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ப partment of the Treasury

. 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.

2015 Open to Public

OMB No 1545-0047

ln'erna	Reven	ue Service	► Information about Form 990 and its instructions is at www.irs.gov	//form990.	Hispection
F	or the	2015 calend	ar year, or tax year beginning 04-01, 2015, and en	ding 0	3-31 ,2016
□ c	heck if a	ipplicable	C Name of organization BENEVOLENT & PROTECTIVE ORDER ELKS		D Employer identification no
	ddress d		Doing business as		71-0013337
77	ame cha	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
11	itial retu	-	P O BOX 943		(870)772-7839
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		185,917
- i	mended		TEXARKANA, AR 71854		G Gross receipts\$
1		n pending	F Name and address of pnncipal officer		o oloo loopio
	ppiicatio	in pending	r Manie and address of principal officer	H(a) Is this a group subordinates?	return for Yes X No
			501(c)(3) ∑ 501(c) (8) (insert no)		
		pt status	501(c)(3) X 501(c) (8) ◀ (insert no)	If "No," at	nates included? Yes No nach a list (see instructions) on number 1156
		► N/A	Corporation ☐ Trust ☒ Association ☐ Other ▶ L Year of formation 1.5		
, - ,		rganization		998 M State of le	gai domicile AK
· 'ar	·	Summar			
٠,	1	Briefly descr	be the organization's mission or most significant activities: COMMUNITY SUPPOR	<u>T</u>	
- 2				· · · ·	
Governance					
Ē					
& Cove	2		ox $lacktriangle$ $igcap$ if the organization discontinued its operations or disposed of more than 25% of	1	1 .
9-74	3	Number of ve	oting members of the governing body (Part VI, line 1a)		
es -	4		dependent voting members of the governing body (Part VI, line 1b)		1
- - =	5	Total numbe	r of individuals employed in calendar year 2015 (Part V, line 2a)	<u>.</u> <u>.</u>	1
Activities	6	Total numbe	r of volunteers (estimate if necessary)	<u>. 6</u>	i
Activiti	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12	7	а
	Ь	Net unrelated	d business taxable income from Form 990-T, line 34	7	b
Revenue				Prior Year	Current Year
<u>.</u>	8	Contributions	s and grants (Part VIII, line 1h)	24,9	84 25,64
Ę,	9		vice revenue (Part VIII, line 2g)		
. ב <u>ֿ</u>	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		15 1
e Ve	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11é)	96,2	
. —	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	121,2	
• —	13		similar amounts paid (Part IX, column (A), lines 1-3)	121/2	131/22
1			(0.7)	١,	
:	14			36,7	23 36,56
Expenses 7	15		er compensation, employee benefits (Part IX, column (A), lines 5-10) 6.2016	30,1	23 30,30
us	1		fundraising fees (Part IX, column (A), line 11e)	,. ,-,-, , , , , , , , , , , , , , , , ,	,
хре	b		sing expenses (Part IX, column (D), line 25) ▶0		
ıΠ	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,6	
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,3	
	19	Revenue les	s expenses. Subtract line 18 from line 12	3,8	30 (1,75
Čes			<u> </u>	Beginning of Current Yea	r End of Year
sets alan	20	Total assets	(Part X, line 16)	160,1	26 158,94
t As	21	Total liabilitie	s (Part X, line 26)	1,2	09 1,78
Net Assets or Fund Balances	22	Net assets o	r fund balances. Subtract line 21 from line 20	158,9	17 157,16
² ar			re Block		
.'-der	penaltie	s of penjury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge and belief, it is	
. 13, CC	rrect, ar	na complete Dec	aration of preparer (other than officer) is based on all information of which preparer has any knowledge		/ ~ //
(WAYN	E WALKER Y VALLE Y VILLE		6-30-16
∹igr	า		e of officer	D	ate
::ere		WAVN	E WALKER, EXALTED RULER		
, 510	•		pnnt name and title		
-				Check X if	PTIN
aic		1	pparer's name Preparer's Phature Date 06-30-2016	i	P01206685
		INTAX		self-employed	F01200003
	oarer		▶ Intax	Firm's EIN	16-2
∵se	Univ	✓ Firm's addres	s ▶ 2412 Texas Blvd	Phone no	

