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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

Interna	al Revenu	e Service	Information about Form 990 and its instructions is at www.ns.gov/io/m990.	1/0040	iliahection			
A I	or the	2015 cal،	Cridal Your, or tax your boginning	1/2016				
<b>B</b> C	heck if a	pplicable	C Name of organization BENEVOLENT AND PROTECTIVE ORDER OF ELKS D Employer	identification	number			
ПΑ	ddress c	hange	Doing business as LODGE NO 1814					
		·	Number and street (or PO box if mail is not delivered to street address) Room/suite 93-0393118					
L] N	ame cha	ınge	151 N MAIN STREET E Telephone	number				
	ntial retu	rn	State 7ID and a					
느"	iiliai retu	'''	PRINEVILLE OR 97754	38				
Fi	nal return/	terminated						
$\equiv$			Foreign country name Foreign province/state/county Foreign postal code  G Gross rece	unte C	598,136			
A	mended	return	G Gloss lece	пріз ф	390,130			
$\square_{A}$	policatio	n pending	F Name and address of principal officer H(a) is this a group return fo	or subordinates?	Yes X No			
ш·	pphomas	po	SAME AS C ABOVE 151 N MAIN STREET, PRINEVILLE, OR 97754 H(b) Are all subordinate	s included?	Yes No			
I Ta	x-exem	ot status	501(c)(3) X 501(c) ( 8 ) ◀ (insert no ) 4947(a)(1) or 527 If "No," attach a list	t (see instruct	ions)			
1 14	/oheito	: ► N/A	H(c) Group exemption n	ıumber ► 11	156			
K F	orm of or	ganization	X Corporation Trust Association Other ▶ L Year of formation 1950	M State of	legal domicile OR			
P	art I	Su	mmary					
	1		escribe the organization's mission or most significant activities  TO INCULATE THE PRI	NCIPLES	OF CHARITY			
Φ	'		E, BROTHERLY LOVE & FIDELITY, TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THI					
5								
Ë	1	ENHAN	CE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTIS	M' COLLIA	AIE			
ě	2	Check t	his box ▶ if the organization discontinued its operations or disposed of more than 25% of	of its net as	sets			
Ó	3		of voting members of the governing body (Part VI, line 1a)	3	11			
8	ľ			4	0			
Ś	4		of independent voting members of the governing body (Part VI, line 1b)					
Activities & Governance	5		mber of individuals employed in calendar year 2015 (Part V, line 2a)	5	5			
₽	6	Total nu	mber of volunteers (estimate if necessary)	6				
Ac	7a	Total un	related business revenue from Part VIII, column (C), line 12	7a	0			
	b		elated business taxable income from Form 990-T, line 34	7b	0			
	<del></del>		Current Year					
		Cantribi	there and grants (Part VIII, line 1h)	1,357	92,105			
ě	8		,					
ĭ	9	_		3,621	3,878			
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	174	13			
œ	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,336	45,529			
	12	Total rev		3,488	141,525			
	13	Grants	and similar amounts paid (Part IX, column (A) Tines 1-3)	0	0			
		Danatita	s paid to or for members (Part IX) column (A), line 4)	0	0			
	14	Benefits	s paid to of for members (Fart 18, section 17), miles (A) lines 5 10)					
Š	15	Salaries		2,333	13,506			
Expenses	16a	Profess	ional fundraising fees (Part IX column (A), line 416)	0	0			
þe	b	Total fur	ndraising expenses (Part IX & Jumn (D), line 25)					
