

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

DLN: 93492040008537

OMB No 1545-1150

Form **990-EZ** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

		Venue Service			
		e 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016 f applicable C Name of organization	D Emmlana		tion number
		BENEVOLENT & PROTECTIVE ORDER OF			tion number
_		banga	23-71302 ETelephone		
_	nitial re	DO DOY 214			
— <sub>F</sub>	inal ret	tum/terminated	(8	301) 298-163	31
	mende	City or town, state or province, country, and ZIP or foreign postal code BOUNTIFUL, UT 840110314	FGroup Exe Number		
	pplicat	tion pending	Number	<b>P</b> 1130	
		H Check ► required to (Form 990	attach S	chedule B	
		e: ►N/A  npt status(check only one) - 501(c)(3) ▼ 501(c)(8) ◄(insert no ) 4947(a)(1) or 527			
Fr	orm of	forganization			
A	dd Iine	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal asset		, column
	art I	<u> </u>			
		Check if the organization used Schedule O to respond to any question in this Part I			🗸
	1	Contributions, gifts, grants, and similar amounts received	L	1	8,703
	2	Program service revenue including government fees and contracts	[	2	
	3	Membership dues and assessments	[	3	
	4	Investment income	[	4	57,777
	5a	Gross amount from sale of assets other than inventory			
ا ي	b	Less cost or other basis and sales expenses			
=	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
-	6	Gaming and fundraising events			
۱ ٔ	a	Gross income from daming (attach Schedule G if greater than \$15,000)			
	а	ua u			
	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			
	_	Less direct expenses from gaming and fundraising events 6c			
	c d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<del></del>	5d	
			F	ou	
	7a	<del></del>			
	Ь	Less cost of goods sold		_	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>⊢</b>	7c	
	8	Other revenue (describe in Schedule O)	_	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	66,480
	10	Grants and similar amounts paid (list in Schedule O)	· · 🗀	LO	3,215
	11	Benefits paid to or for members	· · 🗀	L1	
	12	Salaries, other compensation, and employee benefits	· ·   <u> </u> 1	12	
2	13	Professional fees and other payments to independent contractors	1	L3	1,280
-	14	Occupancy, rent, utilities, and maintenance	[1	L4	19,437
3	15	Printing, publications, postage, and shipping	1	L5	
	16	Other expenses (describe in Schedule O)	🛭	L6	55,324
	17	Total expenses. Add lines 10 through 16	<b>▶</b> 3	L7	79,256
,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1	18	-12,776
[ ]	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
٤	_	end-of-year figure reported on prior year's return)	,	۱9	191,683
[	20	Other changes in net assets or fund balances (explain in Schedule O)	<b>—</b>	20	_,
	21	, ,	⊢	21	178,907
or		rwork Reduction Act Notice, see the separate instructions.  Cat No 10642I			- <b>EZ</b> (2015)
	p-	Cut NO 100421			((_

Form 990-						Page <b>2</b>
Part II	<b>Balance Sheets</b> (see the instruc Check if the organization used Sched		n <b>y</b> question in this l	Part II		
				A) Beginning of year		(B) End of year
<b>22</b> Cash,	savings, and investments			33,943	22	28,113
-	and buildings			135,653		132,904
24 Other	assets (describe in Schedule O )			22,087	$\vdash$	20,074
25 Total				191,683		181,091
	liabilities (describe in Schedule O ) sets or fund balances (line 27 of colum	on (B) <b>must</b> agree with	line 21)	191,683	26 27	2,184 178,907
	·		,			210,507
Part III	Statement of Program Servi Check if the organization used Scheo				(R	<b>Expenses</b> equired for section 501
TO INCUL RECOGNI: MEMBERS TO PERPE THE BENE SERVE TH ELKS CAR	e organization's primary exempt purpos CATE THE PRINCIPLES OF CHARITY ZE A BELIEF IN GOD, TO PROMOTE , TO QUICKEN THE SPIRIT OF AMER TUATE ITSELF AS A FRATERNAL OR VOLENT AND PROTECTIVE ORDER E PEOPLE AND COMMUNITIES THR E AND ELKS SHARE	Y, JUSTICE, BROTHE THE WELFARE AND E RICAN PATRIOTISM GANIZATION, AND OF ELKS OF THE UNI OUGH BENEVOLENT	ENHANCE THE HA , TO CULTIVATE G TO PROVIDE FOR ITED STATES OF A PROGRAMS, DEM	DELITY, TO PPINESS OF ITS GOOD FELLOWSHIP, ITS GOVERNMENT, MERICA WILL DNSTRATING THAT	org	)(3) and 501(c)(4) ganizations, optional for ners)
measured	he organization's program service acco by expenses In a clear and concise mand other relevant information for each	anner, describe the se				
See Additi	onal Data Table					
(Grants \$	) If this amou	unt includes foreign gr	ants, check here	▶ ┌	<b>28</b> a	1
29						
(Grants \$	) If this amou	unt includes foreign gr	ants, check here	▶ ┌	<b>29</b> a	1
30						
(Grants \$	•	unt includes foreign gr	ants, check here	▶ ┌	30a	1
<b>31</b> Other p (Grants \$	rogram services (describe in Schedule )	O) unt includes foreign gr	ants, check here .	▶ ⊏	31a	
32 Total pr	rogram service expenses (add lines 28a	through 31a) .		•	32	
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Sched					
	(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099 MISC) (if not pai enter -0-)		to plans	(e) Estimated amount of other compensation
DOUG REE		1 00	5	0	··	
CYNTHIA SECRETAR	SHEPHERD RY	1 00		0		
GARY PAR TRUSTEE	KIN	1 00		0		
DELBERT   TRUSTEE	EGGETT	1 00		0		
CHUCK GO TRUSTEE	DODE	1 00		0		

