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Form 990

Return of Organization Exempt From Income Tax

2014

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

OMB No. 1545-0047

Open to Public Inspection 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. Department of the Treasury Internal Revenue Service . 2014, and ending For the 2014 calendar year, or tax year beginning 4/01 , 2015 D Employer Identification number Check if applicable Address change BENEVOLENT & PROTECTIVE ORDER ELKS 84-0146948 (LODGE #224) E Telephone number Name change 510 East Hyman Avenue 970925-3516 toitial return Aspen, CO 81611 Final return/terminated Amended return G Gross receipts \$ 130,672 H(e) Is this a group return for subordinates? X Yes
H(b) Are all subordinates included? X Yes Jim Salan Application pending F Name and address of principal officer: No H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) Same As C Above Tax-exempt status 501(c)(3) X 501(c) (g 4947(a)(1) or) < (insert no.) Website: ► H(c) Group exemption number > Form of organization: X Corporation K Other > L Year of formation: 1988 M State of legal domicile: CO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: Charity Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)....... 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 935 Total number of individuals employed in calendar year 2014 (Part V. line 2a). 5 14 Total number of volunteers (estimate if necessary)...... 6 Q 7a Total unrelated business revenue from Part VIII, column (C), line 12. . . 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 ... 7h Ō. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)..... 52,567 7,319. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 240,671 243,721. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 813, 118. 805,613 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).... 12 098,851 064,158. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 234,286 322,350. Benefits paid to or for members (Part IX, column (A), line 4) 14 53,860 46,396. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ... 93,143 118,383. 16a Professional fundraising fees (Part IX, column (A), line 11e)...... b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 333,743. 306,210. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 715,032 793,339. Revenue less expenses. Subtract line 18 from line 12. . . . 19 383,819. 270,819. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16).... 5,718,177. 5,896,248. 21 Total liabilities (Part X, line 26) 280,842 270,054. 22 Net assets or fund balances. Subtract line 21 from line 20. . 5,437,335 5,626,194 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all unformation of which preparer has any knowledge. Signature of office Sign Here Print/Type preparer's name Preparer's segrature Check GREGORY L MOHL, CPA GREGÓRY L self employed P00587976 Paid

Preparer Use Only

► BISHOP & MOHL, CPA, LLC

CARBONDALE, CO 81623-2221

Firm's address > 1000 DELORES WAY STE B

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

Firm's EIN ► 26~1643463

Phone no. (970) 963-3201

Yes

Form 990 (2014)

| | n 990 (2014) BENEVOLENT & PROTECTIVE ORDER ELKS | 84-0 | 146948 | 3 | Page 2 |
|-----|---|----------------------------|------------------------|------------------------|---------------|
| | rt III Statement of Program Service Accomplishments | _ | | | |
| | Check if Schedule O contains a response of note to any line in this Fart in | <u></u> | · · · · · | ••• | |
| 1 | Briefly describe the organization's mission: | | | | |
| | Charity | | | | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | |
| | | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the pri | ior | | | |
| _ | Form 990 or 990-EZ? | | \Box | Yes X | No |
| | If 'Yes,' describe these new services on Schedule O. | | Ц | | ,,, |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | ervices? | | Yes X | No |
| | If 'Yes,' describe these changes on Schedule O. | | ٠. | ت | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported | vices, as n ns to other | neasured rs, the to | l by expe tal expen | nses. ses, |
| 4: | (Code:) (Expenses \$ including grants of \$) (f | Revenue | Ś | | <u>_</u> |
| ~** | General Membership Meeting, Conventions, community services bene locals (Scholarships, Food Baskets, Senior Picnics and Holiday A | fitting | hund | lreds_ | of |
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| | | - | - | | . . |
| 4 d | Other program services. (Describe in Schedule O.) | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |) | |
| | Total program service expenses ► 0. | | | | |
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| | · | | 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 | | Х |
| 2 | ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 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 | | х |
| 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 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | х |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 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 | | х |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | х | |
| | b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| | c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | _X | |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. | 111 | | х |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | x |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 15 | | х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | | х |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | _ | |

| Га | it 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 | | Х |
| 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 |
| 24 | a 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 | | х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c 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 | | <u> </u> |
| 25 | a 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 | | х |
| 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 | | х |
| | 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): | | | |
| i | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ı | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1 | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV. and Part V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ŧ | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | , x | |
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| Check if Schedule O contains a response or note to any line in this Part V. | | | Г |
|--|----------|-------|--|
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable. | 0 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2 a | 14 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | . 2b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| 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 | | |
| 4 a 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 | | х |
| b If 'Yes,' enter the name of the foreign country: ▶ | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) | 7 | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | ľ | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | - | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | . 5 c | | <u> </u> |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | |
| 6 a 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 | | Х |
| b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| | . 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | 1,, |
| Form 8282? | 7 c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | _ _ | | ., |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | | Х |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | ĺ | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | / 9 | | |
| Form 1098-C? | . 7 h | | ı |
| 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 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | i I | | ı |
| 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 | _ | | ı |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | _ | ı | ı |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 」 | _ , | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | _] | 1 | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | _}} | . | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 1 | | |
| a is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | 1 . | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | _ ` | -) | |
| c Enter the amount of reserves on hand | _ | ļ | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | I | |
| BAA TEEA0105L 05/28/14 | Form | 990 (| 2014) |

| Pa | Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in | | | | | | |
|-----|--|--------|--------|--------------|--|--|--|
| | Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. | | | . [X] | | | |
| Se | ction A. Governing Body and Management | | | . [| | | |
| | one in the second and management | | Yes | No | | | |
| 1 | a 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 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 935 | | | | | | |
| 2 | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | |
| 9 | officer, director, trustee, or key employee? | | | | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?. | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents | | | ١ | | | |
| _ | 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 | V | X | | | |
| 6 | Did the organization have members or stockholders? | 6 | X | | | | |
| ′ | members of the governing body? | 7 a | Х | | | | |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | |
| | a The governing body? | 8 a | Х | | | | |
| ۵ | b Each committee with authority to act on behalf of the governing body? | 8 b | Х | | | | |
| | organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | X | | | |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Re | evenu | | | | | |
| | Parties and the first transfer of the Market Parties of the Market | | Yes | No | | | |
| | a Did the organization have local chapters, branches, or affiliates? | 10 a | | X | | | |
| 1 | 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? | 10 b | | | | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | X | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | . [| | 2 | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | | X | | | |
| | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | | | | | |
| • | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | 12 c | - [| | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| ; | The organization's CEO, Executive Director, or top management official | 15 a | Х | | | | |
| 1 | Other officers or key employees of the organization | 15 b | X | | | | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16: | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | x . | | | |
| ı | o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | , | • | | | |
| | organization's exempt status with respect to such arrangements? | 16 b | | | | | |
| | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501(c)(3)s | | availa | | | | |
| 10 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) | orny) | avalla | i ViG | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available | ole to | | | | | |
| 20 | the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. | | | | | | |
| | The Lodge 510 E. Hyman Ave. Aspen CO 81611 970 925-3516 | | | | | | |
| =-: | | | | | | | |

| Form 990 (2014) | REMEVOLEMT | c. | PROTECTIVE | OBUED | RIKC |
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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