903-792-1231

' IA

Texarkana TX 75503

way the IRS discuss this return with the preparer shown above? (see instructions)

	ort III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
٠	
	COMMUNITY SUPPORT
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program service reported.
4a	(Code:) (Expenses \$132,962 including grants of \$) (Revenue \$)
	ST. JUDES CHILDRENS HOSPITAL V A HOSPITAL
	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
75	/ (Neveride #)
	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 132,962

170

Part IV

Checklist of Required Schedules

Yes Ν¢ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 1 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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," Х 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 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 Х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a 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 Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Form 990 (2015) BENEVOLENT & PROTECTIVE ORDER ELKS 71-0013337 Pag Part IV Checklist of Required Schedules (continued) Yes N 3 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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 X 21 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 Χ 22 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 Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 disgualified 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? 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 X 26 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 X 27 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a

Form 990 (2015)

34

35a

35b

36

37

X

Х

X

X

34

35a

36

37

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O Contains a response of note to any line in this Part V	· · · ·	<u></u>	ᆫ
10	Enter the number reported in Pay 2 of Form 1006 Faton 0 if not applicable	r	Yes	N
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	· · · · · · · · · · · · · · · · · · ·			
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	j	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		-
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\mathbf{x}	İ
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	Ì
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	X	_
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	1 (
	account)?	4a	-	Х
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			
	(FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- {	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. !	1	
	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 payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		}	
	required to file Form 8282?	7c	<u>}</u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	: _	}	
6	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-/ii-		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	1	
9	Sponsoring organizations maintaining donor advised funds.	-		
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:	- 55		
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		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			-
p	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	}		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Form 990 (2015) Pag BENEVOLENT & PROTECTIVE ORDER ELKS 71-0013337 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management N Yes 1a Enter the number of voting members of the governing body at the end of the tax year 15 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 O. Enter the number of voting members included in line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ 10a Did the organization have local chapters, branches, or affiliates?

D	ir res, and the organization have written policies and procedures governing the activities of such chapters,	(i
	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	X	
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?			ĺ
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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			ĺ
	with a taxable entity during the year?	16a		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		i

Section C. Disclosure

17	List the states with which a	copy of this Form	990 is required to be filed
----	------------------------------	-------------------	-----------------------------

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)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar 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 nor any	related organization	comp	ens	ated	any	curre	nt o	fficer, director, or tr	ustee.	
(A) Name and Title .	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unies	Pos eck m ss per	son :	ne de Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHARLIE MATLOCK TREASURER	5.00		-	x	-	<u> </u>	_	1,500	0	
(2) RICHARD WHITE TRUSTEE	5.00			X				1,300	0	
(3) JACKIE FALLS SECRETARY	10.00			Х				4,500		
(4) ED WALKER INNER GUARD	5.00			х				0	0	
(5) WAYNE WALKER EXALTED RULER	5.00			Х				C	0	
(6) JAMES G MCPHERSON TRUSTEE	5.00			Х				0	0	(
(7) ROBERT MCLURE TRUSTEE	5.00			Х				c	0	
(8) JIM KNIGHT ESTEEMED LOYAL KNIGHT	5.00			X					0	c
(9) LARRY POWELL ESQUIRE	5.00			_x					0	c
(10)HERMAN SMITH TRUSTEE	5.00			х			_	0	0	
(11)BETTY TEMPLETON ESTEEMED LEADING KNIGHT	5.00			х				0	0	
(12)JAN CAIN CHAPLAIN	5.00		_	Х	_		_	0	0	
(13)ANN WALKER ESTEEMED LECTURING KNIGHT	5.00			х	_		_	a	0	,
(14)DEBBIE SMITH TILER			}	X	}			a	0	ď