Ж	17	Other e	xpenses (Part IX, column (A), lines-11a-11d-11f-24e)	5,032	115,332			
	I	Total av	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,365	128,838			
	18	Davis	perises Auditines 10-17 (mgs country), me 20)	1,877	12,687			
	19	Revenu	e less expenses Subtract line 18-from line 12  Beginning of Current					
Net Assets or Fund Balances	1.	_			End of Year			
set	20	Total as		5,713	224,726			
. AB	21	Total lia	bilities (Part X, line 26)	3,990	30,316			
S E	22	Net ass	ets or fund balances Subtract line 21 from line 20 181	1,723	194,410			
	rt II		nature Block					
Llode	or papalt	ues of penu	y, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge				
and	belief it	is true corr	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	edge				
and	Delici, it	S (rue don		1/29//	/			
Sig	ın		Jeanne in mes for	/ / / / /				
He			Signature of officer Date					
116			Jeanne m Preston Secretary					
			Type or print name and title					
		Prii	nt/Type preparer's name Preparer's signature Date		PTIN			
Pai	id		/ / / / / / / / / / / / / / / / / / /	heckit	·			
		GE	ORGE L WERNER GEORGE L WERNER/ S	elf-employed	P00925912			
	pare		AMERICA ACCOUNTANCY DO	26-390911	13			
Us	USE UNIV							
			n's address ► 682 NW 3RD ST, PRINEVILLE, OR 97754 Phone no	(341) 447-	·///o			
	v the II	RS discu	ss this return with the preparer shown above? (see instructions)		Yes No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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Pa	rt III	Statement of Progra Check if Schedule O			ne in this Part III.			
1	TO INCU	scribe the organization's n LATE THE PRINCIPLES (	F CHARITY, JUSTICE					
	SPIRIT C	N GOD,TO PROMOTE WI OF AMERICAN PATRIOTIS NAL ORG & PROVIDE FO	M,TO CULTIVATE GO	OD FELLOWSHIP,	TO PERPETUATE	ITSELF AS A		
2	Did the o	rganization undertake any					_	X No
	If "Yes," o	Form 990 or 990-EZ? describe these new service					Yes	V NO
3	Did the o	rganization cease conduct	ng, or make significan	t changes in how it	conducts, any prog	ram	Yes	X No
4		describe these changes on the organization's progran		ents for each of its	three largest progra	m services, as m	easured by	
7	expenses	Section 501(c)(3) and 50	11(c)(4) organizations a	are required to repo	rt the amount of gra	ints and allocation	ns to others,	
	the total	expenses, and revenue, if						
4a	(Code TO INCU	) (Expense LATE THE PRINCIPLES (	s \$ 120,683 OF CHARITY,JUSTICE	including grants of S BROTHERLY LOV	\$ /E & FIDELITY,TO F	) (Revenue \$ RECOGNIZE A B	141, ELIEF IN	512 )
		PROMOTE WELFARE & ISM, TO CULTIVATE GOO						
	GOVER	MENT, BENEVOLENT & SH BENEVOLENT PROGR	PROTECTIVE ORDER	R OF ELKS OF USA	WILL SERVE THE	PEOPLE AND C		S
			••••					
		·						
4b	(Code	) (Expense						
						• • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
						• · • • • • • • • • • • • • • • • • • •		
			- 0		Φ	\ (Payanya f		
4c	(Code	(Expense	s \$	including grants of	Φ	) (Revenue \$ _		/ 
								<b></b>
					·			
					. <b> </b>			
4d	Other pr	ogram services (Describe	ın Schedule O )					
<b>→u</b>	(Expens	es \$(	including grants of \$		0 ) (Revenue \$		0)	
4e	Total pro	gram service expenses	<u> </u>	120,683				

