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SCANNED AUG 1 5

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 e	nding M	AR 31, 2016				
В	Check if	C Name of organization	D Employer identific	cation number				
а	pplicable	BENEVOLENT & PROTECTIVE ORDER OF ELKS						
	Addres change	s NO 2221		r				
\Box	Name change			72-0	637742			
	Initial		Room/suite	E Telephone number				
F	Final return/	34212 ELKS ROAD		985-	641-1266			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	544,907.			
	Amend			H(a) Is this a group re				
F	Applica		•	for subordinates				
	pendin	34212 ELKS ROAD, SLIDELL, LA 70459		H(b) Are all subordinates in	cluded? Yes No			
1 7	ax-exe	mpt status: 501(c)(3)	r 527	If "No." attach a	list (see instructions)			
		e: ▶ N/A		i i	n number ▶ 1156			
		organization: X Corporation	L Year		State of legal domicile: LA			
		Summary						
		Briefly describe the organization's mission or most significant activities TO PR	OMOTE	PATRIOTISM	AND ENGAGE			
Activities & Governance		IN CHARITABLE WORKS IN THE COMMUNITY.						
ī.		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets			
Š		Number of voting members of the governing body (Part VI, line 1a)		. 3	8			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	8			
တို ဟူ	i		וווו פר	2016 1 5	0			
ıte	1	Total number of volunteers (estimate if necessary)	<i>ق ر</i> ر عال ز	6	0			
휹		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	14,243.			
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34	,,	7b	16,753.			
	_ _:	Tot difformed Business todays in John Herritania 19		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		57,974.	33,603.			
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.			
š	l	investment income (Part VIII, column (A), lines 3, 4, and 7d)		943.	945.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	26,725.	54,354.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,642.	88,902.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
G	l	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,918.	2,530.			
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ber	b .		5.					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,367.	98,267.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		59,285.	100,797.			
		Revenue less expenses Subtract line 18 from line 12		26,357.				
Pes			Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		459,387.	461,749.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		657.	12,489.			
ž.	22	Net assets or fund balances Subtract line 21 from line 20		458,730.	449,260.			
	art II	Signature Block						
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
		Well 2/4ml			2-16			
Sic	ın	Signature of officer		Date				
Sign WILLIAM GRAFF, EXALTED RULER								
Type or print name and title								
		Print/Type preparer's name Preparer's suppature		Date Check	PTIN			
Pai	d	MATTHEW PERSON, CPA Mattur Com		71516 If self-employ	P00067225			
	parer	Firm's name PERSON HUFF CPA GROUP, LLC		Firm's EIN	26-1639295			
	Only	Firm's address 3200 LAKE VILLA DRIVE						
	•	METAIRIE, LA 70002		Phone no. 5 0	4-780-8299			
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No			
	532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)							

Form	990 (2015) NO. 2321 72-0	<u>637742</u>	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	THE ELKS LODGE IS A NON-PROFIT FRATERNAL ORGANIZATION WHOSE	PRINCIP:	AT.
	PURPOSES ARE TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITABLE		
		WORKS II	.4
	THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	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?	Ves	X No
•	If "Yes," describe these changes on Schedule O		
		d b., a,,aaaaaa	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	tal expenses, a	ınd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$100, 102. including grants of \$) (Revenue \$)	,)
	TO PROMOTE PATRIOTISM AND ENGAGE IN CHARITABLE WORKS IN THE	COMMUNI	ry.
		···	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	_	
40	(Code) (Expenses \$		
			
		· · · · · · · · · · · · · · · · · · ·	
	·		
4d	Other program services (Describe in Schedule O.)		
- 44		1	
			
<u>4e</u>	Total program service expenses ► 100,102.		
53200 12-18		Form 9	90 (2015)

Form 990 (2015) NO. 2321
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
_	public office? If "Yes," complete Schedule C, Part I	3		<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			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_X_
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	,		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	
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			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	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,	1-7-0		 ^
•	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		х
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		Х
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	_	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	Ļ	X
		Form	990	(2015)

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Form 990 (2015) NO. 2321
Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	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		<u> </u>
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 27 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			
	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u></u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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)			٦,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	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			х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		A
٥٤	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>	-	
••	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	<u> </u>		 -
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	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			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form		(2015)

BENEVOLENT & PROTECTIVE ORDER OF ELKS Form 990 (2015) 2321 72-0637742 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

5a X

5b X

The state of 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 chantable 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 Organizations that may receive deductible contributions under section 170(c).

a 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 X

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

76

77

77

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7g

7g

7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

Sponsoring organizations maintaining donor advised funds.
 a Did the sponsoring organization make any taxable distributions under section 4966?

b If "Yes," enter the name of the foreign country ▶

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

Section 501(c)(7) organizations. Enter
 Initiation fees and capital contributions included on Part VIII, line 12
 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
 Section 501(c)(12) organizations. Enter:

Section 501(c)(12) organizations. Enter:
 a Gross income from members or shareholders
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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?