Part VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ind	High	est	Comp	ens	ated Employees (continued)	
(C)										
(A)	(B)	(do n	ot ch		ition ore th	nan one	- 1	(D)	(E)	(F)
Name and title	Average hours per	box,	unles	s pers	on is	both an	ł	Reportable	Reportable	Estimated amount of
	week (list any			_	_	trustee)		compensation from	compensation from related	other
	hours for related	Individual t or director	Institutional trustee	Officer	Key employee	mg dig	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dual	l to	"	mplo	st cc	8	(W-2/1099-MISC)	(11 2 1033 111100)	organization
	below dotted line)	trustee	텵		yee	mpe	- }		ł	and related organizations
	· '	ŏ	i e			Highest compensated employee	- {			}
			ļ			اة ا				
				_						
(15)PHILLIP HARRELL										
TRUSTEE				X			_		0	
<u>(16)</u>			İ							
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/21)	 		-	├		 	-+			
(21)							ļ			
(22)										
(23)										_
							\perp			
(24)							- (
(00)			ļ. —				\dashv			
(25)										
1b Sub-total	L		L	لـــا			\exists			
c Total from continuation sheets to Part VII, Section						-	-			
d Total (add lines 1b and 1c)						•	` ⊦	6,000	0	
2 Total number of individuals (including but not limited								than \$100,000 of		
reportable compensation from the organization									0	
										Yes N
3 Did the organization list any former officer, director,			-			-				
employee on line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is the sum of rep								tion from the		3 7
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater than										
individual		163,	COL	iibici		JI ICOUIC		JI SUCII		4 X
5 Did any person listed on line 1a receive or accrue co		from a	 ภาบ เ	unrel	ated	 I organi	zati	on or individual		
for services rendered to the organization? If "Yes," o						_				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate										
compensation from the organization. Report compensation	nsation for the	e caler	ndar	yea	r end	ding wit	th o	r within the organiz	ation's tax	
year.										 _
(A) - Name and business address								(B) Description of	SADVICAS	(C) Compensation
Manie and business address								Description of s	3CI VICES	Compensation
							_	1	 	
2 Total number of independent contractors (including to				listed	abo	ove) wh	10		į	
received more than \$100,000 of compensation from	uie organiza	поп	<u> </u>		_					

Part VIII Statement of Revenue

		Check if Schedule O contains	a response	e or no	sie to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns		1a	9,631				-
a Lui	ь	Membership dues		1b	13,370			1	
ق ق	c	Fundraising events	1	1c					
ifts ar /	d	Related organizations	1	1d				ı	
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions	ì	1e					
i Sin	f	All other contributions, gifts, gran	ts,				•		
the		and similar amounts not included	above	_1f_	2,646				
d d	g	Noncash contributions included in	n lines 1a-	1f: \$					
<u>8</u>	h	Total. Add lines 1a-1f	<u></u>	<u> </u>	▶	25,647			<u> </u>
					Business Code				
Program Service Revenue	2a								
Reve	b								
je Je	C								<u> </u>
Sen	d								ļ
ᇤ	9								
Prog	Į.	All other program service revenue					·		
	g	Total. Add lines 2a-2f		• • •	· · · · · · · · >				<u> </u>
	3	Investment income (including divid				į			Į.
		and other similar amounts)		15	15		 		
	1	Income from investment of tax-exe	•	•	<u> </u>				
	5	Royalties							ļ
		_	(ı) Real		(ii) Personal				
	Į.	ta Gross rents		,000					
	1	Less: rental expenses				į.			
		Rental income or (loss)		,000			14 000		
	1	Net rental income or (loss)				14,000	14,000	······································	
		Gross amount from sales of	(i) Secuntie	s	(II) Other				
	}	assets other than inventory							
		Less: cost or other basis		l					
	1	and sales expenses							
	i	Gain or (loss)							
<u>o</u>	[Gross income from fundraising						······································	
evenue	i	events (not including \$			ļ				
ě	1	of contributions reported on line 10	.)	- {					
Other R	Į.	See Part IV, line 18	-	a	•				
뜛	l	Less: direct expenses							
_	:	Net income or (loss) from fundrais					j		
	į.	Gross income from gaming activiti	_						-
	ι	See Part IV, line 19		a					
	l	Less: direct expenses		ŧ					
	l	Net income or (loss) from gaming				Ì			
	1	Gross sales of inventory, less							
		returns and allowances		a	135,386				
	b	Less: cost of goods sold		ь	54,706				
	С	Net income or (loss) from sales of	inventory			80,680	80,680		
		Miscellaneous Revenue			Business Code				
	11a	MISC			900099	10,869	10,869		1
	ь								
	С								
	d	All other revenue							
	e	Total. Add lines 11a-11d				10,869			
	12	Total revenue. See instructions			▶ [131.211	105.564		d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 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 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 4,500 4,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 27,163 27,163 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 4,906 4,906 11 Fees for services (non-employees): Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 13 4,837 4,837 14 15 16 17 927 927 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,620 1,620 20 21 22 Depreciation, depletion, and amortization 1,392 1,392 23 5,763 5,763 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) amount, list line 24e expenses on Schedule O.) 20,587 TAXES 20,587 UTILITIES 28,593 ь 28,593 С d All other expenses 32,674 32,674 25 Total functional expenses. Add lines 1 through 24e 132,962 132,962 0 0 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 🕨 📙 if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

