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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.

Open to Public Inspection

-	A F	or the	2015 calendar year, or tax year beginning APR 1, 2015 and ending	MAR 31, 20	016	
	<b>B</b> ch	neck if	C Name of organization	D Employer id	entificat	ion number
	ар	plicable	BENEVOLENT & PROTECTIVE ORDER OF			
		Addres change	S DIRG #067			
	$\equiv$	Name change			4-020	2540
	$\equiv$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/su	ite E Telephone ni	umber	
		Final	P. O. BOX 1749			52-8278
		return/ termin- ated		G Gross receipts \$		3,336,089.
		Ameno		H(a) Is this a gro		
		Ireturn Applica		for subordi		Yes X No
		Ition pendin	SAME AS C ABOVE	H(b) Are all subordi		
	ı T	37.076				t. (see instructions)
	.I W	laheit	e: ► WWW.WINCHESTERELKS.ORG			umber ▶ 1156
						tate of legal domicile: VA
		rt I	Summary			<u>,, , , , , , , , , , , , , , , , , , ,</u>
			Briefly describe the organization's mission or most significant activities SERVE TH	E PEOPLE AL	ND CC	OMMUNITIES
	ဦ		THROUGH BENEVOLENT PROGRAMS.			
	ia		Check this box  if the organization discontinued its operations or disposed of m	ore than 25% of its	net asse	ts
	Š		Number of voting members of the governing body (Part VI, line 1a)		3	14
	Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	14
	80		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	17
	jŧ		Total number of volunteers (estimate if necessary)		6	50
	Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	۷	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
			Net unrelated business taxable income from Form 990-1, line 34	Prior Year		Current Year
	a)	8	Contributions and grants (Part VIII, line 1h)	있 32,4:	17.	32,238.
	Revenue		Program service revenue (Part VIII, line 2g)	0	0.	0.
	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1		95.	96.
	œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14e)	391,3		351,121.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII;:column:(A); line=12)	429,8		383,455.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,5		27,081.
2016		14	Benefits paid to or for members (Part IX, column (A), line 4)	12,3		12,290.
Z	တ္ထ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,6		35,136.
<b>6</b>	Su:	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
₩	Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,2		204,311.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	280,8		278,818.
		19	Revenue less expenses Subtract line 18 from line 12	149,0		104,637.
SCANNED	t Assets or			Beginning of Current		End of Year
Z	sset 3ala	20	Total assets (Part X, line 16)	1,348,7		1,475,259.
Š	et nd		Total liabilities (Part X, line 26)	6,7		28,588.
Ø	쯙		Net assets or fund balances Subtract line 21 from line 20	1,342,0	34.	1,446,671.
		ırt II	Signature Block	tomosto and to the ha	at of mule	nouladae and helief it is
			lities of perjury. I declare that have examined this return including accompanying schedules and sta			nowledge and belief, it is
	true,	correc	it, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer rias ariy knowledge	///	2011
	ο.		Signature of officer	Date	<del>-/-</del>	216
	Sigr		JOHN ROSENBERGER, EXALTED RULER			
	Her	е	Type or print name and title			
			Print/Type preparer's name Preparer's signature	_ Date   Cr	heck	PTIN
	Paid	l	BRIAN P. DAVET	06/23/16		P00842330
	Prep		Firm's name RUTHERFORD & JOHNSON, PC	Firm's E		54-1782073
		Only	Firm's address 116 MEDICAL CIRCLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	550	J,	WINCHESTER, VA 22601	Phone n	o. <b>540</b> -	-662-7070
	May	the I	RS discuss this return with the preparer shown above? (see instructions)	1.7		X Yes No
			6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> <sub>4</sub> (2015)

532002 12-16-15

4e

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

) (Revenue \$

Form 990 (2015) ELKS #867
Part IV Checklist of Required Schedules

			res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del> </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- T
	public office? If "Yes," complete Schedule C, Part I	3	<del> </del> -	<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		-
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
Ū	Schedule D, Part III	8		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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
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	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 46		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
12a	Schedule D, Parts XI and XII	12a		x
<b>.</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-	
U	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_x
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u>X</u>	(22:2
		Form	990	(2015)