Form 9	990 (2015) BENEVOLENT AND PROTECTIVE ORDER OF ELKS	93-0393118		Page <b>3</b>
Part				
			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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		x
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	11:	a 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	111	,	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	110	;	х
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	110	1	х
е	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			_

- the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
  - b 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- 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
- 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 (see instructions)
- 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
- 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

Х

Х

12a

12b

13 14a

14b

15

Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>  ^-</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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	256		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			V
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	"		
32	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, 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," 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	20		
	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	37		Х
••	VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	<del>  ^</del>
38	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
	19 / NOLE. All FUITI 330 illers are required to complete ochedule o		990	(2015)
		. 3,,,,,		/

Par		<u> </u>	· · ·	
	Check if Schedule O contains a response or note to any line in this Part V			닏
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ł		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	<del></del>	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  5			
L	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	-	
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del>                                     </del>	<del>  ^</del>
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country	74		<del>-</del> ^
b	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	1	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
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?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	l '		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			_^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>                                     </del>		
8	sponsoring organization have excess business holdings at any time during the year?	8		
0	Sponsoring organizations maintaining donor advised funds.	<b>├</b>		
9 a	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
_	——————————————————————————————————————	1		
C 14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	Х
4a	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<del>  ^</del>
<u>_ b</u>	ii 165, mas it med an offin 720 to report mode paymente. If 170, provide an explanation in Constant			

Part	V	ì
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BENEVOLENT AND PROTECTIVE ORDER OF ELKS

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

Sect	ion 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	<b>1a</b> 11							
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with							
	any other officer, director, trustee, or key employee?	·	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х				
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			X				
, u	one or more members of the governing body?		7a		Х				
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		х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina							
U	the year by the following	da.iiig							
а	The governing body?		8a		Х				
b	Each committee with authority to act on behalf of the governing body?		8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (	Code	)	-				
-				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore 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	Х					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X					
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	_X_	<u> </u>				
13	Did the organization have a written whistleblower policy?		13		_ X				
14	Did the organization have a written document retention and destruction policy?		14		<u> </u>				
15	Did the process for determining compensation of the following persons include a review and appro								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	_						
а	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers or key employees of the organization		15b		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 arrangements.	gement	46-		v				
	with a taxable entity during the year?		16a		<u> X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th	ane ils							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guaru	16b						
Cool	the organization's exempt status with respect to such arrangements?		100						
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s only	 /)					
.0	available for public inspection. Indicate how you made these available. Check all that apply	(======================================		,					
		plaın ın Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,		cy, an	ıd					
	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 l	books and records	•						
	ROBERT MCPHERREN	541-447-7088		<b>-</b>	<b>-</b>				
	12915 SE ETHAN LOOP PRINEVILLE OR 97754								

Form 990 (2015)	BENEVOLENT AND PROTECTIVE ORDER OF ELKS

93-0393118

Page :

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box.	Pos heck ss pe	co distinct compersion is both an addrector/trustee person is both an addrector/trustee mployee and Officer compose co			(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	
	below dotted	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		(W-2/1033-WII3C)	5 5	organization and related organizations
(1) JIM E BATES	5 00									
TRUSTEE	0 00	Х	_		<u> </u>	<u> </u>				
(2) JULIE SMITH-TITTLE	5 00				į.					
TRUSTEE	0 00	X	<u> </u>		<u> </u>					
(3) BOB HELTON	5 00									
TRUSTEE	0 00	X	_	ļ	<u> </u>					
(4) DEBBIE SUE OWENS	5 00	ļ								
TRUSTEE	0 00	X	_	<u> </u>	_					
(5) TED FRENCH	5 00									
TRUSTEE	0 00	X	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$							
(6) JEANNE PRESTON	20 00	ļ			1	3				
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(7) RICK SMITH	5 00			İ						
TREASURER	0 00		_	X						
(8) DUDLEY WILLIAMS	10 00	1								
EXALTED RULER	0 00			<u> </u>	L	L	_			<del></del>
(9) DAVID SMITH	5 00			İ	l	1				
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(10) MIKE ROCHELLE	5 00									
LOYAL KNIGHT	0 00			L						
(11) NELLIE KURTH	5 00			ļ						
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(12)										
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	90 (2015) BENEVOLENT AND PROTECT  rt VII Section A. Officers, Directors, Tru				anc	Hi	nheet	L C c	ompensated Fm	93-039		P	age 8
, c	. (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos eck s pe	ition more	n of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orç	(F) stimate mount of other appensar rom the lanizati d relate anization	of tion e on ed
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1b c d	Sub-total  Total from continuation sheets to Part VII, So  Total (add lines 1b and 1c)		<u> </u>		l		<u> </u>	<b>A A A</b>	6,000 0 6,000	0 0 0			0 0 0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	abov	e) v 0	vho	recei	ved ——	more than \$100	,000 of 			
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				loye	e, c	r high	nest	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable cor ater than \$150,0	npen 00? <i>l</i> :	satı f "Ye	on a es, "	nd ( con	other oplete	con Sc	npensation from hedule J for suc	h	4		x
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	rue compensationes " complete Se	n fro	m a ule .	ny u I for	nre suc	lated th per	org sor	anızatıon or ındıv	ridual	5		×
Sect	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report cover	ensated indepen empensation for	dent the c	con	trac	tors yea	that i	ece	eived more than with or within the	\$100,000 of e organization's t	ax		
	(A) Name and business add	ress							(B) Description of ser	vices C	(C comper		
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Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