34

Form 990 (2015

160,126

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 25,620 1 25,75 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under 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 instructions) Complete Part II of Schedule L 6 7 5,345 8 5,424 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 127,018 218,509 128,410 11 11 12 12 13 13 14 14 751 15 751 15 158,949 16 160,126 16 17 1,209 17 106 18 18 19 19 1,677 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 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 25 1,783 26 1,209 26 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 158,917 32 157,166 33 158,917 33 157,166 158,949

34

		71-0013	337	F	age
Par	rt 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)			131,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		132,	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(1,	,75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		158,	, 91
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			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		157,	, 166
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .	<u> </u>	<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			}	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. 	. 2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. .	. 2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l	1	
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				\Box

Form 990 (2015)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2015

Open to Public Inspection

Name	of the organization	Employer identification number						
BEI	SENEVOLENT & PROTECTIVE ORDER ELKS 71-0013337							
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	ounts.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised							
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🗍 1						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used							
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	_						
	conferring impermissible private benefit?	Yes 🔲 Y						
Pa	rt II Conservation Easements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
	Preservation of land for public use (e.g., recreation or education)							
	Protection of natural habitat Preservation of a certified h	nistoric structure						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t							
	easement on the last day of the tax year.	Held at the End of the Tax Yea						
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements	. 2b						
С	Number of conservation easements on a certified historic structure included in (a)	. 2c						
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a							
	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the						
	tax year •							
4	Number of states where property subject to conservation easement is located							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year						
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ear	sements during the year						
_	> \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stated							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the						
Da	organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures, or O	thar Similar Assats						
ra	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	tilei Sililliai Assets.						
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd halance sheet						
10	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu							
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these iter							
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b							
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu							
	public service, provide the following amounts relating to these items:	di tile alice oi						
	(i) Revenue included on Form 990, Part VIII, line 1	~ ¢						
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,							
2	· · · · · · · · · · · · · · · · · · ·	provide tile						
_	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	·						
<u>b</u>	Assets included in Form 990, Part X	> \$						

