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Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

<u>A</u>	For the	e 2015 calendar year, or tax year beginning $04/01/15$, and ending $03/31/2$	16		
В	Check if ap	· ·		D Employe	r identification number
Ш	Address cl	·		F2 4	006100
	Name cha	Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/suite	52-U E Telephon	906120 e number
\Box	Initial retur	00.51		_ / 0.0 p.//	
	Final return				
H		LAUREL MD 20724		G Gross rec	eipts\$ 488,518
님	Amended	r Name and address of principal officer	H(a) Is this a gro	oun roturn for c	ubordinates? Yes X No
	Application			•	
		8416 WOODWARD STREET	H(b) Are all sub		
		SAVAGE MD 20763	_ If "No,	" attach a list	(see instructions)
	Tax-exen		4		1156
<u>J</u>	Website:		H(c) Group exe		
K			Year of formation 1	965	M State of legal domicile MD
	Part I				
_	1	Briefly describe the organization's mission or most significant activities: TO UTILIZE FUNDRAISING EVENTS TO SUPPORT FRATERNAL			
ဥ		ORGANIZATION, YOUTH, AND VARIOUS CHARITIES.			
E		ORGANIZATION, TOUTH, AND VARIOUS CHARITIES.	`		
Activities & Governance	, ,	Check this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net as	sets	
Ŏ		Number of voting members of the governing body (Part VI, line 1a)	0 70 01 110 1101 401	3	0
S		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ŧ		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	5
Ċţ	í	Total number of volunteers (estimate if necessary)	•	6	0
•	7a T	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	l b1	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		7,157	20,984
ē	9 F	Program service revenue (Part VIII, line 2g)	18	2,087	181,202
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0 601	206 222
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,691 9,935	286,332
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36	9,933	488,518
	1 44 5	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
S	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX column A)	2	8,130	29,903
Ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0,130	0
Sagnada:	10a.	Fotal fundraising expenses (Part IX, column (D), line 25)	*	Ą	,
å₩	177	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24è\)	34:	2,243	429,997
	- ما	Total expenses. Add lines 13–17 (must equal Part IX, column A) line 25EN, UT		0,373	459,900
<u> </u>	19 F	Revenue less expenses. Subtract line 18 from line 12		9,562	28,618
Net Assets or Eurof Balances	3		Beginning of Cu		End of Year
386 E	20 7	Total assets (Part X, line 16)		1,460	95,382
₩ ₩	21 7	Total liabilities (Part X, line 26)		5,252	30,556
,		Net assets or fund balances. Subtract line 21 from line 20		6,208	64,826
	Part II				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem act, and complete Declaration of preparer (other than officer) is based on all information of which preparer			lowledge and belief, it is
		La Museare bla		1/2	117/16
Sig	an	Signature of officer		Date	11 1/10
He	_	ERIN MUSCARELLA EXALT	ED RULE	₹	
	•	Type or pnnt name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id	David Kline	06/13	/16 self-em	poloyed P01290082
Pre	ерагег	Firm's name > Wakeley & Kline, LLC		irm's EIN ▶	52-2183843
Us	e Only	313 Compton Ave			
		Firm's address Laurel, MD 20707-4329		Phone no	301-776-7759
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For		ork Reduction Act Notice, see the separate instructions.		_	(-1) Form 990 (2015)

623

4e Total program service expenses ▶

Pa	art iv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			7.5
_	complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ۽ ا	ŀ	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ŀ	
_	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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ŀ	
	"Yes," complete Schedule D, Part I	6	l	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	ŀ	X
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		1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 1	
	VII, VIII, IX, or X as applicable.		۵.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44	-	v ·
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	\dashv	<u> </u>
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		$\frac{\mathbf{x}}{\mathbf{x}}$
f	Did the organization report an amount for other habilities in Part X, line 23? If Yes, complete Schedule B, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	•••		
	Schedule D, Parts XI and XII	12a		x
ь	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		l	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ایرا		
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا _ ِ ا		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_18_		
15	If "Yes," complete Schedule G, Part III	19	x	

19? Note. All Form 990 filers are required to complete Schedule O.