Form	990-EZ (2015)			Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem	ents i	n 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	33		No
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)	34		No
352	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
<b>55</b> 4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		
c	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	35c		No
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	36		No
37a	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		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $\cdot$ . $\cdot$	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	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 ▶			
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	<b>40</b> b		
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 sections4912, 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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ CYNTHIA SHEPHERD Telephone no			
	Located at ▶ PO BOX 314 BOUNTIFUL, UT ZIP + 4 <b>U</b>	<u>84</u>	01103	14
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		Yes	No
	account)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		.▶ □	_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		res	No
44a	Form 990-EZ	445		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
_	Instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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		No

orm 990-	-EZ (2015)								Page
								Yes	No
	the organization engage, directly or indi								
cano	lidates for public office? If "Yes," comp	lete Schedule C, Part	I			• • •	46		No
Part VI	All section 501(c)(3) organization	<del>-</del>	uestions 47-49b ai	nd 52,	and complet	e the t	ables	for lin	es 50
	and 51 Check if the organization used Sche	edule O to respond to a	any question in this F	Part V I				[	_
								Yes	No
	the organization engage in lobbying act es," complete Schedule C, Part II		on 501(h) election in			year?	47		
8 Isth	ne organization a school as described ir	n section 170(b)(1)(A	)(II)? If "Yes," compl	ete Sch	edule E		48		
<b>9a</b> Did 1	the organization make any transfers to	an exempt non-charita	able related organiza	tion?			49a		
<b>b</b> If"Y	es," was the related organization a sec	tion 527 organization	?				49b		
	iplete this table for the organization's fi								
	loyees) who each received more than \$		_						
(a)	Name and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	- empl	) Health benet contributions t loyee benefit p and deferred compensation	olans,	•	imated of othe mpensa	r
					'				
		1							
<b>f</b> To	tal number of other employees paid ove	er \$100,000 .				•			
i <b>1</b> Com	plete this table for the organization's fi	ve highest compensat		ractors	· · · · · · · who each rece	▶	ore the	an \$10	0,000
<b>1</b> Com		ve highest compensat ere is none, enter "No	ne "		who each rece			an \$10	
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
<b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
5 <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
i <b>1</b> Com	iplete this table for the organization's fi impensation from the organization If th	ve highest compensat ere is none, enter "No	ne "						
d To	iplete this table for the organization's fi impensation from the organization. If th (a) Name and business address of	ve highest compensationer is none, enter "No each independent cor	ver \$100,000	(b) T	ype of service				
d To	plete this table for the organization's fi ompensation from the organization. If th (a) Name and business address of	ve highest compensationer is none, enter "No each independent cor	ver \$100,000	(b) T	ype of service			ensatı	on
d To	tal number of other independent contract  the organization is the organization is fith the organization and the organization is fith the organization is fith the organization complete Schedule A	ve highest compensationer is none, enter "No each independent cor	ver \$100,000	(b) T	ype of service				on