| | | П | | (C) |) | | | | | |
|-----------------------|--|---|-----------------------|----------------------------------|----------------------------------|---------------------------------|--------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours | Position (do not check more than one box, unless person is both an officer and a director/bustee) com | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other | | | | |
| | per week (list any hours for related organiza- tions below dolled line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099 MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Jim Salan | 1 | | | | | | | | | |
| Exalted Ruler | 0 | X | | | | | | 0. | 0. | 0. |
| (2) Tammie Driscol | 1_ | | | | | | | | | |
| Loyal Knight | 0 | X | | | | | | 0. | 0. | <u> </u> |
| (3) Danielle Leffler | 1 | | | | | | | | | |
| Leading Knight | 0 | X | | | | | | 0. | 0. | 0. |
| (4) Michael Bair | 1 | | | | | | | | | |
| Lecturing Knigh | 0 | X | | | | | | 0, | 0. | 0. |
| (5) Beth Hagerty | 1 | | | | | | | , | | |
| Secretary | 0 | Χ | | | | | | 0. | 0. | 0. |
| (6) Grant Amundson | 1 | | | | | | | | | |
| Treasurer | 0 | X | | | | | | 0. | 0. | 0. |
| (7) Karen Carner | 1 | | | | | | | | | |
| Esquire | 0 | X | | | | Ļ | | 0. | 0. | 0. |
| (8) Skip Ela | 1 | | 1 | | ĺ | | | | | |
| Tiler | 0 | Х | | | | | | 0. | 0. | 0. |
| (9) Jamie Driscoll | 1 | | | | | ļ | | | | |
| Chaplain | 0 | X | | | | | | 0. | 0. | 0. |
| (10) Stacey Stuart | 1 | | { | | | | | | | |
| Inner Guard | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) Bob Leatherman | 1 | | | | | | | | | |
| Trustee | 0 | Х | | | | | | 0. | 0. | 0. |
| (12) Shirley Tipton | 1 | | | - 1 | | | | | | |
| Trustee | 0 | Х | | _ | _ | | | 0. | 0. | 0. |
| (13) Peter McClain | 1_ | | | | | | | | ļ | |
| Trustee | 0 | X | | _ | | | | 0. | 0. | 0. |
| (14) Mike Haman | 1 | | | ļ | | | | | | |
| Trustee | 0 | Х | | | | | | 0. | 0. | 0. |

| , , , , , , , , , , , , , , , , , , , | (B) | | | (| c) | , | • | | | |
|--|---|----------------|-----------------------|----------------|-----------------|------------------------------|----------------|-------------------------------------|--|--|
| (A) Name and title | Average hours per week | box | i, unii | check ess p | erson direct | s than is bot or/trus | ih an siee) | Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | (list any hours for related organiza tions below dotted line) | or director | Institutional trustee | Officer | Key employee | mignest compensated amployee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) Kevin Hagerty Trustee (16) | 0 | х | | | | | | 0. | 0. | 0. |
| (17) | | | | | | | - | | | |
| (18) | | | | | | | - | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | _ | | | | | | |
| (24) | | | | | | | | | | · ———————————————————————————————————— |
| (25) | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | on A | | | | | | ▶ | 0. 0. 0. | 0. 0. 0. | 0. 0. 0. |
| from the organization • 0 | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportable r than \$15 | e cor | noe | nsat | tion | and | oth | er compensation f | | 3 X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors | compens ,' complet | sation e Sc | n fro hed | om a lule . | any J loi | unre suc | late h pe | d organization or i erson | ndividual | . 5 X |
| Complete this table for your five highest compens compensation from the organization. Report compensation. | saled inde | pend | lent | cor | itrac | lors | lha | t received more th | an \$100,000 of | |
| (A) Name and business addr | | пе са | nenc | jar y | rear | enair | 19 W | (B) Description o | | (C) Compensation |
| | | | | | | | | | | |
| | | | - | - | | | | | | |
| Total number of independent contractors (including b \$100,000 of compensation from the organization.) | | ed to | tho | se li | sted | abov | re) v | who received more t | han | - |
| BAA | <u>v</u> | EEA01 | 108L | 03/0 | 9/15 | | | | | Form 990 (2014) |