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Part IV Checklist of Required Schedules (continued)

			Yes_	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
	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			
_	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 employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 7a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
<b>L</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	·	<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	_	$\overline{}$
С	•	24c		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	·	$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		$\vdash$
25a		250		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
ь	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	051		
	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,"			3.5
	complete Schedule L, Part II	26		X
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).			
а		28a		X
b	·	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		X
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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Part II, III, 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		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
50	Note. All Form 990 filers are required to complete Schedule O	38	x	
	TAXABLE DESCRIPTION OF THE PROPERTY OF THE PRO			(2015)
				. ,

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					<u> </u>	<u>raye o</u>
Part V   S	Statements Regardin	ig Other IRS Filing	s and Tax Complia	nce		

	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	0		
	The state of the s			
C	(gambling) winnings to prize winners?	1c		
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
Za	filed for the calendar year ending with or within the year covered by this return  2a	17		ĺ
b	The second secon	2b		х
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	A STATE OF THE STA	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
<del></del> a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	A STATE OF THE STA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		1
5a	the state of the s	5a		Х
b	D. L.	5b		Х
c	to No. 1. 5. 5. 5. del the agreement of the Forms 0000 TO	5c		
	The second section is a second section of the section o			
	any contributions that were not tax deductible as charitable contributions?	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			İ
	to file Form 8282?	7c		X
d	- · ·			ĺ
е		<u>7e</u>		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
h		C? 7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			1
а		9a		<del> </del>
b	· · · · · · · · · · · · · · · · · · ·	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:			1
a		-		1
b				1
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	C II a series (De material accounts due au moid to ather accurace amount	_		1
b	amounts due or received from them.)			
12a	50 5 000 character 10410	12a		ł
b		1.2.2		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
a	to the second se	13a	-	
a	Note, See the instructions for additional information the organization must report on Schedule O.	7.55		
b				
	organization is licensed to issue qualified health plans			
С	422			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	990	(2015)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Objects 6 Objects 10 O			T				
C	Check if Schedule O contains a response or note to any line in this Part VI		_	X				
Sec	tion A. Governing Body and Management		V					
4-	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing			•				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  1b  14							
b								
2	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X				
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_4_ 5		X				
6	Did the organization have members or stockholders?	6	Х					
	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	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
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 the							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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						
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.							
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 rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	<u> </u>	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a	<u></u>	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b_						
Sec	tion C. Disclosure							
17	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) a	ivailab	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X 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	tinan	ciaí					
	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   THE OPERATION - 540-662-8278							
	THE ORGANIZATION - 540-662-8278 P. O. BOX 1749, WINCHESTER, VA 22604							
		Form	990	(2015)				
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ELKS #867