	1 990 (2015) BENEVOLENT PROTECTIVE ORDER OF 52-0906120		P	age 4
Pa	art IV Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1205		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u></u> -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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	ŀ		
	employees? If "Yes," complete Schedule J	23		x
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i	l	
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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_		X
28	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)	الله مسا	ستنسا	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			۱
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			—
250	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	, 35a		 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	25		
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		\vdash
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and	31		 ^
~~				

	4W OAAAaaa AA Daaa dhaa DC Eiliana and Tau Canadhaa		<u> </u>	age :
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ţţ-	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2	┤ ∵		3
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	٦, ,	. ;	Ů,
ŭ	reportable gaming (gambling) winnings to prize winners?	1c	٠	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	1.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5		Š.	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>(e. :</u>	<u></u>	3.4
3a	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		
4a	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		X
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	1 .	, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ž.
	(FBAR)		<u> </u>	Ž
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1_		
_	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		ĺ
_	gifts were not tax deductible?	6b	3.0	1940.
7	Organizations that may receive deductible contributions under section 170(c).	3.74		V 4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	هکنده ۱۰۰		<u>~</u>
L	and services provided to the payor?	7a 7b		-
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	\vdash	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	'	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1,0	141	; .**
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	\$ 7¥.	1400	\$ 33
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	į Ž	1 3	率 彩
а	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:			i i
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)		48.50	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		711.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>`</u> * ا	، 'سراط ا	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4	1 1/4	\$ 12
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- a & -	200
	Note. See the instructions for additional information the organization must report on Schedule O.			3
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		¥ å
_	the organization is licensed to issue qualified health plans Enter the amount of receives an hand			
C 14a	Enter the amount of reserves on hand Did the organization receive any payments for indeer tanning services during the tay year?		 	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	-	<u> </u>
	in 100, mad it med a form 720 to report chose payments: if 110, provide an explanation in Schedule O	1 1 7 17	I	1

£	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	ıs.
	Check if Schedule O contains a response or note to any line in this Part VI	_		_X_
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			1
	If there are material differences in voting rights among members of the governing body, or	, a		
	if the governing body delegated broad authority to an executive committee or similar			* · · · · · · · · · · · · · · · · · · ·
	committee, explain in Schedule O.	7	3	1.1
b	Enter the number of voting members included in line 1a, above, who are independent		ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 <u>2</u>		آهيٽي سڏ
	any other officer, director, trustee, or key employee?	2		X
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware dunng the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	R		3
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		-
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
	Men Bi Tenere (Time econom a requesto información about ponere interretaquina e) una internet recentación	, ,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3/4	F . 4	· pr /
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	A 6 W Y	. 1	7.8
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ì	
а	The organization's CEO, Executive Director, or top management official	15a	x	234
b	Other officers or key employees of the organization	15b	х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	132	,*	
16a		,		~ · · ·
	with a taxable entity during the year?	16a	`-	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		: 1
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	~ .	ş ,	
	organization's exempt status with respect to such arrangements?	16b	S	1-4-X A
Sec	tion C. Disclosure	1 .00	L	
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	OSEPH STRATTON 754 225TH STREET			
		3-86	7-5	737

Form 990 (2015) BENEVOLE	NT PROTEC	CTIVE ORDER O	F 52-090	6120	Page 7
			Key Employees, Hig	hest Compensated	Employees, and
Independent C	ontractors				[-]
Check if Schedu	<u>lle O contains</u>	s a response or note t	<u>o any line in this Part</u>	VII	
Section A. Officers, Directors	, Trustees, Key	Employees, and Highest	Compensated Employed	<u></u>	
1a Complete this table for all perso organization's tax year	ns required to be	listed. Report compensati	on for the calendar year er	nding with or within the	
 List all of the organization's compensation. Enter -0- in columns 				s), regardless of amount o	f
 List all of the organization's ci 	•		•	•	
 List the organization's five cui who received reportable compensation organization and any related organization. 	ion (Box 5 of Foi				
 List all of the organization's fo \$100,000 of reportable compensation 				who received more than	
 List all of the organization's forganization, more than \$10,000 of 	reportable comp	ensation from the organiza	ition and any related organ	izations.	
List persons in the following order. I compensated employees; and form		s or directors; institutional t	trustees; officers; key emp	loyees, highest	
Check this box if neither the org	anization nor an	y related organization comp	pensated any current office	er, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted	Former Highest com employee Key employ Officer Institutional Individual tri	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations