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C   Rental income or (loss)   7,050   0   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,050   7,		j_		7,000	<u>'</u>				
Net rental income or (loss)		1		7 050	0				
Ta   Gross amount from sales of assets other than inventory   0   0   0   0					<b>&gt;</b>	7,050			7,050
But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But   But		_	•	(i) Securities	(II) Other	· · · · · · · · · · · · · · · · · · ·			
and sales expenses				C	0				
C Gain or (loss)		b	Less cost or other basis						
Sa Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)   See Part IV, line 18   a 0   b Less direct expenses   b 0   0   c Net income or (loss) from fundraising events   See Part IV, line 19   a   330,171   b Less direct expenses   b 308,037   c Net income or (loss) from gaming activities   See Part IV, line 19   a   330,171   b Less direct expenses   b 308,037   c Net income or (loss) from gaming activities   10a Gross sales of inventory, less returns and allowances   a   164,919   b Less cost of goods sold   b   148,574   c Net income or (loss) from sales of inventory   ▶ 16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345   16,345		ŀ	and sales expenses		0		*		
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a 0 0 b Less direct expenses b 0 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code     11a		С	Gain or (loss)		00				
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a 0 b 0 c 0 d All other revenue e Total. Add lines 11a–11d  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■		d	Net gain or (loss)		<u> </u>	0			
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a 0 b 0 c 0 d All other revenue e Total. Add lines 11a–11d  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■	4								
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a 0 b 0 c 0 d All other revenue e Total. Add lines 11a–11d  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■	ž	8a		0					
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a 0 b 0 c 0 d All other revenue e Total. Add lines 11a–11d  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■	Ş.								
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a 0 b 0 c 0 d All other revenue e Total. Add lines 11a–11d  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■ 0  ■	Ř				1 0				
C Net income of (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses b 308,037 c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a  D  D  C  D  All other revenue  Total. Add lines 11a−11d  D  D  D  D  D  D  D  D  D  D  D  D  D	je i	h	•						
9a Gross income from gaming activities See Part IV, line 19 a 330,171 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a  0  16,345  0  16,345  0  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,345  16,3	ŏ	l	· ·		<b></b>	1 0	1		
See Part IV, line 19		l .							
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c O d All other revenue e Total. Add lines 11a–11d  D 22,134  22,134  164,919  16,345  16,345  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					330,171				
10a Gross sales of inventory, less returns and allowances a 164,919 b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a 0 0 c d All other revenue e Total. Add lines 11a−11d		b	Less direct expenses	b	308,037				
returns and allowances a 164,919 b Less cost of goods sold b 148,574 c Net income or (loss) from sales of inventory ▶ 16,345  Miscellaneous Revenue Business Code  11a		С	Net income or (loss) from gamir	g activities	<b>•</b>	22,134			
b       Less cost of goods sold       b       148,574         c       Net income or (loss) from sales of inventory       ►       16,345       16,345         Miscellaneous Revenue       Business Code         11a       0         b       0       0         c       0         d       All other revenue       0         e       Total. Add lines 11a–11d       ►       0		10a	•				· .		
c Net income or (loss) from sales of inventory       ► 16,345       16,345         Miscellaneous Revenue       Business Code         11a       0         b       0         c       0         d All other revenue       0         e Total. Add lines 11a–11d       ► 0						1			
Miscellaneous Revenue         Business Code           11a         0           b         0           c         0           d All other revenue         0           e Total. Add lines 11a–11d         ▶		b	-			₹			
11a       0         b       0         c       0         d All other revenue       0         e Total. Add lines 11a–11d       ▶		C		of inventory	<del></del>	16,345			16,345
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		44 :	Miscellaneous Revenue		Business Code	,			
c     0       d All other revenue     0       e Total. Add lines 11a–11d     ▶ 0		1				<del></del>	<del>                                     </del>		<del>                                     </del>
d All other revenue 0 e Total. Add lines 11a–11d ▶ 0						· · · · · · · · · · · · · · · · · · ·			<del>†</del>
e Total. Add lines 11a–11d		1 .							<u> </u>
		1 -			<b>•</b>	<del> </del>			
	_	_			<b>&gt;</b>	141,525	3,891	C	23,395