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
--

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if neither the organization (A)	(B)			(C	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				8		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	g E E				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	프	<u>≅</u>	9	2	三章	윤			
(1) JOHN ROSENBERGER	5.00	,,						0.	0.	^
EXALTED RULER	F 00	Х			-		$\vdash$		0.	0.
(2) LOUIS STROTHER	5.00	3,7						0.	0.	_
LEADING KNIGHT	F 00	Х			-	├		0.	0.	0.
(3) DANNY JONES	5.00	v						0.	0.	
LOYAL LECTURING KNIGHT	F 00	X			┢			0.	0.	0.
(4) JEFFREY WARNER	5.00	<b>.</b>						0.	0.	_
LOYAL LECTURING KNIGHT	F 00	X			├			0.	0.	0.
(5) TAMMY SYMONS	5.00	<b>.</b>						0.	0.	7,000.
SECRETARY	F 00	X			-	<u> </u>		0.	0.	7,000.
(6) WILMA ORNDOFF	5.00	v			İ		}	0.	0.	0
TREASURER	F 00	X			<del> </del>	-		0.	0.	0.
(7) STEVE CULBERT	5.00	v					i	0.	0.	0.
EQUIRE	F 00	X		_	-	+	-		U .	0.
(8) DONALD NETSCHKE	5.00	x						0.	0.	0.
CHAPLAIN	5.00	^		<del> </del> -			$\vdash$	<b>U</b> •	<u> </u>	<u>U.</u>
(9) KERMIT SLONAKER	3.00	X						0.	0.	0.
INNER GUARD	5.00	^		┢	-	╁╾			0.	0.
(10) RAYMOND SANDY	3.00	x	ļ					0.	0.	0.
1 YEAR TRUSTEE	5.00	A	ļ—			+	+-	•	•	
(11) JAMES VENABLE	3.00	x			1			0.	0.	0.
2 YEAR TRUSTEE	5.00	1	┢	<del>                                     </del>	┢	1-				
(12) MARGARET SANDY 3 YEAR TRUSTEE	3.00	$\mathbf{x}$						0.	0.	0.
(13) BETSY PETERS	5.00	-			T	1				
4 YEAR TRUSTEE	3.00	$\mathbf{x}$						0.	0.	0.
(14) BARBARA LILLY	5.00	-				$\top$	1			
5 YEAR TRUSTEE	3.00	$\mathbf{x}$						0.	0.	0.
S IEAR IROSIES		Ţ <u>-</u> -				1				
		<u> </u>	_	_	$\perp$	_	_			
		-								
					1					
		Щ.	1	l. <u>.</u>	1_	1_		<u> </u>		Form <b>990</b> (2015)

Form 990 (2015)

ELKS #867

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghes	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		oth		of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		frorga orga and	pensa om the anizati d relate inizatio	e on ed
													-	
			-				-							
			 											0.0
С	Sub-total  Total from continuation sheets to Part V  Total (add lines 1b and 1c)						•	<b>&gt; &gt;</b>	0.		0. 0.		7,0 7,0	0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	no re	received more than \$100	),000 of reportab	le 		Yes	No
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the s	such individual										3		X
<b>4</b> 5	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes accrue compe	," cc nsat	<i>mpl</i> tion 1	ete from	Sch an	<i>edul</i> y un	e J i	for such individual			4		X_
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son					5		<u>X</u>
1	Complete this table for your five highest compensation. Report compensation for										npens	ation f	rom	
	(A) Name and busines			ON:					(B) Description of s		C	(C Compe		n
							· · <del>- ·</del>							
														_
2	Total number of independent contractors \$100,000 of compensation from the organ		not l	imite	ed to	o the	ose I	ste	d above) who received r	more than				
	wroa,000 or compensation nom the organ								·	,		Form	990 (	2015

BENEVOLENT & PROTECTIVE ORDER OF 54-0202540 Form 990 (2015) ELKS #867 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded Related or Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Gifts, Grants illar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b 32,238 c Fundraising events 1c 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 3,109,624 2,693,999 **b** Less direct expenses c Net income or (loss) from gaming activities 415 625 415,625 10 a Gross sales of inventory, less returns and allowances 137,977 b Less: cost of goods sold 258,635 c Net income or (loss) from sales of inventory <120 658 × <120,658

<120 562

56 154

56,154

383,455,

**Business Code** 

624110

11 a EVENT INCOME

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Miscellaneous Revenue

56,154

471 779

Form 990 (2015) ELKS #867

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,081.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	12,290.			
5	Compensation of current officers, directors,				
	trustees, and key employees	7,000.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,136.			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal .				
С	Accounting	3,975.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	268.			
13	Office expenses	8,373.		ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·
14	Information technology	<u></u>			·
15	Royalties				·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
16	Occupancy	71,428.			·· ·· · · · · · · · · · · · · · · · ·
17	Travel .	T			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.250			
19	Conferences, conventions, and meetings	2,379.		<del> </del>	<del></del>
20	Interest		_		
21	Payments to affiliates	40 007	<del></del> -		
22	Depreciation, depletion, and amortization	49,887. 3,776.			
23	Insurance	3,110.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)	1			
	amount, list line 24e expenses on Schedule O.)	33,384.			
a	EVENT EXPENSE	19,826.			
b	SUPPLIES MISCELLANEOUS	9,808.			
C	TAXES AND LICENSES	1,207.			
đ		1,201.			
е ЭЕ	Total functional expenses. Add lines 1 through 24e	278,818.			
25 26	Joint costs. Complete this line only if the organization	2,0,010.			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet **ELKS #867** 