Name and Title	Average hours per week (list any	bo: off	x, unle îcer a	Position Reportable compensation , unless person is both an er and a director/trustee) the organization					Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MISC)	organization and related organizations	
(1) ERIN MUSCARELLA	0.00										
EXALTED RULER	0.00			x				lo	0	0	
(2) JOHN GESKEY				T	l						
``	0.00										
SECRETARY	0.00			x				0	0	0	
(3) JOSEPH STRATTON											
	0.00									_	
TREASURER	0.00			x	<u> </u>			0	0	0	
(4) JEFF PHARES				1							
·	0.00			l				_		•	
AUDITING OFFICER	0.00	┼	ļ	X	╀	-	┝	0	0	<u>0</u>	
(5)											
(6)											
(7)											
(8)				-		_					
(9)		<u> </u>			 	-					
(10)											
(11)											

Pa	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo. off	x, unle îcer a	Pos check ess pe nd a d	rson ı	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	organization and related organizations
1b c	Total from continuation she	ets to Part VII, S	Sect	ion <i>i</i>	A			* *			
d 	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	re) who received more than	l \$100,000 of	Yes No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	' complete Sche e 1a, is the sum	dule of re	J for	r suc able	h ind	dıvidi ipen:	ual satio	on and other compensation	from the	3 X
5	individual Did any person listed on line 1 for services rendered to the or	rganization? If "Y								r individual	4 X 9473 334 33 5 X
Sect 1	tion B. Independent Contractor Complete this table for your fire compensation from the organic	ve highest comp									oor
		(A) I business address	Oilip	61136	20011	101 (-			(B) otion of services	(C) Compensation
								_			
					· ·		·				
	Total number of independent	contractors (incl	udine	g bu	t not	limit	ed to	tho	ose listed above) who		
~	received more than \$100,000									. 0	

