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unle	Po: eck m ss pe	rson ı	han one a Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHARLIE MATLOCK TRUSTEE	5.00			x				0	0	0
(2) RICHARD WHITE TRUSTEE	5.00			X				0	0	0
(3) LOU SENICK TREASURER	10.00			X				1,500	0	0
(4) JACKIE FALLS SECRETARY	10.00			Х				3,000	0	0_
(5) JOHN CAUTHRAN TRUSTEE	5.00			X		_		0	0	0
(6) ED WALKER INNER GUARD	5.00			х				0	0	0
(7) WAYNE WALKER EXALTED RULER	5.00			х				0	0	0
(8) JAMES G MCPHERSON TRUSTEE	5.00			Х				0	0	0_
(9) ROBERT MCLURE TRUSTEE	5.00_			X				0	0	0
(10)JIM KNIGHT ESTEEMED LOYAL KNIGHT	5.00			Х				0	0	0
(11)LARRY POWELL ESQUIRE	5.00			Х				0	0	0
(12)HERMAN SMITH	5.00_			Х				0	0	0
(13)BETTY TEMPLETON ESTEEMED LEADING KNIGHT	5.00			х				0	0	0
(14)JAN CAIN CHAPLAIN	5.00			Х				0	0	0

Part VII Section A. Unicers, Directors, Trustees,	veà ⊏uibioà	ees, a	ma I			Comp	9115	area Employees	Continued)	_		
•				(0								
(A)	(B)	(do no	ot che	Posi ck me		an one		(D)	(E)		(F)	
Name and title	Average					both an		Reportable	Reportable compensation from	l	imated ount of	
	hours per week (list any		r and		ector/	trustee)		compensation from	related	ı	other	
	hours for	Individual trustee or director	inst	Officer	Key	Highest compensated employee	Former	the	organizations		ensation	ı
	related	vidu	Institutional	💆	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	om the anization	
	organizations below dotted	al tr	nat		oloy	ĕ C		(VV-2/1099-WI3C)			related	
	line)	istee	trustee		ě	pen				orga	nızatıons	
		-	æ			iatec						
						_						
(15)ANN WALKER	5.00											
ESTEEMED LECTURING KNIGHT				X				0	0			0
(16)												
(17)					'							
			_							ļ		
(18)								ı				
		<u> </u>										
<u>(19)</u>												
(20)												
	ļ		ļ	_						_		
(21)												
	<u> </u>											
(22)		l										
			_	-		-				-		
(23)										1		
	<u> </u>		-			-						
(24)												
				-								
(25)												
4.0144		I		l	_		L_					
1b Sub-total							-					
c Total from continuation sheets to Part VII, Secti							_	4,500				0
d Total (add lines 1b and 1c)									<u> </u>	l		
 Total number of individuals (including but not limited reportable compensation from the organization 	1 (0 0 1036 1130	ed abo	ve)	WIIO	1600	SIVEU I	11016	ulan \$100,000 or	0			
reportable compensation from the organization	-										Yes	No
3 Did the organization list any former officer, director	or trustee k	ev em	nlov	ee (or hi	ahest	comi	nensated				
employee on line 1a? If "Yes," complete Schedule										3	ĺ	Х
4 For any individual listed on line 1a, is the sum of re										1		
organization and related organizations greater than												
individual										4	ĺ	Х
5 Did any person listed on line 1a receive or accrue of												
for services rendered to the organization? If "Yes,"										5		Х
Section B. Independent Contractors												_
Complete this table for your five highest compensar	ted independ	ent cor	ntrac	tors	that	t receiv	∕ed r	more than \$100,00	0 of	•		
compensation from the organization. Report compe												
year.				•		•		•				
(A)								(B)			C)	
Name and business address								Description of	services	Comp	ensation	
							_					
			_									
				_								
2 Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	vho					1111
received more than \$100,000 of compensation from												

71-0013337

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (B) Related or exempt function Total revenue Unrelated business Revenue excluded from tax revenue under sections 512-514 Federated campaigns 1a 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 11,503 7,976 C Fundraising events 1c d Related organizations 1d 1e Government grants (contributions) . . A All other contributions, gifts, grants, 1f 5,505 and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 24,984 **Business Code** Program Service Revenue 2a f All other program service revenue 3 Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds (ı) Real 12,250 6a Gross rents b Less. rental expenses 12,250 c Rental income or (loss) . . . 12,250 12,250 d Net rental income or (loss) ▶ (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. **b** Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less 137,890 returns and allowances a 53,937 b Less: cost of goods sold b 83,953 77,927 6,026 c Net income or (loss) from sales of inventory . . . **Business Code** Miscellaneous Revenue 900099 11a MISC b e Total. Add lines 11a-11d ▶