| | Check if Schedule O contains a response or note to an | | | | <u> [</u> |
|---|---|------------------------------|--|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512-514 |
| Contributions, Grits, Grants and Other Similar Amounts | 1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f | - | - | - | |
| 9 | Business Code | - | | | |
| 호 | 2a Food & Beverage Sales | 182,045. | 182,045. | | |
| æ | b Membership Dues and asses | 83,416. | 83,416. | | |
| <u>Ş</u> . | c Food & Bev. Cost of Sales | -258,142. | -258,142. | | |
| Š | d | | | | |
| Ę | е | | | | |
| Program Service Revenue | f All other program service revenue . | | | _ | |
| <u>~</u> | g Total. Add lines 2a-2f | 7,319. | | | 1 |
| | 3 Investment income (including dividends, interest and other similar amounts) | 040 504 | | | |
| | 4 Income from investment of tax-exempt bond proceeds. | 243,721. | | | 243,721 |
| | l | | | | |
| | 5 Royalties | | | | |
| | 6a Gross rents 749, 899. | | | - | - |
| | b Less: rental expenses 66, 514. | | | | |
| | c Rental income or (loss) 683, 385. | _ | ì | | } |
| | d Net rental income or (loss) | 602 205 | 602 205 | | |
| | (2.0h-) | 683,385. | 683,385. | | |
| | 7 a Gross amount from sales of assets other than inventory 28,700. | _ | | | |
| | 7 | i | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) 28,700. | | | | |
| - 1 | d Net gain or (loss) | ļ | | ÷ | |
| Revenue | 8 a Gross income from fundraising events (not including . \$ | | - | | - |
| * | of contributions reported on line 1c). | | Ì | - | - |
| | See Part IV, line 18. | - | - | | |
| Other | b Less: direct expenses b | 1 | | | - |
| δ | c Net income or (loss) from fundraising events | | | | |
| 1 | 9 a Gross income from gaming activities. See Part IV, line 19 a | , | Ì | , | |
| | h | | , | | ' |
| | b Less: direct expenses. b c Net income or (loss) from gaming activities | ` - - | | | |
| Į | | | | | |
| ļ | 10 a Gross sales of inventory, less returns and allowances | | 1 | | |
| 1 | b Less: cost of goods sold b | | | , | |
| 1 | c Net income or (loss) from sales of inventory | | | | |
| <u> </u> | Miscellaneous Revenue Business Code | | | | |
| ŀ | 11a Construction Mitigation 900099 | 01 667 | | | 01 668 |
| | b Gain (Loss) Security Sale | 91,667. 28,700. | | | 91,667. |
| | c Other 900099 | 9,366. | | | 28,700. |
| | d All other revenue | 9,300. | | | 9,366. |
| | e Total. Add lines 11a-11d | 129,733. | | | |
| } | 12 Total revenue. See instructions | 1,064,158. | 690 704 | | 222 45: |
| BAA | | 1,004,136.1 109L 11/13/14 | 690,704. | 0.] | 373,454. Form 990 (2014) |

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

| Sec | ction 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r | <i>nplete all columns. All ot</i> response or note to any | her organizations must c | omplete column (A). | |
|-----------|--|--|------------------------------|-------------------------------------|--------------------------|
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 322,350. | 322,350. | - | |
| 2 | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 46,396. | 46,396. | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 27,000. | 0. | 27,000. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0.1 | 0. | 0. | 0. |
| 7 | Other salaries and wages [| 70,155. | | 70,155. | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | i | | |
| 9 | | | | | |
| 10 | | 21,228. | | 21,228. | |
| | Fees for services (non-employees): | | | | |
| | a Management | | | | |
| | b Legal | | | | |
| | c Accounting | 16,009. | | 16,009. | |
| | d Lobbying | | | | |
| | e Professional fundraising services. See Part IV, line 17. | | | | |
| | Investment management fees | 28,116. | | 28,116. | |
| 12 | 3 Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion | | | | |
| 13 | ~ · · | 12,799. | | 12,799. | |
| 14 | Information technology. | 22,733. | | 12/1331 | |
| 15 | Royalties | | | - | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 20,358. | | 20,358. | ·-· · |
| 20 | Interest | | | | |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization | 61,690. | | 61,690. | |
| | 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.) | | , | - | |
| | | 24 200 | | 34 300 | |
| | Utilities REPAIRS & MAINTENANCE | 34,398, 28,025, | | 34,398. 28,025. | |
| | : INSURANCE | 19,800. | | 19,800. | |
| | Standing Relief Fund | 19,314. | | 19,314. | |
| | All other expenses | 65,701. | 30,228. | 35, 473. | |
| | Total functional expenses. Add lines 1 through 24e | 793,339. | 398, 974. | 394, 365. | 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | v. |
| BAA | | TEEA0110L 05/2 | 20/14 | | Form 990 (2014) |

33

34

BAA

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

5,626,194.