F	rt V	Statement of Reve Check if Schedule		itains a r	esponse or	note to any line	in this Part VIII			
1 9						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclu und	(D) Revenue uded from tax der sections 512-514
nts	1a	Federated campaigns	1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b_		12,976		*	».		
S, (Am	С	Fundraising events	1c							
Gift	d	Related organizations	1d							
S.E	е	Government grants (contributions) 1e								
tior r S	f	All other contributions, gifts, grants,					*^			
iba		and similar amounts not included above	1f		8,008					
d C	g	Noncash contributions included in lines 1a	-1f :	\$						
SE	h	Total. Add lines 1a-1f			•	20,984	* *	. &	<u> </u>	*
Program Service Revenue					Busn. Code		<u> </u>	***************************************		
eve	2a	BAR AND VENDING ACT	IVITI	ES		175,606			 _	
<u>بر</u>	þ	LODGE ACTIVITIES				5,596	5,596		┼	
اچ	С								+	
န္တ	d			}			<u>. </u>			
Ja	e	A II - 41							┼	
ဦ		All other program service reve	nue	ι		181,202			<u> </u>	* · *
_	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including	dividor	ade interes		101,202	/ 139 *** *********************************	**	T	. 8 8
	3	and other similar amounts)	aiviuei	ius, interes	٥١,				1	
	4	Income from investment of tax	-evem	nt bond or	oceads				+	
	5	Royalties	-exem	pt bond pr	oceeds -				+	
		(i) Real		(u) Po	ersonal	*	***	\		# #
	6a	Gross rents		()		,	* *	*	1	gov.
	b	Less rental exps				\$				
	С	Rental inc or (loss)					* 1	*		
	d	Net rental income or (loss)			>		1 - 4 AA	-		
	7a	Gross amount from sales of assets (i) Secunties		(n) t	Other	,	*			1 %
		other than inventory					* *	. w .	2831	4
	b	Less cost or other				(*			10 8 .	
		basis & sales exps				,	, ,	"		•
	1	Gain or (loss)	<u>-</u>	L				>	<u></u>	THE PARTY OF THE P
		Net gain or (loss)	1		•			<u> </u>	_	
e	8a	Gross income from fundraising eve	ents				, "	ľ.		Ŷ.
Other Revenue		(not including \$								
Š		of contributions reported on line 1c)					***		
ē		See Part IV, line 18	a			,			**	
ਰੋ		Less: direct expenses Net income or (loss) from fund	D Seisias			<u> </u>				
		Gross income from gaming activitie		g events		,,,,, ,	2		 	*.
	Ja	See Part IV, line 19	ъ. а		213,061		* '	*		į.
	h	Less: direct expenses	b		223,002		3		1	•
	i	Net income or (loss) from gan	- ,	tivities	•	213,061	213,061	***		-
		Gross sales of inventory, less	-	AVIGOS			,	. * .	1	3
		returns and allowances	а				* *			
	b	Less: cost of goods sold	b							
		Net income or (loss) from sale	s of in	ventory	•					
		Miscellaneous Revenue	<u></u>		Busn. Code	t de	4, +#1,	č		
	11a	TURKEY SHOOTS				64,480	64,480			
	b	YOUTH				6,788				
	С	MISCELLANEOUS				2,003	2,003			
	d	All other revenue								
	е	Total. Add lines 11a-11d			▶ [73,271	· · · · · · · · · · · · · · · · · · ·			
	12	Total revenue. See instruction	ns.		•	488,518	467,534]	וכ	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			(2)	
	ot include amounts reported on lines 6b, b, 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				•
2	Grants and other assistance to domestic			•	•
	individuals. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	* `
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	26,512	26,512		<u> </u>
7 8	Other salaries and wages Pension plan accruals and contributions (include	20,312	20,312		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes	3,391	3,391		
11	Fees for services (non-employees)				
a	Management	1,772	1,772		
b	Legal				
c	Accounting	4,375		4,375	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		15. Sr 3 A Calo		
_f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	2,256		2,256	
14	Information technology				
15	Royalties	24 225		24 200	
16	Occupancy	31,397		31,397	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,500	2,500		
19 20	Conferences, conventions, and meetings Interest	992	2,300	992	
21	Payments to affiliates	5,148	5,148		
22	Depreciation, depletion, and amortization	5,574	2,041	3,533	
23	Insurance	8,950		8,950	
24	Other expenses. Itemize expenses not covered	*	,		7.0
	above (List miscellaneous expenses in line 24e If	** ·		1 1 1 1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	- 	7) 9		
а	cogs	212,801			212,801
b	LODGE ACTIVITIES	61,421	61,421		
С	DIRECT HOUSE	53,008	53,008		
d	MAINTENANCE	15,308		15,308	
е	All other expenses	24,495		10,448	
25	Total functional expenses. Add lines 1 through 24e	459,900	169,840	77,259	212,801
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				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