	BENEVOLENT & P.	ROTECTIVE ORD	ER ELKS	j			71-0013	3337	Pag
Pa	rt III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Oth	er Similar As	sets (co	ntinued
3	Using the organization's acquisition, accession,	and other records, o	heck any	of the follow	ving that are	a signific	ant use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or excha	inge progra	ams				
b	Scholarly research	e Π Oth		• • •					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain ho	w they fur	ther the ord	nanization's e	xemnt n	urnose in Part		
•	XIII.	odono ana oxpidin no	w aloy lan		janizadon o c	, AOIII, PE P	arpose in rain		
5	During the year, did the organization solicit or re	oceive donations of a	rt historics	al treasures	or other ein	ular			
•	assets to be sold to raise funds rather than to be							. D	/os 🗇 ı
Pa	rt IV Escrow and Custodial Arran		or the orga	IIIZAUUII S	CONECTIONS		· · · · · · · · · · · · · · · · · · ·	<u> </u>	es [
	Complete if the organization ar		n Form (aan Par	1	or rer	orted an amou	int on F	orm
	990, Part X, line 21.	15110100 105 0	ii i Oilli i	550, i ai	(1 v , III i o	, or rep	orteu arramot	JIIC 011 1	Otti
1a	Is the organization an agent, trustee, custodian	or other intermedian	for contrib	utions or o	ther accete n	not.	· 		
14								. 🗆 🕆	/os [] N
h	•				• • • • • •			• 🗀	162
b	it ies, explain the arrangement in Fart Am and	a complete the lollow	ing table.			Γ		ount	
_	Beginning balance					1-		Ount	
C	* *								
d	Additions during the year								
e	Distributions during the year					_	 		
_f	Ending balance								
2a	Did the organization include an amount on Form					-		· · · 🗀 ነ	res ∐ N □
	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the expla	ination has	been prov	ided on Part	XIII			<u>· · · </u>
ra	rt V Endowment Funds.		- F (000 D	L IV / 15mm d /	^			
	Complete if the organization ar								
_		(a) Current year	(b) Pn	or year	(c) Two years	back	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance	ļ	 		 				
b	Contributions		ļ		ļ				
С	Net investment earnings, gains, and					ĺ			
	losses								
d	Grants or scholarships		L						
е	Other expenditures for facilities and								
	programs							_	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (lii	ne 1g, colu	ımn (a)) he	ld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
c	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession		that are h	eld and ad	ministered for	r the			
	organization by.				,,				Yes No
	(i) unrelated organizations							3a(i)	100 110
	(ii) related organizations							3a(ii)	-
h	If "Yes" on 3a(II), are the related organizations li	etad as required on 9						3b	
4	Describe in Part XIII the intended uses of the org			(; , ,					L
	rt VI Land, Buildings, and Equipm		ent lunus.						
	Complete if the organization ar		n Form 9	aan Pari	IV line 1	12 50	- Form 990 P	art X lin	10 م
	Description of property	(a) Cost or other					Accumulated		
	Description of property	(a) Cost or other		1 ''	r other basis other)		Accumulated preciation	(d) Boo	v value
1-	Land			 "					27 000
1a 	Land		27,969			· · · · · · · · · · · · · · · · · · ·	110 255		27,969
b	Buildings		98,164	 			112,366		85,798
С	Leasehold improvements	• • •		 					
d	Equipment		L8,643	ļ			106,143		12,500
0	Other	ı	440	1	311				751

127,018

Part VII	Investments - Other Securities. Complete if the organization answer	ered "Yes" on Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related. Complete if the organization answer	red "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
	(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)			
	must equal Form 990, Part X, col (B) line 13)	•	<u></u>
Part IX	Other Assets. Complete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
) Description	(b) Book value
	ASSETS		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal ıı	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	 		
(9)			
Total (Column (h)	must equal Form 900, Part V, col. (B) line 25.)		

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

BENEVOLENT & PROTECTIVE ORDER ELKS	71-0013337
01. Form 990 governing body review (Part VI, line 11)	
GOVERNING BODY REVIEWS RETURN PRIOR TO SUBMISSION	
02. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS ARE MADE AVAILABLE TO PUBLIC FOR INSPECTION UPON REQUEST.	
03. Explanation of other changes in net assets or fund balances (Part 2	KI, line 9)
ASSET ADJUSTMENT FOR DEFERRED REVENUE	
04. List of other expenses (Part IX, line 24e)	
OTHER EXPENSES	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>
·	
	·····