23,395

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b,   Total expenses   Program service   Amongement and   Program service   Program servic	000	Check if Schedule O contains a response or note				
domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1)) and persons described in section 4958(f(s1		not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclinidusts See Part IV, lines 15 and 16 4 Benefits part to or for members 5 Compensation on current officers, directors, trustes, and key employees 6 Compensation on current officers, directors, trustes, and key employees 7 Compensation on current officers, directors, trustes, and key employees 8 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and persons descented in section 4958(f)(1)) and 4958(f) and	1	Grants and other assistance to domestic organizations			i	
Individuals See Part IV, line 22   0   0   0   0   0   0   0   0   0		domestic governments See Part IV, line 21	0			<del></del>
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(11) and persons described in section 4958(f)(18) and persons described in section 401(k) and 403(b) employer contributions)  Other salaries and vages Penson plan accrusia and contributions (include section 401(k) and 403(b) employer contributions  Other salaries and vages  1 Payroll taxes 1 1,429 1,286 1 143 1 Pees for services (non-employees)  a Management b Legal	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals See Part IV line 15 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 16 and 1		individuals See Part IV, line 22	0			
Individuals See Part IV, lines 15 and 16   0   0   0   0   0   0   0   0   0	3	Grants and other assistance to foreign				
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Compensation of current officers, directors, trustees, and key employees		individuals See Part IV, lines 15 and 16	<del></del>			
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Cither salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Cither employee benefits Outher employees Outher employ	4	·	0	<del>-</del>		
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section 401(k) and 403(b) employer contributions)  Other employee benefits  Dayroll taxes  1,429  1,286  143    15   Fees for services (non-employees)   16   Legal   0   0   0   0   0   0   0   0   0   0	7		6,077	5,877	200	
9 Other employee benefits  10 Payroll taxes  11 Pees for services (non-employees)  a Management  b Legal  c Accounting  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, column (A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion  13 Office expenses  6,162 4,962 1,200  14 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  10 Depreciation, depletion, and amortization  10 Alderstand (A) amount, list line 24e expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  2 CHARITIES  3 PER CAPITA DUES  16 OFFI CAPITA DUES  16 OFFI CAPITA DUES  2 Total functional expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  2 CHARITIES  3 DEFICAPITA DUES  4 Depreciation, depletion, and amortization  5 PER CAPITA DUES  5 Total functional expenses in line 24e If line 25, column (A) amount, list line 24e expenses on Schedule O)  6 All other expenses MERCHANT FEES  7 Total functional expenses All lines 1 through 24e  2 Depreciation, depletion, and lines 1 through 24e  3 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)	8				ļ	
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15 Royalties 0 0 0 1 1 27,911 3,100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·		1,002	1,200	<del></del>
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 2 CHARITIES 2 DEPRECAPITA DUES 3 CONVENTION 4 OMESCELLANEOUS 4 All other expenses MERCHANT FEES 5 All other expenses MERCHANT FEES 5 Colome (B) All other expenses Add lines 1 through 24e 5 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  Infollowing SOP 98-2 (ASC 958-720)			<del></del>			