5,896,248.

Form 990 (2014)

5,437,335.

5,718,177.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year Cash - non-interest-bearing 45,584 1 197,071. Savings and temporary cash investments 2 4,467,234 4,422,005. 3 Pledges and grants receivable, net ... 3 Accounts receivable, net . . . -8,774 4 29,224. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 Notes and loans receivable, net 7 Inventories for sale or use.......... 17,605 8 16,869. Prepaid expenses and deferred charges ... 9 107,396 2,939. 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10 a 3,493,650. **b** Less: accumulated depreciation 10b 1,089,132 10c 1,164,389. 11 Investments – publicly traded securities 11 Investments - other securities. See Part IV, line 11..... 12 13 13 14 14 15 Other assets. See Part IV, line 11...... 15 63,751. 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,718,177. 16 5,896,248. Accounts payable and accrued expenses 17 110,222. 17 195,803. 18 Grants payable..... 18 47,000. 10,500. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ... 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties... 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 123,620 63,751. 26 Total liabilities. Add lines 17 through 25 280,842. 26 270,054. X and complete Organizations that follow SFAS 117 (ASC 958), check here > or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 5,437,335 5,626,194. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 **Net Assets** 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds 32

TEEA0111L 05/28/14

| FOFF | 1 990 (2014) BENEVOLENT & PROTECTIVE ORDER ELRS 84- | J146 | 948 | ٢ | age (2 |
|------|--|-------------|------------------|--------------|-----------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| _ ` | Check if Schedule O contains a response or note to any line in this Part XI | | | | 🗌 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12). | 1 | 1, | 064, | 158. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 793, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 819. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 | 5, | | 335. |
| 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 | | -81, | 960. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (8)) | 10 | 5, | <u>626, </u> | <u> 194.</u> |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • • • • • | | | \Box |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ [| |] |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | | j | 1 |
| | in Schedule O. | | ł | İ | 1 |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | } | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | ł | |
| t | Were the organization's financial statements audited by an independent accountant? | | 2 | Ы | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both: | e | | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | |
| | | | - 1 | | |
| (| : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | . 20 | X | ŀ |
| | If the organization changed either its oversight process or selection process during the tax year, explain | | ` - | 1 | \vdash |
| | ın Schedule O. | | ľ | | |
| 3 8 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 1 2. | | x |
| | | • | 3 | 4 | ^- |
| Ł | of '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 | | | J | |
| DAA | | <u>···</u> | 31 | <u> </u> | (2014) |
| BAA | | | ron | 11 330 | (2014) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545 0047 2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Nam | e of the organization | | Employer identification number |
|-----|---|---|---|
| | BENEVOLENT & PROTECTIVE OR | DER ELKS | |
| | (LODGE #224) | | 84-0146948 |
| Pa | Organizations Maintaining Dono Complete if the organization answers | or Advised Funds or Other Similar Ful wered 'Yes' to Form 990, Part IV, line | nds or Accounts. 6. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | | | |
| 3 | | | |
| 4 | Aggregate value at end of year | | |
| 5 | are the organization's property, subject to the | organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other | ds can be used only r purpose conferringYes No |
| Pa | rt II Conservation Easements. | wered 'Yes' to Form 990, Part IV, line | |
| 1 | Purpose(s) of conservation easements held by | | |
| - | Preservation of land for public use (e.g., re | | of a historically important land area |
| | Protection of natural habitat | · L.) | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year. | eld a qualified conservation contribution in the form | |
| | | | Held at the End of the Tax Year |
| | a Total number of conservation easements | | |
| | b Total acreage restricted by conservation easer | | |
| | c Number of conservation easements on a certif | • • | 2 c |
| | d Number of conservation easements included in structure listed in the National Register | | 2d |
| | Number of conservation easements modified, tran tax year ► | • | he organization during the |
| 4 | Number of states where property subject to conserve | | _ |
| 5 | and enforcement of the conservation easemen | ts it holds? | |
| 6 | - | • | • |
| 7 | Amount of expenses incurred in monitoring, insper | cting, and enforcing conservation easements durin | g the year |
| 8 | Does each conservation easement reported on and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the requirements of se | ction 170(h)(4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements. | conservation easements in its revenue and expens to the organization's financial statements that d | se statement, and balance sheet, and lescribes the organization's accounting for |
| Pa | HIII Organizations Maintaining Collection | ctions of Art, Historical Treasures, or vered 'Yes' to Form 990, Part IV, line | Other Similar Assets. 8. |
| 1 | a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan | ld for public exhibition, education, or research in fu | nue statement and balance sheet works of urtherance of public service, provide, |
| | b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items: | SFAS 116 (ASC 958), to report in its revenue r public exhibition, education, or research in furthe | statement and balance sheet works of art, rance of public service, provide the |
| | (i) Revenue included in Form 990, Part VIII, li | ne 1 | ▶ \$ |
| | (li) Assets included in Form 990, Part X | | ▶\$ |
| | If the organization received or held works of art, hi amounts required to be reported under SFAS 1 | | |
| | a Revenue included in Form 990, Part VIII, line 1 | | ▶\$ |
| | b Assets included in Form 990. Part X | | ►s |