d To	tal number of other independent contract of the organization of the organization. If the contract of the organization is the contract of the organization complete. Schedule A sittles of perjury, I declare that I have example the complete of perjury, I declare that I have example the complete of the complete of the complete of perjury, I declare that I have example the complete of	ve highest compensation of the property of the	ver \$100,000.  in tractor	(b) T	ype of service	(c)	Comp	Yes	on
d To	tal number of other independent contract of the organization complete Schedule Authorises of perjury, I declare that I have examined belief, it is true, correct, and complete organization.	ve highest compensation of the property of the	ver \$100,000.  in tractor	(b) T	ype of service	(c)	Comp	Yes	on
d To: conder penanowledge. ign	tal number of other independent contract of the organization of the organization. If the contract of the organization is the contract of the organization complete. Schedule A sittles of perjury, I declare that I have example the complete of perjury, I declare that I have example the complete of the complete of the complete of perjury, I declare that I have example the complete of	ve highest compensation of the property of the	ver \$100,000.  in tractor	(b) T	ype of service	(c)	Comp	Yes	on
d To: conder penanowledge. ign	tal number of other independent contract of the organization complete. Schedule A impleted Schedule A interest of the organization complete of the organization of the	ve highest compensation of the property of the	ver \$100,000.  in tractor	(b) T	ype of service	(c)	Comp	Yes	on
d To: conder penalowledge. ign	tal number of other independent contract the organization of the organization of the organization. If the contract the organization complete schedule A suppleted schedule A suppleted schedule A suppleted of the organization complete schedule A suppleted schedul	ve highest compensation of the property of the	ver \$100,000.  501(c)(3) organization.  ing accompanying scher (other than officer)	ons mus	ype of service  t attach a ind statements, i on all informa  2016-12-23  Date	and to the tion of v	Comp	Yes	on
d To co nder pena nowledge nowledge	tal number of other independent contract d the organization complete Schedule A mpleted S	ve highest compensation of preparation of preparati	ver \$100,000.  501(c)(3) organization.  ing accompanying scher (other than officer)	ons music	ype of service  t attach a  t attach a  2016-12-23 Date  Check   If self-employed	and to	the bewhich	Yes	on
d To  52 Di  co  co  co  co  co  co  co  co  co  c	tal number of other independent contract d the organization complete Schedule A impleted Schedule A indicates of perjury, I declare that I have examined belief, it is true, correct, and complete  CYNTHIA SHEPHERD SECRETARY Type or print name and title  Print/Type preparer's name JUSTIN R SHAW CPA CFE CGMA  Firm's name  Simpleted Schaw CO PC	ve highest compensation of preparation of preparati	ver \$100,000.  501(c)(3) organization.  ing accompanying scher (other than officer)	ons mus	ype of service  t attach a  on all informa  2016-12-23  Date	and to	the bewhich	Yes	on
d To single composition of compositi	tal number of other independent contract d the organization complete Schedule A impleted Schedule A indicates of perjury, I declare that I have examined belief, it is true, correct, and complete  CYNTHIA SHEPHERD SECRETARY Type or print name and title  Print/Type preparer's name JUSTIN R SHAW CPA CFE CGMA  Firm's name  Simpleted Schaw CO PC	ve highest compensation is none, enter "No each independent con each independent con control of the control of	ver \$100,000.  501(c)(3) organization.  ing accompanying scher (other than officer)	ons mus	ype of service  t attach a  t attach a  2016-12-23 Date  Check   If self-employed	e (c)  and to a tion of v  PTIN P000815 6-0952068	the bewhich	Yes	on

## **Additional Data**

Software ID: Software Version:

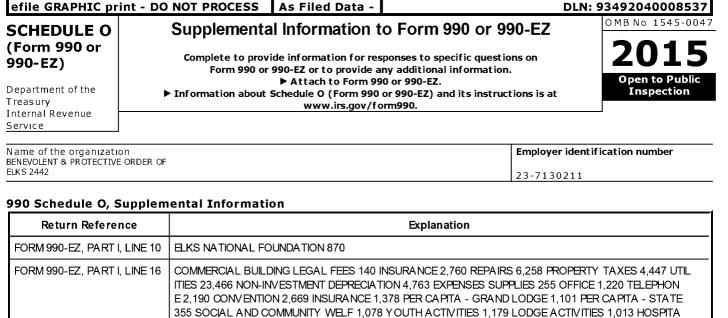
**EIN:** 23-7130211

Name: BENEVOLENT & PROTECTIVE ORDER OF

ELKS 2442

## 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.)			
PUBLIC SERVICE IS AN INTEGRAL PART OF BEING AN ELK IN KEEPING WITH THIS TRADITION, ELKS CREATE AND PARTICIPATE IN MANY PROGRAMS TO BETTER THEIR COMMUNITIES AND DEMONSTRATE THAT ELKS CARE - ELKS SHARE SCHOLARSHIPS - EACH YEAR THE ELKS NATIONAL FOUNDATION PROVIDES MORE THAN 3 65 MILLION IN COLLEGE SCHOLARSHIPS TO GRADUATING SENIORS HOOP SHOOT - THE YEARLY ELKS HOOP SHOOT FREE THROW PROGRAM IS OPEN TO ALL BOYS AND GIRLS AGES 8 THROUGH 13 THE CONTEST STARTS AT THE LODGE LEVEL AND ADVANCES THROUGH DISTRICT, STATE AND REGIONAL CONTESTS BEFORE THE NATIONAL FINALS IN THE SPRING DRUG AWARENESS - THE ELKS DRUG AWARENESS PROGRAM DISTRIBUTES LITERATURE AND ORGANIZES EVENTS TO MAKE KIDS AND THEIR PARENTS AWARE OF THE DANGERS POSED BY ALCOHOL, TOBACCO AND ILLEGAL DRUGS TRY THE PROGRAM'S DRUG AWARENESS QUIZ AND TEST YOUR KNOWLEDGE YOUTH ACTIVITIES - OTHER YOUTHORIENTED ACTIVITIES SPONSORED BY THE ELKS INCLUDE THE SOCCER SHOOT, THE ANTLERS PROGRAM, THE YEARLY AMERICANISM ESSAY CONTEST AND MORE VETERANS PROGRAMS - SINCE THE EARLY DAYS OF ELKDOM, THE VETERANS SERVICE COMMISSION HAS PATRIOTICALLY SERVED THOSE ELKS WHO HAVE FOUGHT FOR OUR GREAT NATION (Grants \$ )  If this amount includes foreign grants, check here	28a			



LITY 386 BADGES AND PINS 566 EQUIPMENT LEASE 100 TOTAL 55,324

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990-EZ, PART II, LINE 24	IMPROVEMENTS 141,633 141,633 LESS ACCUMULATED DEPRECIATION 119,546 121,559 TOTAL 22,087 20,074
FORM 990-FZ PART ILLINE	DEFERRED REVENUE 0.2.184

990 Schedule O, Supplemental Information
Return

Return Reference	Explanation
FORM 990-EZ, PART III	TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE
FORM 990-EZ, PART III, LINE 28	PUBLIC SERVICE IS AN INTEGRAL PART OF BEING AN ELK IN KEEPING WITH THIS TRADITION, ELKS C REATE AND PARTICIPATE IN MANY PROGRAMS TO BETTER THEIR COMMUNITIES AND DEMONSTRATE THAT ELKS CARE - ELKS SHARE SCHOLARSHIPS - EACH YEAR THE ELKS NATIONAL FOUNDATION PROVIDES MORE T HAN 3 65 MILLION IN COLLEGE SCHOLARSHIPS TO GRADUATING SENIORS HOOP SHOOT - THE YEARLY ELKS HOOP SHOOT FREE THROW PROGRAM IS OPEN TO ALL BOYS AND GIRLS AGES 8 THROUGH 13 THE CONT EST STARTS AT THE LODGE LEVEL AND ADVANCES THROUGH DISTRICT, STATE AND REGIONAL CONTESTS B EFORE THE NATIONAL FINALS IN THE SPRING DRUG AWARENESS - THE ELKS DRUG AWARENESS PROGRAM DISTRIBUTES LITERATURE AND ORGANIZES EVENTS TO MAKE KIDS AND THEIR PARENTS AWARE OF THE DANGERS POSED BY ALCOHOL, TOBACCO AND ILLEGAL DRUGS TRY THE PROGRAM'S DRUG AWARENESS QUIZ A ND TEST YOUR KNOWLEDGE YOUTH ACTIVITIES - OTHER YOUTH-ORIENTED ACTIVITIES SPONSORED BY THE ELKS INCLUDE THE SOCCER SHOOT, THE ANTLERS PROGRAM, THE YEARLY AMERICANISM ESSAY CONTEST AND MORE VETERANS PROGRAMS - SINCE THE EARLY DAYS OF ELKDOM, THE VETERANS SERVICE COMMISS ION HAS PATRIOTICALLY SERVED THOSE ELKS WHO HAVE FOUGHT FOR OUR GREAT NATION