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EXTENDED TO FEBRUARY 15, 2017

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2015

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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

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 DECATUR LODGE 993
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
327 N 3RD ST
 City or town, state or province, country, and ZIP or foreign postal code
DECATUR, IN 46733

D Employer identification number
35-0173358

E Telephone number
260-724-3613

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) ◀ (insert no.) ☐ 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 ▶ \$ **77,594.**

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 ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	3,239.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	9,893.	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events	6a	3,439.	6d	12,892.
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	12,943.	7c	6,621.
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)	6c	3,490.	8	4,854.
c	Less: direct expenses from gaming and fundraising events	7a	43,226.	9	37,499.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7b	36,605.	10	2,808.
7a	Gross sales of inventory, less returns and allowances			11	
b	Less: cost of goods sold			12	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			13	3,156.
8	Other revenue (describe in Schedule O)			14	10,745.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			15	259.
10	Grants and similar amounts paid (list in Schedule O)			16	20,317.
11	Benefits paid to or for members			17	37,285.
12	Salaries, other compensation, and employee benefits			18	214.
13	Professional fees and other payments to independent contractors				
14	Occupancy, rent, utilities, and maintenance				
15	Printing, publications, postage, and shipping				
16	Other expenses (describe in Schedule O)				
17	Total expenses Add lines 10 through 16				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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	16,154.	22	10,488.
23 Land and buildings	42,255.	23	40,613.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	4,539.	24	5,260.
25 Total assets	62,948.	25	56,361.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	39,143.	26	32,342.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,805.	27	24,019.

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 ☐Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)What is the organization's primary exempt purpose? **FRATERNAL BENEFICIARY**

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

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a32 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
TYLER HILL				
EXALTED RULER	20.00	0.	0.	0.
CASSIE GEMMER				
LEADING KNIGHT	15.00	0.	0.	0.
PATRICIA MCCORMICK				
LOYAL KNIGHT	5.00	0.	0.	0.
WILLIAM ZYWICKI				
TREASURER	15.00	0.	0.	0.
ED DYER				
SECRETARY	5.00	0.	0.	0.
KATE DYER				
CHAPLAIN	5.00	0.	0.	0.
JON HICKS				
INNER GUARD	5.00	0.	0.	0.
KEN ZYWICKI				
TILER	5.00	0.	0.	0.
JASON BURNS				
LECTURING KNIGHT	10.00	0.	0.	0.
JOY BUTLER				
TRUSTEE	5.00	0.	0.	0.
TOM TRAUTHWEIN				
TRUSTEE	5.00	0.	0.	0.
JASON WALTERS				
TRUSTEE	5.00	0.	0.	0.

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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 Sch. 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
35a 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	N/A	
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		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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
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	N/A
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		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
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	IN	
42a The organization's books are in care of	TED SILLS	
Located at	327 N 2ND ST, DECATUR, IN	
Telephone no.	260-724-3613	
ZIP + 4	46733	
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)?	42b	X
If "Yes," enter the name of the foreign country:		
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 of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
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	N/A
44a 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	
45a 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	

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I 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 Sch. C, Part II 47 Yes No
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
N/A				

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." N/A

(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 Date 1-13-2017
Signature of officer Edgar B. Dyer
Type or print name and title Edgar B. Dyer Lodge Secretary

Paid Preparer Use Only
Print/Type preparer's name REBECCA S COCHRAN Preparer's signature REBECCA S COCHRAN Date 12/27/16 Check ☐ if self-employed PTIN P00662393
Firm's name REBECCA S COCHRAN CPA, PC Firm's EIN 35-2138949
Firm's address 165 N SECOND ST Phone no. 260-728-9233
DECATUR, IN 46733

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

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2015

Open to Public Inspection

Employer identification number
35-0173358

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

IN

BENEVOLENT & PROTECTIVE ORDER OF DECATUR

Schedule G (Form 990 or 990-EZ) 2015 **LODGE 993****35-0173358** Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GAMING (event type)	FUNDRAISING (event type)	NONE (total number)	
Revenue	1 Gross receipts	3,439.	12,943.		16,382.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	3,439.	12,943.		16,382.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	803.	2,687.		3,490.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,490.
	11 Net income summary. Subtract line 10 from line 3, column (d)				12,892.

Part III Gaming. Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 IN

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 G (Form 990 or 990-EZ) 2015 **LODGE** 993

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- | | | | | | | | | |
|-----|---|--|-----|--|---|-----|--|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Yes ☒ No | | | | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes ☒ No | | | | | | |
| 13 | Indicate the percentage of gaming activity conducted in | | | | | | | |
| a | The organization's facility | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px;">13a</td> <td style="width: 100px;"></td> <td style="width: 50px; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table> | 13a | | % | 13b | | % |
| 13a | | % | | | | | | |
| 13b | | % | | | | | | |
| b | An outside facility | | | | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | | | | | |

Name

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party _____

Name ►

Address ►

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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Schedule G (Form 990 or 990-EZ)

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Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

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Employer identification number
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FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	43,226.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	43,226.
4. COST OF GOODS SOLD (LINE 13)	36,605.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	6,621.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	3,983.
7. MERCHANDISE PURCHASED	20,189.
8. COST OF LABOR	15,945.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	1,357.
11. ADD LINES 6 THROUGH 10	41,474.
12. INVENTORY AT END OF YEAR	4,869.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	36,605.

FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:

DESCRIPTION OF OTHER COSTS:	AMOUNT:
PAYROLL TAXES	1,357.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
LODGE RENTAL	1,591.
MISCELLANEOUS	3,263.
TOTAL TO FORM 990-EZ, LINE 8	4,854.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRAND LODGE PER CAPITA

GRANTEE NAME: GRAND LODGE

GRANTEE ADDRESS: 2750 N LAKEVIEW DR CHICAGO, IL 60614

AMOUNT GIVEN: 2,418.

ACTIVITY CLASSIFICATION: STATE LODGE PER CAPITA

GRANTEE NAME: INDIANA ELKS ASSN

GRANTEE ADDRESS: 53180 MARTIN LN SOUTH BEND, IN 46635

AMOUNT GIVEN: 390.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,808.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 1,807.

OTHER EXPENSES 8,938.

TOTAL TO FORM 990-EZ, LINE 14 10,745.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

BANK CHARGES 90.

INSURANCE 2,904.

SUPPLIES 1,432.

JANITOR SUPPLIES 411.

SCHEDULE O
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Department of the Treasury
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MISCELLANEOUS	372.
LICENSES	521.
TELEPHONE	1,460.
INTEREST EXPENSE	998.
CONTRIBUTIONS	11,629.
FINES	500.
TOTAL TO FORM 990-EZ, LINE 16	20,317.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	3,983.	4,869.
PREPAID INSURANCE	177.	177.
OTHER DEPRECIABLE ASSETS	379.	214.
TOTAL TO FORM 990-EZ, LINE 24	4,539.	5,260.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	4,547.	4,750.
PAYROLL W/H TAXES	433.	749.
SALES TAX	310.	478.
SHORT TERM LOAN PAYABLE	2,649.	0.
ACCRUED PAYROLL TAXES	162.	260.
PREPAID DUES	4,164.	0.
LONG TERM LOAN PAYABLE	26,878.	26,105.
TOTAL TO FORM 990-EZ, LINE 26	39,143.	32,342.

SCHEDULE O
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Department of the Treasury
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35-0173358

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.