| Schedule D (Form 990) 2014 BENE Part III Organizations Mainta | VOLENT & PRO | OTECTIVE ORD | ER ELKS prical Treasures, o | 84-014 r Other Similar Ass | 6948 Page 2 |
|---|---------------------------------|------------------------------------|---------------------------------|---|----------------------|
| 3 Using the organization's acquisition | | | | | |
| items (check all that apply): a Public exhibition | | . D | | | |
| · | | — | or exchange programs | | |
| b Scholarly research c Preservation for future gene | rations | e Other | | | |
| Preservation for future gene Provide a description of the organi Part XIII. | | and explain how the | y further the organization | 's exempt purpose in | |
| 5 During the year, did the organization | ation colicit or roce | we densions of a | t historical transuras | or other cimilar caceta | |
| to be sold to raise funds rather t | than to be maintain | ned as part of the c | rganization's collection | ? | Yes No |
| Part IV Escrow and Custodia line 9, or reported an | al Arrangement amount on For | s. Complete if t m 990, Part X, | he organization an line 21. | swered 'Yes' to For | m 990, Part IV, |
| 1 a Is the organization an agent, tru on Form 990, Part X? | stee, custodian, or | other intermediary | for contributions or other | ner assets not included | |
| b If 'Yes,' explain the arrangemen | | | | | Yes No |
| bili res, explain the arrangement | Cili i all Alli allo C | omplete the longwi | ng table. | [····· | Amount |
| c Beginning balance | | | | . 1c | Amount |
| d Additions during the year | | | | 1d | |
| e Distributions during the year | | | | 1e | ······ |
| f Ending balance | | | | | |
| 2 a Did the organization include an a | | | | | Yes No |
| b If 'Yes,' explain the arrangement | | | | · . | |
| Part V Endowment Funds. C | Complete if the | organization an | swered 'Yes' to Fo | rm 990 Part IV lin | e 10 |
| - a | (a) Current year | (b) Prior year | | | (e) Four years back |
| 1 a Beginning of year balance | <u> </u> | | (0) , | (4) 15) 44.17 400.11 | (0) 100.)00.0 000. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | + | | | |
| Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | - | | | |
| g End of year balance | | | | | |
| 2 Provide the estimated percentag | e of the current ve | ar end balance (lin | e to column (a)) held | as. | |
| a Board designated or quasi-endowm | - | % | o rg, column (a), nola | us. | |
| b Permanent endowment ► | | | | | |
| c Temporarily restricted endowmer | | 8 | | | |
| The percentages in lines 2a, 2b, | | al 100% | | | |
| • | · | | | | |
| 3 a Are there endowment funds not in to organization by: | he possession of the | e organization that a | re held and administered | for the | Yes No |
| (i) unrelated organizations . | • | | | | 3a(l) |
| (ii) related organizations | | | • | • | 3a(ii) |
| b If 'Yes' to 3a(ıı), are the related of | | | hedule R? | | 3b |
| 4 Describe in Part XIII the intended | - | • | | | <u> </u> |
| Part VI Land, Buildings, and | | | | . | |
| Complete if the organi | | d 'Yes' to Form | 990, Part IV, line | 11a. See Form 990 | , Part X, line 10. |
| Description of property | (a) C | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land | | | 154,400. | | 154,400. |
| b Buildings | | | 2,808,594. | 1,955,163. | 853,431. |
| c Leasehold improvements. | | | | | |
| d Equipment | | | 387,934. | 231,376. | 156,558. |
| e Other . | | | 142,722. | 142,722. | 0. |
| Total. Add lines 1a through 1e. (Column | n (d) must equal F | orm 990, Part X, c | olumn (B), line 10c.). | <u> </u> | 1,164,389. |
| BAA | | | | Schedu | le D (Form 990) 2014 |