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.

a Is the organization licensed to issue qualified health plans in more than one state?
 Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
 Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

11b | 12a | 13a |

10a

10b

11a

8

9a

9b

13b | 13c | 14a | X

Form 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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis	on			
	of officers, directors, or trustees, or key employees to a management company or other person?	ļ	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Į	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Į	5		X
6	Did the organization have members or stockholders?	L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	[7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	[-		
	persons other than the governing body?	[7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
	·	-		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
þ	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?	ļ	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	Ì			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ļ	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	į	12b	X	
, с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1			
	ın Schedule O how this was done		12 <u>c</u>		X
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	t			
	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		Х
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	<u></u>	16b		L
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE	<u></u>			
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	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X 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 process of the conflict of interest process.	oolicy, and	finan	cıal	
	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	▶			
	MELINDA BESSE - 985-641-1266				
	34212 FLKS ROAD SLIDELL, LA 70459				

orm 990 (2015)	•	NO.	2321	

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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

(A) Name and Title	(B) Average hours per week	urs per box, un			rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Gustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RANDY BERGERON	1.00							_		_
TRUSTEE		X						0.	0.	0.
(2) PAUL NEWFIELD	1.00								_	
TRUSTEE	1	X				<u> </u>		0.	0.	0.
(3) HERBERT HOSTLER	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(4) LEE GUILLORY	1.00	,,							_	0
TRUSTEE	1 00	X	-	_	_	ļ		0.	0.	0.
(5) CHARLESRAY NEIGHT	1.00	X						0.	0.	_
TRUSTEE	1.00	Δ							.	0.
(6) WILLIAM GRAFF	1.00	1		x				0.	0.	0.
EXALTED RULER	1.00			Δ				0.		
(7) FRANKIE CRAWFORD LEADING KNIGHT	1.00	1	ļ	х				0.	0.	0.
(8) GREG HANRAHAN	1.00		l —			\vdash				
LOYAL KNIGHT	2000	1		X			ŀ	0.	0.	0.
(9) GLENN LEMOINE	1.00									
LECTURING KNIGHT		1		X				0.	0.	0 .
(10) WAYNE LANDRY	1.00									
SECRETARY				X				4,200.	0.	0.
(11) MELINDA BESSE	1.00									
TREASURER				X				3,000.	0.	0
(12) KELLIE MCCABE	1.00								_	_
TILER		<u> </u>	<u> </u>	X	_	<u> </u>	L	0.	0.	0.
(13) JAMES CRIPPIN	1.00	4								
ESQUIRE		-	-	X	<u> </u>	-	<u> </u>	0.	0.	0.
(14) ZANE GALBERT	1.00	-								_
CHAPLAIN	+ 1 00	┼	+-	X	-	┼	<u> </u>	0.	0.	0.
(15) JAN MCALLISTER	1.00	-							0.	^
INNER GUARD	-	+-	+-	X	\vdash	\vdash	-	0.		0.
		1								
			1	1			1		1	1