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 2 CHARITIES 2 DEPRICAPITA DUES 3 INSURANCE 4 ONE TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSPORT TO TRANSP				27.911	3.100	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 )  a CHARITIES  b PER CAPITA DUES  c CONVENTION  d MISCELLANEOUS  e All other expenses MERCHANT FEES  2,085  2,085  25 Total functional expenses. Add lines 1 through 24e  128,838  120,683  8,155  0  0  0  0  0  0  0  0  0  0  0  0					-,-,	
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  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)  CHARITIES  DER CAPITA DUES  CONVENTION  T, 464  MISCELLANEOUS  All other expenses MERCHANT FEES  Dint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   Interest  O  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 649  A, 6					-	
19	10					
20	19		0			
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3 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) 25 a CHARITIES 26 CONVENTION 27 CONVENTION 3 Other expenses MERCHANT FEES 4 I other expenses MERCHANT FEES 2 Jost 2 Jost 2 Jost 2 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 3 Jost 4 Jost 4 Jost 3 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4 Jost 4						
Depreciation, depletion, and amortization   4,649   4,649   0   0						
1			4,649			0
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)  a CHARITIES  DEFIGURED  CONVENTION  CONVENTION  MISCELLANEOUS  All other expenses MERCHANT FEES  Difference according to the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)			6,071	5,464	607	
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)  a CHARITIES 25,555 25,555  b PER CAPITA DUES 16,977 16,977  c CONVENTION 7,464 7,464  d MISCELLANEOUS 4,049 3,644 405  e All other expenses MERCHANT FEES 2,085 2,085  25 Total functional expenses. Add lines 1 through 24e 128,838 120,683 8,155 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)						
(A) amount, list line 24e expenses on Schedule O )  a CHARITIES 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555 25,555		above (List miscellaneous expenses in line 24e If				
a CHARITIES  b PER CAPITA DUES  c CONVENTION  d MISCELLANEOUS  e All other expenses MERCHANT FEES  25,555  16,977  16,977  4,049  3,644  405  25,085  2,085  2,085  25 Total functional expenses. Add lines 1 through 24e  25,555  4,049  3,644  405  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			1			
b PER CAPITA DUES  c CONVENTION  d MISCELLANEOUS  e All other expenses MERCHANT FEES  2,085  25 Total functional expenses. Add lines 1 through 24e  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		(A) amount, list line 24e expenses on Schedule O)				
c CONVENTION d MISCELLANEOUS e All other expenses MERCHANT FEES 2,085 25 Total functional expenses. Add lines 1 through 24e 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	а					······
d MISCELLANEOUS e All other expenses MERCHANT FEES 2,085 25 Total functional expenses. Add lines 1 through 24e 128,838 120,683 8,155 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	b					
e All other expenses MERCHANT FEES 2,085 2,085  Total functional expenses. Add lines 1 through 24e 128,838 120,683 8,155 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	C	CONVENTION				
Total functional expenses. Add lines 1 through 24e 128,838 120,683 8,155 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	d					
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    following SOP 98-2 (ASC 958-720)						
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)	25		128,838	120,683	8,155	0
from a combined educational campaign and fundraising solicitation. Check here    following SOP 98-2 (ASC 958-720)	26					
fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)						
following SOP 98-2 (ASC 958-720)						
following SOP 98-2 (ASC 958-720) 1 1 1 1 5 cm 990 (2015)						
		following SOP 98-2 (ASC 958-720)		<u> </u>	<u>.                                    </u>	Form 990 (2015)