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing	442,048.	1	588,916
2	Savings and temporary cash investments	17,000.	2	17,000
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			····
1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	<u>.                                    </u>		<del> </del>
ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	Notes and loans receivable, net		7	
Assets 7	Inventories for sale or use	8,382.	8	10,176
8		0,302.	9	10,110
9	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	410 .		<del></del>
10a				
١.		881,325.	10c	859,167
b		001,525.	11	033,107
11	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related See Part IV, line 11		14	
14	Intangible assets Other coasts See Part IV line 11		15	
15	Other assets. See Part IV, line 11	1,348,755.	16	1,475,259
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,721.	17	6,816
17	Accounts payable and accrued expenses	0,721.	18	0,010
18	Grants payable		19	21,772
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees,			·
Liabilities				
<u></u>	key employees, highest compensated employees, and disqualified persons.		22	
	Complete Part II of Schedule L		23	
23	Secured mortgages and notes payable to unrelated third parties		24	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of		0.5	
	Schedule D	6,721.	25	28,588
26	Total liabilities. Add lines 17 through 25	0,141.	26	40,300
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ses	complete lines 27 through 29, and lines 33 and 34.		07	
27	Unrestricted net assets		27	<del></del>
<b>E</b>   28	Temporanly restricted net assets		28	-
일 29	Permanently restricted net assets	<del></del>	29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here			
Ö	and complete lines 30 through 34.	^		0
8 30	Capital stock or trust principal, or current funds	0.	30	0
Net Assets or Fund Balances 22 88 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid in or capital surplus, or land, building, or equipment fund	0.	31	321 760
32	Retained earnings, endowment, accumulated income, or other funds	217,123.		321,760
33	Total net assets or fund balances	1,342,034.		1,446,671
34_	Total liabilities and net assets/fund balances	1,348,755.	34	1,475,259

BENEVOLENT & PROTECTIVE ORDER OF

Form_	990 (2015) ELKS #867	<u>54-</u>	02025	40	Page	12
Pàr	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>, 45</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,81	
3	Revenue less expenses. Subtract line 2 from line 1	_3			,63	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	<u>342</u>	,03	<u>4.</u>
5	Net unrealized gains (losses) on investments .	_ 5				
6	Donated services and use of facilities	6				_
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,	<u>446</u>	<u>,67:</u>	<u>1.</u>
Par	t XII Financial Statements and Reporting				_	_
	Check if Schedule O contains a response or note to any line in this Part XII					ᆚ
			_		es N	lo
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a _	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both.					
	Separate basis X Consolidated basis Both consolidated and separate basis					_
b	Were the organization's financial statements audited by an independent accountant?		<del> </del>	2b	2	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			_	
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	-   2	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Au	dit		_	
	Act and OMB Circular A-133?		<b>-</b>	3a	- 1 2	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	00 :==	
			F	orm 9	<b>90</b> (20	15)

532012

### **SCHEDULE D**

(Form 990)

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.
Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF **ELKS #867** 