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats of ts	1 a	Federated campaigns	1a	ļ				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	18,854.				
Ę,	С	Fundraising events	1c					
a it	d	Related organizations	1d					
S,E	e	Government grants (contribut	tions) 1e					
Sign	f	All other contributions, gifts, gran						
Per la	•	similar amounts not included abo	1 1	14,749.				
풀진	g		<u> </u>					
ag	_	Total, Add lines 1a-1f			33,603.	,		
		TOTAL TOTAL		Business Code				
a l	2 a			200.1000 5000				1
<u>Ş</u>	و b							
Ser	c			-				
<u>چ</u> ع	d				···			
Program Service Revenue								-
P.	f	All other program service reve	enue					
		Total, Add lines 2a-2f	,,,,,,	•				
	3	Investment income (including	dividends, intere	est. and				
	•	other similar amounts)		>	945.			945.
	4	Income from investment of ta	x-exempt bond o	roceeds				
	5	Royalties		>				
ļ	•	,	(ı) Real	(II) Personal				
	6 a	Gross rents	(X)					
ı	b	Less: rental expenses						
l	-	Rental income or (loss)						
	q	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other			*****	
	. ~	assets other than inventory	(y çosamısı	- (1) 0 1.1101				
	h	Less, cost or other basis						
		and sales expenses						
	_	Gain or (loss)	_					
	4	Net gain or (loss)		•				
	9 3	Gross income from fundraising	na events (not			:		
nue	o a	including \$	of					
Other Rever		contributions reported on line		ĺ				1
ı,		Part IV, line 18	а	3,432.				
hei	h	Less direct expenses	b	4,711.				
ō		Net income or (loss) from fund	_		-1,279.			-1,279.
	i	Gross income from gaming a			<u> </u>			2,2,3
		Part IV, line 19		469,710.				ĺ
	h	Less. direct expenses		416,671.				
		Net income or (loss) from gar		D	53,039.	38,796.	14,243.	
		Gross sales of inventory, less	-		3070031	207.501		
		and allowances	a	34,452.		,		
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale	_	<u> </u>	-171.	-171.		
	~	Miscellaneous Reveni		Business Code				1
	11 2	SWIMMING POOL 1		812900	1,202.	1,202.		
		MISCELLANEOUS		812900	952.		·	
		INITIATION FEES	<u> </u>	812900	611.	611.		
		All other revenue			<u> </u>			
		Total. Add lines 11a-11d		—	2,765.			
	12	Total revenue. See instructions.			88,902.	41,390.	14,243.	-334.

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Form 990 (2015) NO. 2321
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	- (0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	e			
	ındıvıduals. 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	- .			
5	Compensation of current officers, directors,				
_	trustees, and key employees		<u>, , , , , , , , , , , , , , , , , , , </u>		
, 6 ,	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,133.	2,133.		
7	Other salanes and wages Pension plan accruals and contributions (include		4,133.		
8	section 401(k) and 403(b) employer contributions)				
0	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
9 10	Payroll taxes	397.	397.		
11	Fees for services (non-employees)	337.	357.		
''a	Management				
b	Legal				
c	Accounting	2,225.	2,225.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	100.	100.		
13	Office expenses	3,466.	3,466.		
14	Information technology				
15	Royalties '				
16	Occupancy	5,250.	5,250.		····
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,893.	3,893.		
20	Interest				
21	Payments to affiliates		444		
22	Depreciation, depletion, and amortization	111.	111.		
23	Insurance Character and an area of an area	7,124.	7,124.		
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 0.)				
	BINGO EXPENSES	54,123.	54,123.		
a b	DEDITE C MITHERITATION	4,056.	4,056.		
C	MICCOLLANDORC	3,527.	3,527.	-	· - · -
d	ma una	3,233.	3,233.		
	All other expenses SEE SCH O	11,159.	10,464.		695.
25	Total functional expenses. Add lines 1 through 24e	100,797.	100,102.	0.	695.
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)				

Form 990 (2015)
Part X | Balance Sheet

NO. 2321

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Pai	t X				
		Check if Schedule O contains a response or note to any line in this Part X	(A)	Ι	/B)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	75,302.	1	82,323.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		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			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
g		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use	2,892.	8	2,854
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,181,434.			
	b	basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 1,181,434. 10b 859,099.	322,446.	10c	322,335
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	58,747.	12	54,237
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	459,387.	16	461,749
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	657.	19	11,221
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္သ	22	Loans and other payables to current and former officers, directors, trustees,		Ì	
≝		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
		Schedule D	0.	25	1,268
	26	Total liabilities. Add lines 17 through 25	657.	26	12,489
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
SE.	27	Unrestricted net assets	419,078.	27	409,216
39	28	Temporarily restricted net assets	39,652.	28	40,044
ק ק	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	1	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
Z	33	Total net assets or fund balances	458,730.	33	449,260
	34	Total liabilities and net assets/fund balances	<u>459,387.</u>	34	461,749

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Pa	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)	1			<u>02.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>95.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	<u>3,7</u>	<u>30.</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	:	2,4	<u> 25.</u>
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	449	9,2	<u>60.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 :		
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	d on a	1		
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	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 requ	ired audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such guidte		36		

Form **990** (2015)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS NO. 2321