Part X Balance Sheet

BENEVOLENT AND PROTECTIVE ORDER OF ELKS

		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	Cash—non-interest-bearing			52,812	1	52,212
	2	Savings and temporary cash investments			63,174	2	61,499
	3	Pledges and grants receivable, net		L	0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for	ormer o	officers, directors,	7		
		trustees, key employees, and highest compens	ated er	nployees			
		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 e	employee	es' beneficiary			
र्छ		organizations (see instructions) Complete Part II of Sche		į		6	
Assets	7	Notes and loans receivable, net			0	7	0
Ä	8	Inventories for sale or use			5,421	8	5,990
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a	430,674			
	ь	Less accumulated depreciation	10b	325,649	104,306	10c	105,025
	11	Investments—publicly traded securities	-		0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	225,713	16	224,726
	17	Accounts payable and accrued expenses			17,996	17	12,351
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>	25,994	19	17,965
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and forme	r office	rs, directors,			
Ĕ		trustees, key employees, highest compensated	l emplo	yees, and			
Liabilities		disqualified persons Complete Part II of Sched	lule L			22	
Ë	23	Secured mortgages and notes payable to unre	ated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	ed third	parties	0	24	0
	25	Other liabilities (including federal income tax, p	ayable	s to related third			
		parties, and other liabilities not included on line	s 17-2	4) Complete			
	ļ	Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			43,990	26	30,316
		Organizations that follow SFAS 117 (ASC 95	8), che	eck here ▶ 🔲 and			
Ses		complete lines 27 through 29, and lines 33 a	nd 34.				
a	27	Unrestricted net assets				27	
32	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117 (ASC958)	check	here ► X and			
ř		complete lines 30 through 34.	, cricci	note - A and			
敌	20	Capital stock or trust principal, or current funds				30	
Se	30	Paid-in or capital surplus, or land, building, or		ent fund		31	<del>                                     </del>
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in			181,723	32	194,410
Vet	33	Total net assets or fund balances		, or other lands	181,723		194,410
_	34	Total liabilities and net assets/fund balances			225,713		224,726

roim 9	90 (2015) BENEVOLENT AND PROTECTIVE ORDER OF ELKS		3-0393110	Pag	<u>je 12</u>
Part	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		141	1,525
2	Total expenses (must equal Part IX, column (A), line 25)	2		128	3,838
3	Revenue less expenses Subtract line 2 from line 1	3		12	2,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		181	1,723
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		194	1,410
Part					
	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				
	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	Χ	Ĺ
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	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				
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			-	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

#### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

IVAIIIO	or are organization		Zimpioyor naonamounion mannaon
BEN	EVOLENT AND PROTECTIVE ORDER OF EL	.KS	93-0393118
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fo	unds or Accounts.
	Complete if the organization answ	vered "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 do	nor advisors in writing that the assets held in	donor advised
-	funds are the organization's property, subject		
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that grant f	unds 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 ber		Yes No
Par			
ı aı		vered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g., reci		of a historically important land area
			of a certified historic structure
	Protection of natural habitat	Freservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribution	
	easement on the last 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 eas		2b
С	Number of conservation easements on a cer		2c
d	Number of conservation easements included		
_	historic structure listed in the National Regist	er	
3	Number of conservation easements modified	l, transferred, released, extinguished, or term	ninated by the organization during
_	the tax year		
4	Number of states where property subject to o	conservation easement is located	handling of
5	Does the organization have a written policy r		Yes No
_	violations, and enforcement of the conservat Staff and volunteer hours devoted to monitoring,		
6	Starr and volunteer nours devoted to monitoring,	inspecting, handling of violations, and emorcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspi	ecting handling of violations, and enforcing conse	ervation easements during the year
'	• ¢	setting, harrowing or violations, and emoroting conse	orvation education during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	511 m. 5 2(5) 435 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenue	
•	balance sheet, and include, if applicable, the	text of the footnote to the organization's fina	ncial statements that describes
	the organization's accounting for conservation		
Par	Organizations Maintaining Coll	ections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 8	}
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other sir	nilar assets held for public exhibition, education	on, or research in furtherance
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements th	at describes these items
b	If the organization elected, as permitted und	er SFAS 116 (ASC 958), to report in its reven	nue statement and balance sheet
	works of art, historical treasures, or other sir	nilar assets held for public exhibition, educati	on, or research in furtherance
	of public service, provide the following amou		
	(i) Revenue included on Form 990, Part VIII		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of	art, historical treasures, or other similar asse	ts for financial gain, provide the
-	following amounts required to be reported up	nder SFAS 116 (ASC 958) relating to these ite	ems
а	Revenue included on Form 990, Part VIII, Iir		▶ \$
h	Assets included in Form 990. Part X		▶ \$