**Employer identification number** 54-0202540

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· -	
	Preservation of land for public use (e.g., recreation or e	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	1 1
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	ruotura inaliudad in (a)	2c 2c
C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		
d	listed in the National Register	arter of 17700, and not on a mistoric struc-	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th	
3	year >	,	<b>g</b>
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
-	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
-	conservation easements.	6 Aut Historical Transcers	Athan Cincilar Aparts
Ра	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described and account of the footnote to its financial statements that described and account of the footnote to its financial statements that described and account of the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements that described and the footnote to its financial statements.		et and balance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, e		
		education, or research in furtherance of pr	ablic service, provide the following amounts
	relating to these items.		<b>~</b> ¢
	(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 tro	easures or other similar assets for financi	
2	the following amounts required to be reported under SFAS		g provide
_	Description on Form COO Dort VIII Inc. 1		<b>▶</b> \$
a h	Assets included in Form 990, Part X	•	<b>\$</b>
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

#### BENEVOLENT & PROTECTIVE ORDER OF

$\overline{}$	dule D (Form 990) 2015 ELKS #8					_			02540	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Other	Simila	<u>ar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t are a sıg	nıfıcant ı	use of its	collection	tems
	(check all that apply)									
а	Public exhibition	d	ı	Loan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatı	on's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit or	r receive donations	of art, he	storical treas	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table <sup>.</sup>						
									Amount	
С	Beginning balance						1c			
d	Additions during the year .						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabilit	y?		Yes	☐ No
b_	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete it	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10	).			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (c	i) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance .									
b	Contributions .									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for the	organız	ation	_	
	by.								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part 1\	V, line 11a. S	See Form 990	), Part X, Iı	ne 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	/alue
		basis (investi	ment)	basis	(other)	depr	eciation			
1a	Land			22	4,872.				224	,872.
b	Buildings			1,10	0,708.	5	52,70	08.		,000.
С	Leasehold improvements									
d	Equipment			27	8,411.	1	92,1	16.	86	,295.
e	Other									
	Add lines 1a through 1e (Column (d) must e	aual Form 000 Parl	Y colu	nn (B) line 1	(Oc.)				850	167

Schedule D (Form 990) 2015

) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
Financial derivatives				
Closely-held equity interests				
Other			<u> </u>	<u> </u>
(A)			·	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				· -
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11c. See Form 990	, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			•	
(8)				
(9)				<del></del>
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.				****
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990	), Part X, line 15	
	Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)		· · · · · · · · · · · · · · · · ·		
(3)				-
(4)				"
		<del></del>		
(5)				-
(6) (7)				
(8)				
(9)				-
tal. (Column (b) must equal Form 990, Part X, col (B) line			•	· ·
art X Other Liabilities.				<u> </u>
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See For	rm 990. Part X. line 2	5.
(a) Description of liability		(b) Book value		
(1) Federal income taxes			=	
			1	
(2)		· · · · · · · · · · · · · · · · · · ·	-	
(3)	<del></del>		-	
(3)				
(4)				
(4) (5)			-	
(4) (5) (6)			_	
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)			- - -	
(4) (5) (6) (7)				

532054

#### **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

➤ 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.

Open to Public Inspection

Name of the organization BENEVOL	ENT &	PROTECTIVE	ORDE	R O	F	- 1		ntification number
ELKS #8							<u>54-0202</u>	
Part I Fundraising Activities required to complete this par		if the organization ans	wered "Y	es" or	n Form 990, Part IV,	line 17	Form 990-EZ	filers are not
Indicate whether the organization rais     Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations	3	e Solic f Solic g Spec	itation of itation of cial fundra	non-g gover	overnment grants nment grants events		ar.	
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or e ividuals or	entity in connection with entities (fundraisers) pi	h profess	ional f	undraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	127			
						<del>-</del>		
						<del></del>		
	-							
				<u> </u>				<u>-</u>
Total  3 List all states in which the organization	on is regist	ered or licensed to soli	cit contrib	oution	s or has been notified	ditise	exempt from re	egistration
or licensing.					*			
				_				
LHA For Paperwork Reduction Act No	tice, see th	ne Instructions for For	rm 990 o	r <b>99</b> 0-	<b>EZ</b> .	Sched	ule G (Form 9	90 or 990-EZ) 2015