121,202

90,192

6,026

71-0013337

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiz	ations must complete	column (A).	
	Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>	<u> </u>	
Don	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
	ındıvıduals See Part IV, lines 15 and 16			himodoodood	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,500	4,500		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,023	29,023		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,200	3,200		
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,011	1,011		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,093	1,093		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,373	1,373		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,392	1,392		
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)				
а	TAXES	6,141	6,141		
b	UTILITIES	26,477	26,477		
С	OTHER	45,347	45,347		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	119,557	119,557	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here		-		
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 22,225 1 25,620 1 Cash - non-interest-bearing 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 7 Notes and loans receivable, net Assets 5,271 8 5,345 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 345,527 10c Less: accumulated depreciation 10b 217,117 129,802 128,410 b 11 11 12 12 13 13 14 14 751 15 751 15 158,049 16 160,126 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,136 17 3,394 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 3,394 3,136 Organizations that follow SFAS 117 (ASC 958), check here

under Land complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 154,913 32 156,732 32 154,913 33 156,732 33 158,049 34 160,126

Forn	1990 (2014) BENEVOLENT & PROTECTIVE ORDER ELKS	<u>71-00</u>	<u> 13337</u>		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
'	Check if Schedule O contains a response or note to any line in this Part XI	· · · · ·	<u></u>	<u> </u>	<u></u>	, X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			21,2	202
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			119,5	357
3	Revenue less expenses. Subtract line 2 from line 1	. 3	L		1,6	645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1	.54,9	913
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				L74
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		1	.56,7	132
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>			<u>. 🗆 </u>
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				.]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					1
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					į
	reviewed on a separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis				.	1
b	Were the organization's financial statements audited by an independent accountant?		[2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-			ĺ
	separate basis, consolidated basis, or both:					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1	.	ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					ĺ
	the Single Audit Act and OMB Circular A-133?			3a		X
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	<u></u>		3b		L
EEA				Form	990 (2	2014)

SCHEDULE D (Form 990)

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. OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 71-0013337 BENEVOLENT & PROTECTIVE ORDER ELKS 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 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 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 a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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 🗌 Yes 🗌 No 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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 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

Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	<u>or Oth</u>	<u>ier Similar A</u>	<u> ussets</u>	(conti	nued)	
3	Using the organization's acquisition, accession,	and other records, o	check any	of the follow	ving that are a	a signific	ant use of its				
	collection items (check all that apply):										
а	Public exhibition	d 🗌 Loa	n or excha	inge progra	ams						
b	Scholarly research	e 🗌 Oth	er								
С	Preservation for future generations									-	
4	Provide a description of the organization's colle	ctions and explain ho	ow they fur	ther the org	ganızation's e	xempt p	urpose in Part				
	XIII	·	·	_							
5	During the year, did the organization solicit or re	eceive donations of a	rt, historica	al treasures	s, or other sim	ıılar					
	assets to be sold to raise funds rather than to be							1	Yes	☐ No	
Pa	rt IV Escrow and Custodial Arran			·						·- 	
<u> </u>	Complete if the organization ar		Form 9	90, Part	IV, line 9,	or rep	orted an amo	ount on	Form	1	
	990, Part X, line 21.			•	, ,	•					
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contrib	outions or o	ther assets n	ot					
	included on Form 990, Part X? Yes No										
b	If "Yes," explain the arrangement in Part XIII and								_	_	
	y co, copies and general and a						A	Amount			
С	Beginning balance					. 1c					
d	Additions during the year						+				
8							+				
f	Ending balance										
2a	Did the organization include an amount on Form								Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII. Cl									$\overline{}$	
	rt V Endowment Funds.	TOOK TICLE IT WILL CAPIC		. вод., р.о.	1303 1111 4117				· · · ·	<u>· – – </u>	
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
	Complete if the organization at	(a) Current year		or year	(c) Two years		(d) Three years bad	ck (e)	Four yea	rs hack	
1a	Beginning of year balance	(a) Current year	(0) 111	or your	(o) The years	DUCK	(d) Trilled years bac	SK (0)	100, 700	15 Daux	
b	Contributions										
-	Net investment earnings, gains, and										
С	losses					ĺ					
	Grants or scholarships		 								
u	•										
е	Other expenditures for facilities and										
	programs		 					_			
f	Administrative expenses	·	 					-			
g	End of year balance		4	(-1) h	14						
2	Provide the estimated percentage of the current	•	ne ig, coit	ımın (a)) ne	id as						
a	Board designated or quasi-endowment	%									
b	Permanent endowment > %	•									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should	= -									
3a	Are there endowment funds not in the possession	on of the organization	n that are h	eld and ad	ministered for	r the			[]		
	organization by:								Ye	s No	
	(i) unrelated organizations		• • • • •			• • • •		<u> </u>	Ba(i)		
	(ii) related organizations		• • • • •					3	a(ii)		
b	If "Yes" to 3a(II), are the related organizations is			?				· · L	3b		
4	Describe in Part XIII the intended uses of the or		ent funds								
Pa	rt VI Land, Buildings, and Equipn					_					
	Complete if the organization ar	nswered "Yes" to	Form 9	90, Part	IV, line 11	a. See	Form 990, F	Part X,	line 1	<u>0</u>	
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d)	Book val	ue	
		(investm	ent)	(0	other)	d€	epreciation	<u> </u>			
1a	Land		27,969						27	,969	
b	Buildings	19	8,164				111,334		86	,830	
С	Leasehold improvements										
d	Equipment	1:	18,643				105,783		12	,860	
e	Other		440		311					751	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

128,410

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Page 2

	(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial d	(including name of security)		Cost of end-of-year market value	
` '	erivatives			
	a equity into coto			
(3) Other			<u> </u>	
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	•		- A
Part VIII	Investments - Program Rela	ted.	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization a	inswered "Yes" to Form 990, Part	IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
		ı ı		
(9)				
) must equal Form 990, Part X, col (B) line 13)	>		······································
	Other Assets.	1		
Total (Column (b)	Other Assets.	nswered "Yes" to Form 990, Part	IV, line 11d. See Form 990, Part	X, line 15.
Total (Column (b)	Other Assets.	1		(b) Book value
Total (Column (b	Other Assets.	nswered "Yes" to Form 990, Part		(b) Book value
Total (Column (b	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
Total (Column (b Part IX (1) OTHER	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
Total (Column (b Part IX (1) OTHER (2)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		
Total (Column (b Part IX (1) OTHER (2) (3)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
(1) OTHER (2) (3) (4)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
(1) OTHER (2) (3) (4) (5)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
(1) OTHER (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part		(b) Book value
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	nswered "Yes" to Form 990, Part (a) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b)	nswered "Yes" to Form 990, Part (a) Description		(b) Book value
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a	nswered "Yes" to Form 990, Part (a) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25.	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25.	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X 1. (1) Federal (2)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X 1. (1) Federal (2) (3)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total (Colum Part X 1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Description (c) Description (d) Description		(b) Book value 75
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization a ASSETS In (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description 3) line 15.) Inswered "Yes" to Form 990, Part		(b) Book value 75

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

71-0013337 BENEVOLENT & PROTECTIVE ORDER ELKS 01. Form 990 governing body review (Part VI, line 11) GOVERNING BODY REVIEWS RETURN PRIOR TO SUBMISSION 02. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE MADE AVAILABLE TO PUBLIC FOR INSPECTION UPON REQUEST. 03. Explanation of other changes in net assets or fund balances (Part XI, line ASSET ADJUSTMENT FOR DEFERRED REVENUE

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2014 Attachment

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Sequence No. 179 Identifying number

Business or activity to which this form relates Name(s) shown on return 71-0013337 BENEVOLENT & PROTECTIVE ORDER EL FORM 990 -Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling (b) Cost (business use only) 6 (a) Description of property (c) Elected cost 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 1,377 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use placed in (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property репоф service only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property e 15-year property 20-year property S/L 25 yrs. 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property 39 yrs MM S/L Nonresidential real MM S/L property Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs. 12-year MM S/L 40-year Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 1,377 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23