TEEA3302L 08/25/14

| Schedule D (Form 990) 2014 BENEVOLENT & PROTE | CTIVE ORDER EL | | 84-0146948 | Page : |
|--|--|--|--|-----------------------|
| Part VII Investments – Other Securities. Complete if the organization answered | 'Yes' to Form 990 | N/A Part IV line 11h Se | e Form 990 Part Y | line 12 |
| (a) Description of security or category (including name of security) | (b) Book value | | : Cost or end of-year market va | |
| (1) Financial derivatives . | | (5) 1102102 01 121211011 | Tool of one of your market to | |
| (2) Closely-held equity interests | | | | |
| (3) Olher | | | | |
| (A) | _ | | | |
| (B) | | | | |
| (Ö) | | | | |
| (C) (D) (E) | | | | |
| (E) | | · · · · · · · · · · · · · · · · · · · | | |
| (F) | | | | |
| (G) (H) | | | | |
| (I) (I) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) • | | | | |
| Part VIII Investments - Program Related. | | N/A | | |
| Complete if the organization answered | | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation: (| Jost or end-or-year mark | et value |
| (1) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (1) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (8) line 13.) Part IX Other Assets. | N/A | ······· | ······································ | |
| Complete if the organization answered | 'Yes' to Form 990, | Part IV, line 11d. See | | |
| (a) Des | cription | | (b) Book | value |
| (1) | | · · · · · · · · · · · · · · · · · · · | | |
| (2) | | ·-··· | | |
| (4) | ······································ | ······································ | | |
| (5) | | | | |
| (6) | | <u> </u> | | |
| (7) (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) |), line 15) | | | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered 'Yes' to For | | or 11f. See Form 990, Part | X, line 25 | |
| (a) Description of liability (1) Federal income taxes | (b) Book value | 4 | | - |
| (2) Other Liabilities | 63,751 | | | |
| (3) | 1 307.03 | <u></u> | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | _ | ٠ | |
| (7) (8) | - | - | · | |
| (9) | | | , | |
| (10) | | <u></u> | • | |
| (11) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | ► 63,751 | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot | note to the organization's fina | ncial statements that reports the o | organization's liability for uncert | lain |
| tax positions under FIN 48 (ASC 740). Check here if the text of the footnote ha | | | | |
| ВАА | TEEA3303L 08/25/14 | | Schedule D (Form 99 | 30) 2014 [—] |