	ait A	· · · · · · · · · · · · · · · · · · ·		 		
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		20,707		25,312
	2	Savings and temporary cash investments		543	_	543
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	cers, directors,			4
		trustees, key employees, and highest compensated emp	loyees.	· · · · · · · · · · · · · · · · · · ·	ļ	
		Complete Part II of Schedule L		28.	5_	
	6	Loans and other receivables from other disqualified pers		,		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	j		•	
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
sts		organizations (see instructions) Complete Part II of Scho	edule L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use		5,861	8	6,506
	9	Prepaid expenses and deferred charges		2 7 46	9	
	10a	Land, buildings, and equipment: cost or				
		other basis Complete Part VI of Schedule D	10a 562,361		\$ (1	
	b	Less: accumulated depreciation	10b 501,268	62,421	10c	61,093
	11	Investments—publicly traded securities		11	<u> </u>	
	12	Investments—other securities See Part IV, line 11		12	<u> </u>	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1 200	14	4 000
	15	Other assets. See Part IV, line 11		1,928		1,928
	16	Total assets. Add lines 1 through 15 (must equal line 34		91,460		95,382
	17	Accounts payable and accrued expenses		26,462	1	6,355
	18	Grants payable		18	0.456	
	19	Deferred revenue		8,620	_	9,156
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	. 87
es	22	Loans and other payables to current and former officers,	·		.34	
Ħ		trustees, key employees, highest compensated employe	es, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		00 450	22	15.045
_	23	Secured mortgages and notes payable to unrelated third		20,170		15,045
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		55 252	25	30 FF.C
_	26	Total liabilities. Add lines 17 through 25		55,252		30,556
s		Organizations that follow SFAS 117 (ASC 958), check	chere ▶ and		, , d	
ĕ		complete lines 27 through 29, and lines 33 and 34.				
alar	27	Unrestricted net assets			27	<u> </u>
ä	28	Temporarily restricted net assets		·	28	<u> </u>
Ę	29	Permanently restricted net assets			29	W. 49
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and		1. 1	
Net Assets or Fund Balances		complete lines 30 through 34.		<u>35-11-12</u>	ثقيدا	
se	30	Capital stock or trust principal, or current funds		-	30	
À	31	Paid-in or capital surplus, or land, building, or equipment		36 000	31	C4 00C
Se	32	Retained earnings, endowment, accumulated income, or	r other funds	36,208		64,826
	33	Total net assets or fund balances		36,208		64,826
	34	Total liabilities and net assets/fund balances		91,460	34	95,382

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "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.

the Single Audit Act and OMB Circular A-133?

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public

No

Yes

► Attach to Form 990. Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number BENEVOLENT PROTECTIVE ORDER OF **ELKS 2283** 52-0906120 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
- and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2015

Sche		ENT PROTECT				906120	Page 2			
Pa	art III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures	or Othe	r Similar As	sets (continued)			
3	Using the organization's acquisition, acce collection items (check all that apply):									
а	Public exhibition	d \square	Loan or exchange	programs						
b	Scholarly research	e i	Other	F 9						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	During the year, did the organization solice	t or receive donations	of art, historical trea	asures or other	rsımılar					
	assets to be sold to raise funds rather tha						Yes No			
Pa	art IV Escrow and Custodial A		part of the organization	aciro concoucir	·•		103 110			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.				о, от тор	ortou arrame	ant on romi			
	Is the organization an agent, trustee, cust	ndian or other intermed	diary for contribution	s or other asse	ats not					
	included on Form 990, Part X?	odian or other intermet	alary for contribution	15 01 011101 2550	213 1101		☐ Yes ☐ No			
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table				1es 1e			
_	in 100, ospidir tro dirangoment in 1 dity.	an and complete the it	morning table				Amount			
С	Beginning balance					1c	711100111			
	Additions during the year					1d				
u 0	Distributions during the year					1e				
f	Ending balance					1f				
) 2a	Did the organization include an amount or	Form 000 Bort V line	n 21 for occrow or a	nuctodial accoun	Ω، طرابط منا غم	<u> </u>	Van Na			
	If "Yes," explain the arrangement in Part X						∐ Yes ∏ No			
	ert V. Endowment Funds.	in Oneck here it the e	xpianation has been	i provided on F	ait VIII					
<u>. ` </u>	Complete if the organizati	on answered "Ves	" on Form 900	Part IV line	10					
	Complete if the organizati	(a) Current year	(b) Pnor year	(c) Two ye		(d) There were h	ant (a) Favorage heat			
10	Beginning of year balance	(a) Current year	(b) Filor year	(C) Two ye	ars back	(d) Three years b	eack (e) Four years back			
la h	Contributions									
0				 						
C	Net investment earnings, gains, and									
a	losses									
	Grants or scholarships		· ·							
e	Other expenditures for facilities and									
	programs Administrative expenses									
'		-	 -				-			
9 2	End of year balance			->> b -1d						
-	Provide the estimated percentage of the c Board designated or quasi-endowment	urrent year end baland %	e (line 1g, column (a)) neid as:						
a h	_	70 6								
	Temporarily restricted endowment	° %								
·	The percentages on lines 2a, 2b, and 2c s									
32	Are there endowment funds not in the pos		ation that are hold a	nd administra	d for the					
Ja	organization by	session of the organiza	auon mat are neiu a	nu auministere	a for the		Yes No			
	(i) unrelated organizations									
	(ii) related organizations						3a(i) 3a(ii)			
h	If "Yes" on line 3a(ii), are the related organ	uzatione lietad ae raqu	ired on Schedule D'	2		•	3b			
A	Describe in Part XIII the intended uses of			f			[3D]			
P	Tand, Buildings, and Eq		owinent lunus.							
	Complete if the organizati		" on Form 900	Part IV line	11a Soo	Form 000 E	Part Y line 10			
	Description of property	(a) Cost or other		or other basis	T	ccumulated				
	bescription of property	(a) Cost or other (investment)	1 ''	or other basis (other)		preciation	(d) Book value			
12	Land	(- - '	21,711	1	predation	21 711			
	Buildings			394,852		366,566	21,711			
	Leasehold improvements		- 	41,784						
				104,014		40,205 94,497	1,579			
	Other			TOT, U14		2 3,4 2/	9,517			
	I. Add lines 1a through 1e (Column (d) mus	et equal Form 900 Po-	t Y column (P) line	10c)			61,093			
	m nea mico ra allough re (Column (d) mus	A Squair Offit 990, Pal	ca, widini (b), inte	100/		▶	OT, UJ3			

