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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 04-01-2014, and ending 03-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BENEVOLENT&PROTECTIVE ORDER OF ELKS LOUISIANA ELKS ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address): 5018 ROSEDOWN LN
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: BOSSIER CITY, LA 711124590

D Employer identification number: 72-1099471
E Telephone number: (318) 746-0983
F Group Exemption Number: 1156

G Accounting Method: [X] Cash [] Accrual Other (specify) _____

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.LAELKS.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(8) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 99,520

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows are categorized into Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 38,381, 17,663, 3,531, 99,520, 47,100, 6,600, 25,092, 78,792, 20,728, 261,466, 282,194.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 246,960 | 22 | 297,090 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 25,000 | 24 | |
| 25 Total assets | 271,960 | 25 | 297,090 |
| 26 Total liabilities (describe in Schedule O) | 10,494 | 26 | 14,896 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 261,466 | 27 | 282,194 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
FRATERNAL ORDER FOR CHARITY & PATRIOTISM

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

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 78,792

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| RUSSELL GERACE TRUSTEE | 000 00 | 0 | | |
| CHARLES SCHMUCK TRUSTEE | 000 00 | 0 | | |
| JAMES L BARRON TRUSTEE | 000 00 | 0 | | |
| TERRY BRUNO PRESIDENT | 000 00 | 0 | | 5,000 |
| JESSIE M HARTLE SECRETARY | 000 00 | 3,600 | | 1,800 |
| RICHARD M JONES TREASURER | 000 00 | 3,000 | | |
| RANDY BERGERON VICE PRESIDE | 000 00 | 0 | | |
| GREG TAYLOR PRESIDENT-EL | 000 00 | 0 | | |
| HENRY DAIGLE VICE-PRESIDE | 000 00 | 0 | | |
| BERNIE MATHIAS TRUSTEE | 000 00 | 0 | | |
| JOHN WILLIAMS TRUSTEE | 000 00 | 0 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of RICHARD M JONES Telephone no (318) 746-0983 Located at 5018 ROSEDOWN LN BOSSIER CITY, LA ZIP +4 711124590
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer 2015-07-14 Date RICHARD M JONES TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name G KENNETH PAVY Preparer's signature Date 2015-07-14 Check if self-employed PTIN P00301673 Firm's name JOHN S DOWLING & COMPANY Firm's EIN 72-0720035 Firm's address PO BOX 1549 OPELOUSAS, LA 705711549 Phone no (337) 948-4848

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

Additional Data

Software ID:
Software Version:
EIN: 72-1099471
Name: BENEVOLENT&PROTECTIVE ORDER OF ELKS
 LOUISIANA ELKS ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|
| 28 GAMES UNITING MIND AND BODY (GUMBO) STATE MAJOR PROJECT HOSTING THREE REGIONAL TOURNAMENTS AND ONE STATE TOURNAMENT FOR APPROXIMATELY 425 CHILDREN IN BRACES OR WHEELCHAIRS NUMEROUS TROPHIES AND RIBBONS AWARDED (Grants \$ 7,200) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 7,200 |
| 29 MOST VALUABLE STUDENT SCHOLARSHIP PROGRAM FOR HIGH SCHOOL SENIORS,NUMEROUS APPLICATIONS RECEIVED,12 AWARDS GIVEN TO 6 BOYS AND 6 GIRLS RANGING IN AMOUNTS FROM 1,100 TO 2,000 EACH (Grants \$ 17,700) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | 17,700 |
| 30 VETERANS HOSPITAL & HOMES (Grants \$ 12,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 30a | 12,000 |
| ELKS VA VS (Grants \$ 10,200) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 41,892 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BENEVOLENT&PROTECTIVE ORDER OF ELKS
LOUISIANA ELKS ASSOCIATION INC

Employer identification number

72-1099471

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 8 | |
| FORM 990-EZ, PART I, LINE 10 | GUMBO 7,200 0 0 SCHOLARSHIP PROGRAM 17,700 0 0 LA VETERAN HOMES AND OTHERS 12,000 0 0 ELKS VAVS 10,200 0 0 |
| FORM 990-EZ, PART I, LINE 16 | EXPENSES ACCOUNTING 885 CONTINGENCIES 161 ANNUAL MEETING 7,523 G/L HOSPITALITY 2,022 INSURANCE D & O 675 TRADING PINS 870 TRAVEL SECRETARY GRAND LO 1,583 PUBLICATIONS & PRINTING 66 LODGE DIRECTORY 688 AUDIT 300 COMMITTEES & PLAQUES 91 TRAVEL-PRESIDENT 2,987 WEB SITE DEVELOP & MAINTA 343 FRIDAY SOCIAL 259 IPAD EXPENSE 1,480 OFFICE EXPENSE - OTHER 1,201 AMERICANISM 583 DRUG AWARE PROGRAM 400 ENF DONATION 500 HOOP SHOOT 1,717 INSURANCE PROP PLUS/FIDEL 200 TRAILER REPAIR & REFURBIS 558 TOTAL 25,092 |
| FORM 990-EZ, PART II, LINE 24 | 1,859 9,529 LESS ACCUMULATED DEPRECIATION 1,859 9,529 GRAND LODGE CONVENTION 25,000 0 TOTAL 25,000 0 |
| FORM 990-EZ, PART II, LINE 26 | DEFERRED REVENUE 10,494 14,896 |
| FORM 990-EZ, PART III, LINE 31 | ELKS VAVS |

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Attachment Sequence No 179

Name(s) shown on return BENEVOLENT&PROTECTIVE ORDER OF ELKS LOUISIANA ELKS ASSOCIATION INC

Business or activity to which this form relates INDIRECT DEPRECIATION

Identifying number 72-1099471

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows: 1 Maximum amount (see instructions) 500,000; 2 Total cost of section 179 property placed in service; 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000; 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-; 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 500,000

Table with 13 rows: 6 (a) Description of property (b) Cost (business use only) (c) Elected cost; 7 Listed property Enter the amount from line 29; 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7; 9 Tentative deduction Enter the smaller of line 5 or line 8; 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 1,859; 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions); 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11; 13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 1,859

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows: 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions); 15 Property subject to section 168(f)(1) election; 16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2014; 18 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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation (business/investment use only—see instructions), (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a 3-year property, b 5-year property, c 7-year property, d 10-year property, e 15-year property, f 20-year property, g 25-year property, h Residential rental property, i Nonresidential real property

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 20a Class life, b 12-year, c 40-year

Part IV Summary (see instructions.)

Table with 3 rows: 21 Listed property Enter amount from line 28; 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions; 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year
44 Total. Add amounts in column (f) See the instructions for where to report