Page 3

| Schedule D.(Form 990) 2014 BENEVOLENT & PROTECTIVE ORDER ELKS 84 | 1-0146948 | Page 4 |
|--|------------|---------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. N/A | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | . 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 1 1 | |
| b Donated services and use of facilities 2b | 1 | |
| c Recoveries of prior year grants 2c | 1 | |
| d Other (Describe in Part XIII.) 2d | 1 | |
| e Add lines 2a through 2d | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | 1 | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | · · · · · · · · · · · · · · · · · · · |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | - | |
| b Prior year adjustments | 1 | |
| c Other losses | 1 | |
| d Other (Describe in Part XIII.) 2 d | 1 | |
| e Add lines 2a through 2d | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | , , | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information.

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

BAA

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545 0047 2014

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization BENEVOLENT & PROTECTIVE ORDER ELKS

Open to Public Inspection Employer identification number

84-0146948

Form 990, Part VI, Line 11b - Form 990 Review Process

Annual Review by Member Elected Trustees

(LODGE #224)

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All Governing documents and financial statements are available for inspection at the Lodge office.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury Internal Revenue Service (S

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

BENEVOLENT & PROTECTIVE ORDER ELKS

BAA For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172

identifying number

2014

Attachment Sequence No 179

Form 4562 (2014)

(LODGE #224) 84-0146948 Business or activity to which this form relate Depreciation schedules only **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 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 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0: 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29..... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562.... 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ... 11 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 ▶ 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 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election..... 15 16 47,589. Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2014 46,025 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 (C) Basis for depreciation (d) Recovery period (a) Classification of property (g) Depreciation deduction (business/investment use only - see instructions) year placed in service 19 a 3-year property... 17,781 200DB b 5-year property 889. c 7-year property d 10-year property e 15-year property ... f 20-year property. 25 yrs S/L g 25-year property. 27.5 yrs h Residential rental MM S/L properly 27.5 yrs MM S/L 9/30/14 154,122. I Nonresidential real 39 yrs MM S/L 2,144. MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life. S/L b 12-year 12 yrs S/L MM 40 yrs S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28. . . 21 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 22 96,647. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs... 23

FD)Z0812L 06/24/14

| 2014 | Federal Worksheets | Page 1 | | |
|--|--|----------|-------------------------------|--|
| Client 2015-AEL | BENEVOLENT & PROTECTIVE ORDER ELKS (LODGE #224) | | 84-0146948 | |
| 6/29/15 | | | 10.12AM | |
| Rental Income Worksheet Form 990 | | | | |
| Commercial - Aspen, CO Gross Rental Incom Expenses | e | \$ | 749,899. | |
| Commissions Depreciation Legal and Profes | sional Fees | | 5,664. 34,957. 19,623. | |
| Miscellaneous Repairs Telephone | | | 9. 4,055. <u>2,206.</u> | |
| Total Expenses | Net Rental Income or Loss | \$ \$ | 66,514. 683,385. | |

Form 990, Part IX, Line 24e Other Expenses

| | | (A) | (B) | (C) | (D) |
|---------------------------------------|---------|-------------------|---------------------|-------------------------|-------------|
| | _ | Total | Program Services | Management & General | Fundraising |
| BANK CHARGES Bulletins | | 743. 7,950. | 7,950. | 743. | : |
| CREDIT CARD FEES Janitorial | | 2,577. 9,568. | ., | 2,577. 9,568. | |
| Laundry License & Fees | | 2,937. 464. | 2,937. 464. | · | |
| Manager Charges Other Expense | | 846. -445, | 846, | -445. | |
| Real Estate Expense Special Events | | 5,786. 18,031. | 18,031. | 5,786. | |
| STORAGE Supplies | | 3,600. 10,662. | | 3,600. 10,662. | |
| Telephone | Total § | 2,982. 65,701. | 30,228. | 2,982. \$ 35,473. | \$ 0. |