Employer identification number 72-0637742

Paı			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		sed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	└── 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	e conferring
	impermissible private benefit?		Yes No
Pa			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	· —	toncally 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 qualif	fied conservation contribution in the form	I I
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	t l
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes Mo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing col	nservation easements during the year
_		diversity well-bears and autoroma concern	estion accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and emorcing conserv	ation easements during the year
_	Does each conservation easement reported on line 2(d) above	to patiefy the requirements of section 17	O(b)(4)(B)(i)
8		ve satisfy the requirements of section 17	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion openments in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
		mon s manetal statements that describe	o the organization o decounting to
Pa	rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or	Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		·
ь			nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	
	(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 tre	easures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		- ··
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2015 NO. 232									Page 2
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	are a si	gnıficant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d			hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or othe	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other ass	ets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.						
									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 Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	ınt lıabılı	ty?		Yes	No No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	n has been	provided on I	Part XIII			_	
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0			
	,	(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	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		g, çolumn (a	ı)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administer	ed for th	ne organi	zation	۲.	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			ah adula DO					3a(ii)	
4	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds									
_	t VI Land, Buildings, and Equipm		winent	iujius						
- 4.	Complete if the organization answere) Part I\	/ line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	bescription of property	basis (investr		, ,	(other)		reciation		(u) Dook	Value
12	Land	(· - · · - y		2,000.				322	,000.
	Buildings				8,877.	۶	358,8	77.	742	0.
c	Leasehold improvements				_, _, , ,					
d	Equipment		_		-			 -		
	Other				557.		2	22.		335.
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1				▶	322	335.

BENEVOLENT & PROTECTIVE ORDER OF ELKS Schedule D (Form 990) 2015 NO. 2321 72-0637742 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation. Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) CERTIFICATES OF DEPOSIT 54,237. COST (B) (C) (D) (E) (F) (G) (H) 54,237 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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 end-of-year market value (1) (2) (3) (4) (5)(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2)(3) (4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	1,268.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,268.

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

Schedule D (Form 990) 2015 NO. 2321 72-0637742 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2¢ d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection

BENEVOLENT & PROTECTIVE ORDER OF ELKS Name of the organization NO. 2321

Employer identification number 72-0637742

FORM 990, PART VI, SECTION B, LINE 11:
THE COMPLETED FORM 990 IS PRESENTED TO THE FULL BOARD AND IS APPROVED BY
THE BOARD OF DIRECTORS FOR FILING WITH THE GOVERNMENT AND PRESENTATION TO
THE PUBLIC.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE ON THE WEBSITE GUIDESTAR. THEY
ARE ALSO AVAILABLE TO THE PUBLIC BY REQUESTING SUCH DOCUMENTS THROUGH THE
OFFICE AT 34212 ELKS ROAD, SLIDELL, LA 70459 OR BY PHONE AT 985-641-1266
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
PER CAPITA - GRAND LODGE:
PROGRAM SERVICE EXPENSES 3,147.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 3,147.
PER CAPITA - STATE:
PROGRAM SERVICE EXPENSES 1,726.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 1,726.
LODGE BULLETIN:
PROGRAM SERVICE EXPENSES 1,313.
MANAGEMENT AND GENERAL EXPENSES 0.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization BENEVOLENT & PROTECTIVE ORDER OF EL NO. 2321	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	1,313.
EIVC AWADDC.	
PROGRAM SERVICE EXPENSES	017
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	•
TOTAL EXPENSES	01.5
RELIEF:	
PROGRAM SERVICE EXPENSES	861.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	861.
DONATION & CONTRIBUTION EXPENSE:	
	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	695.
TOTAL EXPENSES	695.
UTILITIES:	
PROGRAM SERVICE EXPENSES	661.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	661.
BANK CHARGES:	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization BENEVOLENT & PROTECTIVE ORDER ON 2321		Page 2 Employer identification number 72-0637742
PROGRAM SERVICE EXPENSES		453.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		453.
	· · · · · · · · · · · · · · · · · · ·	
HALL RENTAL EXPENSE:		
PROGRAM SERVICE EXPENSES		444.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES	_	0.
TOTAL EXPENSES		444.
OFFICERS INSTALLATION:		
PROGRAM SERVICE EXPENSES		428.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		428.
BADGES & PINS:		
PROGRAM SERVICE EXPENSES		391.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		391.
	· · · · · · · · · · · · · · · · · · ·	
CHRISTMAS PARTY:		
PROGRAM SERVICE EXPENSES		79.
MANAGEMENT AND GENERAL EXPENSES	-	0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		79.
532212 09-02-15	S	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (201 Name of the organization BENEV NO 2	OLENT & PROTEC	CTIVE ORDER O	F ELKS	Page 2 Employer identification number 72-0637742
TILER:				
PROGRAM SERVICE EXP	ENSES			44.
MANAGEMENT AND GENE	RAL EXPENSES	<u></u>		0.
FUNDRAISING EXPENSE	S		, . .	_0.
TOTAL EXPENSES				44.
TOTAL OTHER EXPENSE	S ON FORM 990,	, PART IX, LI	NE 24E, COL	A 11,159.
				
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