Page 3

Part VII	Investments—Other Securities.	Form 000 Port IV I	ing 14h Coo Form 000 Port V line 12
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(4) 2001 14.45	Cost or end-of-year market value
(1) Financial of	denvatives		
	eld equity interests		
(3) Other	• • • • • • • • • • • • • • • • • • • •		···
(A)			
(B)			
(c)		· ·	
(D)	•		
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		-	
(5) (6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	<u></u>	
*	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ine 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)		***	
(3)			
(4)			
(5)			4
_(6)			
(7)			
(8)			
<u>(9)</u>	(1)		
Part X	n (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.		P.
* Lairv	Complete if the organization answered "Yes" on	Form 990 Part IV II	ine 11e or 11f See Form 000 Part Y
	line 25.	11 Ulli 990, Fait IV, ii	ine The Or Th. See Point 990, Part A,
1.	(a) Description of liability	(b) Book value	
	income taxes	(b) Book Value	
(2)	moone taxes		
(3)			
(4)			
(5)		<u> </u>	
(6)	***		
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2015 BENEVOLENT PROTECTIVE ORD	ER OF 52	-0906120	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.	
	Complete if the organization answered "Yes" on Form 9	90, 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:	\$ <u></u>		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	`	
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)			
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	
Pá	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 9	90, 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:			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b	***	
C	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

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.

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

Page **5**

Schedule D (Form 990) 2015 BENEVOLENT PROTECTIVE ORDER OF Part XIII Supplemental Information (continued)

SCHEDULE.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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

BENEVOLENT PROTECTIVE ORDER OF

Open to Public Inspection

Employer identification number

ELKS 2283					52-09061	20		
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to				red "Yes" on Form	990, Part IV, line	17.		
1 Indicate whether the organization raised funds through a				Check all that apply				
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants				
b Internet and email solicitations	f Solicitation	of gov	vernn	nent grants				
c Phone solicitations	g 🗌 Special fun	draisii	ng ev	ents				
d In-person solicitations								
2a Did the organization have a written or oral agreement we or key employees listed in Form 990, Part VII) or entity it	ith any individual (i in connection with	ncludi profes	ng of	ficers, directors, trustee	es	Yes No		
b If "Yes," list the ten highest paid individuals or entities (freedompensated at least \$5,000 by the organization		int to a	agree	-				
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) Did fund- raiser have custody or control of		raiser have custody or		(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						
1								
2								
3								
<u></u>	<u> </u>							
4								
5								
6								
7								
8								
	-							
9								
10								
				-		<u> </u>		
Total .								

