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Form 990-EZ

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)

2015

- 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 Inspection

Department of the Treasury
Internal Revenue Service**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 LODGE 1216 | D Employer identification number 45-0127040 |
| Number and street (or P O box, if mail is not delivered to street address) 1216 DEVILS LAKE | E Telephone number (701) 662-4915 |
| 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 ► \$ 140,486**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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 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) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 1 676 2 4,359 3 31,735 4 1 5a 5b 5c 6a 20,675 6b 6c 7,817 6d 12,858 7a 82,194 7b 38,060 7c 44,134 8 846 9 94,609 10 10,978 11 12 21,718 13 1,941 14 17,739 15 2,630 16 32,880 17 87,886 18 6,723 19 23,439 20 21 30,162 |
| Expenses | |
| 10 Grants and similar amounts paid (list in Schedule O) | 10 10,978 |
| 11 Benefits paid to or for members | 11 |
| 12 Salaries, other compensation, and employee benefits | 12 21,718 |
| 13 Professional fees and other payments to independent contractors | 13 1,941 |
| 14 Occupancy, rent, utilities, and maintenance | 14 17,739 |
| 15 Printing, publications, postage, and shipping | 15 2,630 |
| 16 Other expenses (describe in Schedule O) | 16 32,880 |
| 17 Total expenses. Add lines 10 through 16 ► | 17 87,886 |
| Net Assets | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 6,723 |
| 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 23,439 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► | 21 30,162 |

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 | 21,110 | 22 | 28,874 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 5,021 | 24 | 4,973 |
| 25 Total assets | 26,131 | 25 | 33,847 |
| 26 Total liabilities (describe in Schedule O) | 2,692 | 26 | 3,685 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 23,439 | 27 | 30,162 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PROVIDE FUNDING FOR CHARITABLE ORGANIZATIONS

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

DONATIONS WERE MADE TO CHARITABLE ORGANIZATIONS & SCHOLARSHIPS WERE MADE TO 6 AREA HIGH SCHOOL STUDENTS
(Grants \$)If this amount includes foreign grants, check here **Expenses**

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

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

31a

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

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------|--|--|---|--|
| KELLY SWENSETH EXALTED RULE | 3 00 | 0 | | |
| DONALD BRINTNELL TREASURER | 1 00 | 0 | | |
| RANDALL FIXEN SECRETARY | 1 00 | 3,600 | | |
| PERRY GARSKE TRUSTEE | 1 00 | 0 | | |
| JOHN SWENSETH TRUSTEE | 1 00 | 0 | | |
| JOHN NORD TRUSTEE | 1 00 | 0 | | |
| DAVID LEE TRUSTEE | 1 00 | 0 | | |
| DENNIS OLSON TRUSTEE | 1 00 | 0 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| | Yes | No |
|--|-----------------------------|----|
| 33 | | No |
| 34 | | No |
| 35a | | No |
| 35b | | |
| 35c | | No |
| 36 | | No |
| 37a | 37a | |
| b | 37b | No |
| 38a | | No |
| b | 38b | |
| 39 | | |
| a | 39a | |
| b | 39b | |
| 40a | | |
| b | 40b | |
| c | | |
| d | | |
| e | 40e | No |
| 41 | | |
| 42a | Telephone no (701) 662-2023 | |
| Located at PO BOX 312 DEVILS LAKE, ND ZIP + 4 58301 | | |
| b | 42b | No |
| 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 | 42c | No |
| If "Yes," enter the name of the foreign country | | |
| 43 | 43 | |
| 44a | | |
| b | 44b | No |
| c | 44c | No |
| d | 44d | |
| 45a | | |
| 45b | | 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

| | Yes | No |
|----|-----|----|
| 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 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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?

b 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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

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

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

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

Yes No

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

| | | |
|------------------|---|--------------------|
| Sign Here | ***** Signature of officer PERRY GARSKE TRUSTEE Type or print name and title | 2016-05-26 Date |
|------------------|---|--------------------|

| | | | | | |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KATHLEEN L KNODEL CPA | Preparer's signature | Date 2016-05-26 | Check <input type="checkbox"/> if self-employed | PTIN P01039907 |
| | Firm's name ► BRITSCH & ASSOCIATES PC | | | Firm's EIN ► 20-1746221 | |
| | Firm's address ► 415 6TH AVE NE DEVILS LAKE, ND 58301 | | | Phone no (701) 662-8724 | |

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

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)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.Department of the Treasury
Internal Revenue Service

Name of the organization

BENEVOLENT & PROTECTIVE ORDER
OF ELKS LODGE 1216

Employer identification number

45-0127040

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 Yes No services?

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 |
|---|---------------|--|----|-----------------------------------|--|---|
| 1 | | Yes | No | | | |
| | | | | | | |
| 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 (event type) | (b)Event #2 (event type) | (c)Other events (total number) | (d) Total events (add col (a) through col (c)) |
|--|-----------------------------|-----------------------------|-----------------------------------|---|
| 1 Gross receipts | | | | |
| 2 Less Contributions | | | | |
| 3 Gross income (line 1 minus line 2) | | | | |
| 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)) |
|---|--|--|--|--|
| 1 Gross revenue | | | 20,675 | 20,675 |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | 7,549 | 7,549 |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | 268 | 268 |
| 6 Volunteer labor | <input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ► | | | | 7,817 |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ► | | | | 12,858 |

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

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

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

| | |
|-----|---|
| 13a | % |
| 13b | % |

a The organization's facility

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 ► PERRY GARSKE

Address ► PO BOX 757
DEVILS LAKE, ND 58301

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 ► PERRY GARSKE
Gaming manager compensation ► \$ _____

Description of services provided ► MANAGEMENT OF GAMING RECORDS

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 |
|------------------|-------------|
|------------------|-------------|

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.**2015****Open to Public
Inspection**Name of the organization
BENEVOLENT & PROTECTIVE ORDER
OF ELKS LODGE 1216**Employer identification number**

45-0127040

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990-EZ, PART I, LINE 8 | RENTAL INCOME 450 MISCELLANEOUS INCOME 396 TOTAL 846 |
| FORM 990-EZ, PART I, LINE 10 | 5,550 0 0 |
| FORM 990-EZ, PART I, LINE 16 | EXPENSES ADVERTISING AND PROMOTION 1,646 OFFICE 3,200 INSURANCE 2,363 SUPPLIES 2,249 LICENSE & FEES 12,727 REPAIRS & MAINTENANCE 932 LODGE ASSESSMENT 936 OFFICER EXPENSE 2,677 CONVENTION & TRAVEL EXPEN 575 MEMBERSHIP & EVENT EXPENS 3,427 BANK CHARGES 940 MISCELLANEOUS EXPENSE 270 CASH LONG/SHORT 97 NON-INVESTMENT DEPRECIATION 841 TOTAL 32,880 |
| FORM 990-EZ, PART II, LINE 24 | INVENTORIES FOR SALE OR USE 2,729 3,522 EQUIPMENT 25,376 25,376 LESS ACCUMULATED DEPRECIATION 23,084 23,925 TOTAL 5,021 4,973 |
| FORM 990-EZ, PART II, LINE 26 | PREPAID DUES 60 0 PAYROLL TAXES TO BE PAID 909 1,333 SALES TAXES TO BE PAID 1,723 2,352 |