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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 04-01-2015, and ending 03-31-2016**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
 BENEVOLENT&PROTECTIVE ORDER OF ELKS  
 LOUISIANA ELKS ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 5018 ROSEDOWN LANE

City or town, state or province, country, and ZIP or foreign postal code  
 BOSSIER CITY, LA 711124590

**D Employer identification number**  
 72-1099471

**E Telephone number**  
 (318) 746-0983

**F Group Exemption Number** ▶ 1156

**G Accounting Method**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ [WWW.LAELKS.ORG](http://WWW.LAELKS.ORG)

**J Tax-exempt status** (check only one)  501(c)(3)  501(c)( 8) (insert no )  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 84,326

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .							35,400																							
	<b>2</b> Program service revenue including government fees and contracts . . . . .																														
	<b>3</b> Membership dues and assessments . . . . .								18,199																						
	<b>4</b> Investment income . . . . .								4,158																						
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .																														
	<b>b</b> Less cost or other basis and sales expenses . . . . .																														
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																														
	<b>6</b> Gaming and fundraising events																														
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																														
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																														
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .																															
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																															
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .																															
<b>b</b> Less cost of goods sold . . . . .																															
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																															
<b>8</b> Other revenue (describe in Schedule O) . . . . .																															
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .																															
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .																														
	<b>11</b> Benefits paid to or for members . . . . .																														
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .																														
	<b>13</b> Professional fees and other payments to independent contractors . . . . .																														
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .																														
	<b>15</b> Printing, publications, postage, and shipping . . . . .																														
	<b>16</b> Other expenses (describe in Schedule O) . . . . .																														
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .																															
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																														
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																														
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .																														
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .																														

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	297,088	<b>22</b>	316,883
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	70
<b>25 Total assets</b> . . . . .	297,088	<b>25</b>	316,953
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	14,896	<b>26</b>	25,797
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	282,192	<b>27</b>	291,156

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose?  
FRATERNAL ORDER FOR CHARITY & PATRIOTISM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input checked="" type="checkbox"/>		<b>32</b>	75,362

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RUSSELL GERACE TRUSTEE	1 00	0		
CHARLES SCHMUCK TRUSTEE	1 00	0		
JAMES L BARRON TRUSTEE	1 00	0		
TERRY BRUNO TRUSTEE	1 00	0		
JESSIE M HARTLE SECRETARY	15 00	3,600		
RICHARD M JONES TREASURER	8 00	3,000		
RANDY BERGERON PRESIDENT-EL	3 00	0		
GREG TAYLOR PRESIDENT	12 00	0		
HENRY DAIGLE VICE-PRESIDE	2 00	0		
JOHN WILLIAMS TRUSTEE	1 00	0		
BEULAH RODRIGUE VICE-PRESIDE	2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of RICHARD M JONES Telephone no (318) 746-0983 Located at 5018 ROSEDOWN LN BOSSIER CITY, LA ZIP + 4 711124590
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

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

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

Sign Here \*\*\*\*\* Signature of officer RICHARD M JONES TREASURER Type or print name and title 2016-07-12 Date

Paid Preparer Use Only Pmnt/Type preparer's name G KENNETH PAVY Preparer's signature Date 2016-07-12 Check if self-employed PTIN P00301673 Firm's name JOHN S DOWLING & COMPANY Firm's EIN 72-0720035 Firm's address PO BOX 1549 OPELOUSAS, LA 705711549 Phone no (337) 948-4848

May the IRS discuss this return with the preparer shown above? See instructions Yes No

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 72-1099471  
**Name:** BENEVOLENT&PROTECTIVE ORDER OF ELKS  
 LOUISIANA ELKS ASSOCIATION INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> GAMES UNITING MIND AND BODY (GUMBO) STATE MAJOR PROJECT HOSTING THREE REGIONAL TOURNAMENTS AND ONE STATE TOURNAMENT FOR APPROXIMATELY 425 CHILDREN IN BRACES OR WHEELCHAIRS NUMEROUS TROPHIES AND RIBBONS AWARDED (Grants \$ 7,300)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	7,300
<b>29</b> MOST VALUABLE STUDENT SCHOLARSHIP PROGRAM FOR HIGH SCHOOL SENIORS,NUMEROUS APPLICATIONS RECEIVED,12 AWARDS GIVEN TO 6 BOYS AND 6 GIRLS RANGING IN AMOUNTS FROM 1,100 TO 2,000 EACH (Grants \$ 17,700)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	17,700
<b>30</b> VETERANS HOSPITAL & HOMES (Grants \$ 12,000)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	12,000
ELKS VA VS (Grants \$ 10,600)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>		38,362

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
BENEVOLENT&PROTECTIVE ORDER OF ELKS  
LOUISIANA ELKS ASSOCIATION INC

Employer identification number

72-1099471

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ELKS NATIONAL VETERANS SERVIC 10,200 REGISTRATIONS 7,761 ENF STATE BONUS GRANT 2,710 G/L HOSPITALITY 1,800 PROGRAM ADS 1,300 FRIDAY SOCIAL 972 PLAQUES, INDIVIDUALS 840 PINS, LODGES 782 CONVENTION - OTHER 138 MISCELLANEOUS 41 PLAQUES, LODGES 25 TOTAL 26,569
FORM 990-EZ, PART I, LINE 10	GUMBO 7,300 0 0 SCHOLARSHIP PROGRAM 17,700 0 0 LA VETERAN HOMES AND OTHERS 12,000 0 0 ELKS VAVS 10,100 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES ACCOUNTING 920 CONTINGENCIES 375 ANNUAL MEETING 7,888 G/L HOSPITALITY 1,222 INSURANCE D & O 675 TRAVEL SECRETARY GRAND LO 1,800 PUBLICATIONS & PRINTING 632 AUDIT 300 COMMITTEES & PLAQUES 285 TRAVEL-PRESIDENT 1,758 WEB SITE DEVELOP & MAINTA 251 FRIDAY SOCIAL 972 OFFICE EXPENSE - OTHER 1,576 AMERICANISM 600 ENF DONATION 500 HOOP SHOOT 1,013 INSURANCE PROP PLUS/FIDEL 200 LODGES ACTIVITIES COMM 44 INSURANCE UTILITY TRAILER 150 WRITE OFFS 1 TOTAL 21,162
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 70 9,529 9,529 LESS ACCUMULATED DEPRECIATION 9,529 9,529 GRAND LODGE CONVENTION 0 0 TOTAL 0 70
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 14,896 25,797
FORM 990-EZ, PART III, LINE 31	ELKS VAVS