Schedule G (Form 990 or 990-EZ) 2015 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)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 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) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 183,932 29,129 213,061 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes X $|\mathbf{x}|$ 6 Volunteer labor No No 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) 213,061 MD Enter the state(s) in which the organization conducts gaming activities X Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Yes 🗓 No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form	990 or 990-EZ) 2015	BENEVOLENT	PROTECT	IVE	ORDER	OF	52-09	06120		Page 3
11	Does the org	ganization conduct gaming	activities with nonmem	bers?						Yes	X No
12	Is the organi	zation a grantor, beneficia	ry or trustee of a trust or	a member of a	partner	ship or other	r entity		_	=	
	formed to ac	lminister chantable gamin	3,							Yes	X No
13	Indicate the	percentage of gaming act	vity conducted in:							=	
а	The organiza	ation's facility							13a		%
b	An outside fa	acılıty							13b		%_
14	Enter the na	me and address of the pe	rson who prepares the o	rganization's ga	ming/sp	ecial events	books and				_
	records:										
	Name ▶	JOSEPH STRATTO	N								
		754 225TH STRE	ET								
	Address ►	PASADENA						MD 211	L22		
15a	Does the org	ganization have a contract	with a third party from w	hom the organi	zation re	eceives gam	ing				
	revenue?									Yes	X No
b	If "Yes," ente	er the amount of gaming re	evenue received by the o	organization >	\$			and the			
	amount of g	aming revenue retained by	the third party > \$								
С	If "Yes," ente	er name and address of th	e third party:								
	Name ▶										
	Address ▶										
16	Gaming mar	nager information									
	Name >										
	Gaming mar	nager compensation > \$									
	Description	of services provided >									
	Director	/officer Em	ployee	ndependent con	tractor						
17	Mandatory d	listributions.									
а	Is the organi	zation required under stat	e law to make charitable	distributions fro	m the o	gaming proce	eeds to				
	retain the sta	ate gaming license?								Yes	X No
b	Enter the an	nount of distributions requi	red under state law to be	e distributed to d	other ex	empt organiz	zations or			-	
	spent in the	organization's own exemp	t activities during the tax	year ▶ \$							
Pai	t IV Su	pplemental Informa	tion. Provide the ex	kplanations re	equire	d by Part I	l, line 2b,	columns (iii)	and (v); ar	nd	
	Pa	rt III, lines 9, 9b, 10b	, 15b, 15c, 16, and	17b, as appli	cable.	Also provi	ide any a	dditional ınfoı	mation (se	e	
		structions).									
		<u> </u>		<u> </u>							

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.

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number

BENEVOLENT PROTECTIVE ORDER OF ELKS 2283

ELKS 2283 52-0906120

Form 990, Part I, Line 6

ASSISTING WITH FUNDRAISING ACTIVITIES ON BEHALF OF THE LODGE.

Form 990, Part III, Line 4d - All Other Accomplishment
Miscellaneous support via interlodge and nationally syndicated activities.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters
YES-CONSISTENT WITH OTHER CHAPTERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 REVIEWED BY GRAND LODGE AFTER INTERNAL REVIEW BY MEMBERS ATTENDING THE JUNE MEETING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ANY CONFLICT BROUGHT IMMEDIATELY TO THE ATTENTION OF THE GRAND LODGE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official DETERMINED BY THE GRAND LODGE

Form 990, Part VI, Line 15b - Compensation Process for Officers

MINIMUM WAGE AND HOUSE APPROVED WAGE INCREASES AFTER CERTAIN PERIOD OF TIME

ON THE JOB

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Name of the organization

BENEVOLENT PROTECTIVE ORDER OF

Employer identification number

52-0906120

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

CASH (TAX) TO ACCRUAL (FINANCIAL) CONVERSION \$ 0