532081 09-14-15

#### BENEVOLENT & PROTECTIVE ORDER OF

	ule G (Form 990 or 990-EZ) 2015 ELKS #8	867	"Vee" on Form 000. Dor	54-	0202540 Page
art	Fundraising Events. Complete if t of fundraising event contributions and g				
1	of lundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
		(6, 273	(4, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(-)	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	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	• •		<u> </u>		
10	•		•	<b>.</b>	
<u>∣1'</u> art	Net income summary Subtract line 10 from III Gaming. Complete if the organization	line 3, column (d)	a 990 Part IV line 19 or	reported more than	·
ai t	\$15,000 on Form 990-EZ, line 6a.	Tallswelled Tes Off Off	1 330, 1 21114, mie 13, 01	reported more than	
Τ	\$10,000 011 0111 000 <u>11</u> , 1110 0a.	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (a
		(a) Bingo	bingo/progressive bingo	(C) Other garning	col (a) through col
1	Gross revenue		2,912,865.	196,759.	3,109,62
2	Cash prizes		2,484,676.	129,903.	2,614,57
3	Noncash prizes			1,229.	1,22
4	Rent/facility costs				_
<b>'</b>   5	Other direct expenses		43,924.	34,267.	78,19
		Yes %		X Yes 100 %	
6	Volunteer labor	∟ No	X No	L No	
7	Direct expense summary Add lines 2 throu	gh 5 ın column (d)	•	<b>&gt;</b>	2,693,99
۱.	Net gaming income summary. Subtract line	7 from line 1, column (d)		•	415,62
	, tot gamming mounts of the control				
			/A		
) E	inter the state(s) in which the organization consistence or state (s) in which the organization licensed to conduct gaming				X Yes
a Is	inter the state(s) in which the organization constitution of state organization licensed to conduct gaming "No," explain	activities in each of these	states?	•	X Yes
als blf	s the organization licensed to conduct gaming "No," explain	activities in each of these	states?	-	
als blf -	s the organization licensed to conduct gaming "No," explain  Vere any of the organization's gaming licenses	activities in each of these	erminated during the tax	year?	
als blf -	s the organization licensed to conduct gaming "No," explain	activities in each of these	erminated during the tax	year?	

#### BENEVOLENT & PROTECTIVE ORDER OF

Schedule G (Form 990 or 990-EZ) 2015 ELKS #867	54-0202540 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X 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 X No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 100.00 %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords
Name ► OFFICERS OF THE ORGANIZATION	
Address ► P.O. BOX 1749 - WINCHESTER, VA 22604	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	mount
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	
O	
Gaming manager compensation > \$	
Description of services provided	
<u></u>	
Director/officer X 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 X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spi	ent in the
organization's own exempt activities during the tax year ▶ \$	<del></del>
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
	<del></del> ,
	hulo O (Farra 000 az 000 FZ) 0045

		BENEVOLENT	&	PROTECTIVE ORDER	OF	54-0202540	
Schedule C	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)				34-0202340	Page 4
Faltiv	Supplemental IIIIOI	mation (continued)					
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					So	hedule G (Form 990 or	990-EZ)

# SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

•		
1545-0047	115	
OMB No	20	

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. & PROTECTIVE ORDER OF BENEVOLENT

General Information on Grants and Assistance

Part

ELKS #867

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

54-0202540

2 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

Schedule I (Form 990) (2015)

54-0202540

ELKS #867 Schedule I (Form 990) (2015)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information	

Schedule I (Form 990) (2015)

## **SCHEDULE 0**

(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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BENEVOLENT & PROTECTIVE ORDER OF **ELKS #867** 

**Employer identification number** 54-0202540

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT,
THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF
AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT
PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION COLLECTS MEMBERSHIP DUES FROM ITS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
A CHANGE IN THE BYLAWS, AND APPROVAL OF MEMBERSHIP ARE SUBJECT TO APPROVAL
BY THE MEMBERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT OF THE 990 IS PRESENTED TO THE BOARD AND LODGE AT A LODGE MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)