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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016

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 Elks # 1200

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO Box 703

City or town, state or province, country, and ZIP or foreign postal code
Grand Haven, MI 49417

D Employer identification number
38-0341779

E Telephone number
(616) 842-0970

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: ▶ www.elks.org

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 ▶ \$ 124,218

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	1	Contributions, gifts, grants, and similar amounts received	1	1,478					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3	11,185					
	4	Investment income	4	20,810					
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less cost or other basis and sales expenses	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 	6a	9,858					
	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						
Expenses	c	Less direct expenses from gaming and fundraising events	6c	2,843					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,015					
	7a	Gross sales of inventory, less returns and allowances	7a	47,458					
	b	Less cost of goods sold	7b	18,196					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	29,262					
	8	Other revenue (describe in Schedule O)	8	33,429					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	103,179					
	10	Grants and similar amounts paid (list in Schedule O)	10						
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12	30,714					
Net Assets	13	Professional fees and other payments to independent contractors	13	650					
	14	Occupancy, rent, utilities, and maintenance	14	34,940					
	15	Printing, publications, postage, and shipping	15	1,054					
	16	Other expenses (describe in Schedule O)	16	38,662					
	17	Total expenses. Add lines 10 through 16 ▶	17	106,020					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,841					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,701					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	8,969					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	279,829					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form990-EZ(2015)

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	20,184	22	20,231
23 Land and buildings	270,721	23	270,721
24 Other assets (describe in Schedule O)	1,250	24	1,250
25 Total assets	292,155	25	292,202
26 Total liabilities (describe in Schedule O)	18,454	26	12,373
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,701	27	279,829

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?
to inculcate the principles of Charity, Justice, Brotherly Love and Fidelity to recongnize 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 BPOE will serve the people and communities through benevolent programs

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 Provided Gratitude Grants for community welfare
(Grants \$) If this amount includes foreign grants, check here

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

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

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses

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

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
Mike Foley Exalted Ruler	020 00	20		
Bernadette Kearns Leading Knight	015 00	15		
Rudy Bengton Lecturing Knight	005 00	5		
Gail Foley Secretary	025 00	25		
Elizabeth Chaffee Treasurer	015 00	15		
Linda Duram Trustee-One Year	005 00	5		
George Underhill Trustee-Two Year	005 00	5		
Mike Hoyt Trustee-Three Year	005 00	5		
Kathy TenBrink Trustee-Four Year	005 00	5		
Dan Clark Loyal Knight	005 00	5		

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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
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)?	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 O	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	
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41	List the states with which a copy of this return is filed ▶ MI		
42a	The organization's books are in care of ▶ Elizabeth Chapee Telephone no ▶ (616) 842-0970 Located at ▶ 15 Third St. Grand Haven, MI ZIP + 4 ▶ 49417		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
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		
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	No
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	No
c	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
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI

Section 501(c)(3) organizations only

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

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

Sign Here	***** Signature of officer		2016-06-25 Date				
	Gail Foley Secretary Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name Randall W Jackson		Preparer's signature		Date 2016-06-25	Check ☐ if self-employed	PTIN
	Firm's name ► Diversified Accounting Services LLC					Firm's EIN ►	
	Firm's address ► 120 West Savidge Street Spring Lake, MI 49456					Phone no (616) 846-5850	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No							

TY 2015 Compensation Explanation

Name: Benevolent & Protective Order of Elks # 1200

EIN: 38-0341779

Software ID: 15000290

Software Version: 15.3.0.0

Person Name	Explanation
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization Benevolent & Protective Order of Elks # 1200	Employer identification number 38-0341779
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Part I 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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

.....

.....

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)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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	6,582	3,276	9,858
Direct Expenses	2	Cash prizes	2,843		2,843
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	☐ Yes _____ % ☐ No	☒ Yes 100 000 % ☐ No	☒ Yes 100 000 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			2,843
	8	Net gaming income summary Subtract line 7 from line 1, column (d). ▶			7,015

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

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

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	13a	%
b	An outside facility	13b	%

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Benevolent & Protective Order of Elks # 1200	Employer identification number 38-0341779
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Euchre Tournaments 2,590
Form 990-EZ, Part I, Line 8, Other Revenue	Lodge Activities 7,088
Form 990-EZ, Part I, Line 8, Other Revenue	Beer tent 5,788
Form 990-EZ, Part I, Line 8, Other Revenue	Insurance reimbursement 658
Form 990-EZ, Part I, Line 8, Other Revenue	Miscellaneous Lodge sales 13,362
Form 990-EZ, Part I, Line 8, Other Revenue	Cash Over 33
Form 990-EZ, Part I, Line 8, Other Revenue	National Foundation 2,812
Form 990-EZ, Part I, Line 8, Other Revenue	Golf Income 458
Form 990-EZ, Part I, Line 8, Other Revenue	Merchandise 640
Form 990-EZ, Part I, Line 16, Other Expenses	Office Expense 716
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences 378
Form 990-EZ, Part I, Line 16, Other Expenses	Affiliates 3,458
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 3,229
Form 990-EZ, Part I, Line 16, Other Expenses	Music 73
Form 990-EZ, Part I, Line 16, Other Expenses	Lodge Activities 3,632
Form 990-EZ, Part I, Line 16, Other Expenses	Donations 4,931
Form 990-EZ, Part I, Line 16, Other Expenses	Merchandise 671
Form 990-EZ, Part I, Line 16, Other Expenses	Bar Supplies 736
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Charges 243
Form 990-EZ, Part I, Line 16, Other Expenses	Beer Tent 4,849

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Cable TV 3,193
Form 990-EZ, Part I, Line 16, Other Expenses	Cash Short 135
Form 990-EZ, Part I, Line 16, Other Expenses	License and Fees 1,435
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous 5,162
Form 990-EZ, Part I, Line 16, Other Expenses	Snow Plowing 60
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 1,250
Form 990-EZ, Part I, Line 16, Other Expenses	Sales Tax 2,636
Form 990-EZ, Part I, Line 16, Other Expenses	Christmas Family 75
Form 990-EZ, Part I, Line 16, Other Expenses	Childrens Christmas Party 197
Form 990-EZ, Part I, Line 16, Other Expenses	Burger Night 810
Form 990-EZ, Part I, Line 16, Other Expenses	Coast Guard 750
Form 990-EZ, Part I, Line 16, Other Expenses	Casual Labor 43
Form 990-EZ, Part I, Line 20, Net Assets	Payroll Tax for previous year corrected 8,969
Form 990-EZ, Part II, Line 24, Other Assets	Inventories Beginning of year 1,250, End of year 1,250
Form 990-EZ, Part II, Line 26, Liabilities	Accounts Payable Beginning of year 18,452, End of year 12,373
Form 990-EZ, Part II, Line 26, Liabilities	Deferred Dues and Fees Beginning of year 2, End of year 0