

Retroactive Reinstatement

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public Inspection

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

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

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

1503

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, LODGE 1841

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 608

City or town, state or province, country, and ZIP or foreign postal code

KELLOGG, ID 83837

08

D Employer identification number

82-0204823

E Telephone number

(208) 786-3901

F Group Exemption

Number 1156

G Accounting Method

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: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(8) 4947(a)(1) or 527

K Form of organization 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.

\$ 71,253

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,921
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,314
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	21,020
Expenses	c	Less direct expenses from gaming and fundraising events	6c	11,039
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,981
	7a	Gross sales of inventory, less returns and allowances	7a	22,298
	b	Less cost of goods sold	7b	12,694
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9,604
	8	Other revenue (describe in Schedule O)	8	1,700
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,520
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	14,025
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	10,393
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	21,421
	17	Total expenses. Add lines 10 through 16	17	45,839
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,681
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,426
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,107

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

EEA

2949312807100 1

ENVELOPE DEC 21 2020 POSTMARK DATE

Statute clear 0436525669 JAN 13 '21

SCANNED JUL 08 2021

2

RECEIVED IN CORRESPONDENCE
IRS - OSC - 15
DEC 28 2020

OGDEN, UTAH

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	3,741	7,166
23 Land and buildings	12,451	12,451
24 Other assets (describe in Schedule O)	5,684	3,306
25 Total assets	21,876	22,923
26 Total liabilities (describe in Schedule O)	3,450	2,816
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,426	20,107

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? **PROVIDE COMMUNITY AND YOUTH SUPPORT.**

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

28			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		

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
HENRY FRANK TRUSTEE	4.00	0	0	0
FRED ERIKSON TRUSTEE	4.00	0	0	0
KEN NELSON TRUSTEE	4.00	0	0	0
CARI NIMRICK EXALTED RULER	5.00	0	0	0
CANDY BIRCHMIR SECRETARY	10.00	2,250	0	750
JULIE CRNKOVICH TREASURER	3.00	0	0	0
TIM FARREL LEADING KNIGHT	3.00	0	0	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 ☐

	Yes	No
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		X
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. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
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? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b 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? If "Yes," complete Schedule L, Part I	40b	
c 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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>CANDY BIRCHMIER</u> Telephone no <u>208-786-3901</u>		
Located at <u>PO BOX 608, KELLOGG, ID</u> ZIP + 4 <u>83837</u>		
b 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)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country	42c	X
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	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

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

	Yes	No
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"

(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"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

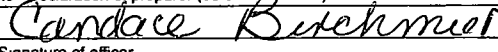
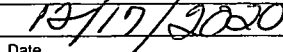
- d Total number of other independent contractors each receiving over \$100,000

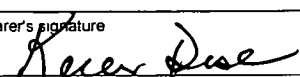
- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

☐ 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
CANDY BIRCHMIER, SECRETARY
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **KEREEN DOSE**
 Preparer's signature: 
 Date: **12-15-2020**
 Check ☐ if self-employed
 PTIN: **P02195067**
 Firm's name: **SOLID ROCK ACCOUNTING AND TAX, LLC**
 Firm's EIN: **PINEHURST ID 83850**
 Firm's address: **1642 W. FORK PINE CREEK ROAD**
 Phone no: **208-682-2824**

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>LAME DUCK</u> (event type)	(b) Event #2 <u>ROUND UP</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,668	6,075		19,743
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,668	6,075		19,743
Direct Expenses	4 Cash prizes	5,325	1,000		6,325
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,013	679		2,692
	8 Entertainment				
	9 Other direct expenses	380	659		1,039
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				10,056
11 Net income summary Subtract line 10 from line 3, column (d) ▶				9,687	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____


a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

SCHEDULE O
(Form 990 or 990-EZ)


Department of the Treasury
Internal Revenue Service
Name of the organization

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**

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS, LODGE 1841

82-0204823

01. Description of other revenue (Part I, line 8)

Description	Amount
RENTS	1,700

02. Description of other expenses (Part I, line 16)

Description	Amount
PER CAPITA	3,935
OFFICE	4,573
INSURANCE	3,867
LICENSES AND PERMITS	875
ACCOUNTING	2,751
TELEPHONE	727
MEETINGS AND CONFERENCES	3,915
CHARITY	778

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
DUES RECEIVABLE	3,176	1,621
INVENTORY	1,569	1,685
PREPAID EXPENSE	939	0

04. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	680	0
DEFERRED REVENUE	2,355	2,372

Name of the organization

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS, LODGE 1841**82-0204823****PAYROLL LIABILITIES****415****444**