		PROTECTIVE ORDE			······································		93-039		Page 2
ar									nued)
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other reco	oras, c	спеск апу	of the following	ng marai	e a significant	use or its	
а	Public exhibition	d		Loan	or exchange p	orograms			
b	Scholarly research	e	H	Other					
		_	لب	Outer					
с 4	Preservation for future generation  Provide a description of the organization		laın ho	ow they fi	uther the orga	nızatıon'	s evemnt nurn	nse in Part	
•	XIII	is collections and exp	iaiii ii	ow they it	iranci ane orga	11 11 Zatioi i	s exempt purp	Joe III i ait	
5	During the year, did the organization sol	icit or receive donation	ns of a	art, histori	cal treasures.	or other:	sımılar		
	assets to be sold to raise funds rather th							Yes	No
art	IV Escrow and Custodial Arrai		-						<del></del>
	Complete if the organization a		Form	990, Pa	rt IV, line 9,	or repor	ted an amou	nt on Fori	m
	990, Part X, line 21						·		
1a	Is the organization an agent, trustee, cu	stodian or other interm	nediar	y for cont	ributions or ot	her asset	s not		_
	included on Form 990, Part X?							Yes	No
þ	If "Yes," explain the arrangement in Part	XIII and complete the	follov	ving table				N 1	<del></del>
_	Dagwaya halana					1c	. '	Amount	
c d	Beginning balance Additions during the year					1d			
e	Distributions during the year					1e			<del></del>
f	Ending balance					1f		,	0
2a	Did the organization include an amount	on Form 990, Part X, I	ine 21	1, for escr	ow or custodia	al accoun	it liability?	Yes	X No
b	If "Yes," explain the arrangement in Part						-		Ħ
art						<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u></u>
	Complete if the organization a	answered "Yes" on	Form	990, Pa	rt IV, line 10	1			
		(a) Current year	( <b>b</b> ) Pro		(c) Two years		) Three years back	(e) Four	years back
1a	Beginning of year balance	0							
þ	Contributions							<u> </u>	
С	Net investment earnings, gains,					İ			
	and losses							<del></del>	
d e	Grants or scholarships Other expenditures for facilities	-						<del> </del>	
C	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0	· .	0	0
2	Provide the estimated percentage of the	current year end bala	ince (i	line 1g, co	olumn (a)) held	d as			
а	Board designated or quasi-endowment		<u>%</u>						
b	Permanent endowment	<u></u> %							
С	Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c	should equal 100%							
3a	Are there endowment funds not in the p		nizatio	n that are	held and adn	nınıstered	for the		
	organization by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses of		ndowr	ment fund	S	· · · · · · · · · · · · · · · · · · ·		· <del>-</del> · · · ·	<del></del>
'arī	VI Land, Buildings, and Equip		E0	000 Pa	rt IV/ line 11	a Soo 5	orm 000 Pa	rt Y line '	10
	Complete if the organization a			1	I		cumulated		
	Description of property	(a) Cost or other b (investment)	a515	, , ,	ost or other is (other)		reciation	(d) Book	value
1a	Land		0		33,034	·····			33,034
b	Buildings		0		298,178		238,961		59,217
С	Leasehold improvements		0		0		0		0
d	Equipment	-:: :=	0		86,212		75,526		10,686

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Equipment

Other

d

2,088

105,025

11,162

•

13,250

Part VII	Investments—Other Secu Complete if the organization	ı <b>rities.</b> n answered "Yes" on Form 9	90, Part IV, line 11b. See For	m 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Finançial	derivatives	0		
	eld equity interests	0		
· · ·				
(C)				
(D)				
(E)				
(G)				
(H)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Total (Column (b)	must equal Form 990, Part X, col. (B) line 12.)	_ <b>▶</b> C	)	
Part VIII	Investments—Program R	elated.		
	Complete if the organization	n answered "Yes" on Form 9	90, Part IV, line 11c See For	m 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
_(4)			ļ	
(5)				<del></del>
(6)			<u> </u>	· <del></del>
			<del></del>	
(8)			<del> </del>	
(9)				
	must equal Form 990, Part X, col (B) line 13)	<u>▶</u>	/	
Part IX	Other Assets.	n answered "Yes" on Form 9	00 Part IV line 11d See For	m 000 Part Y line 15
	Complete if the organization	(a) Description	90, Fait IV, line Tid. See For	(b) Book value
		(a) Description		(b) Book Value
				<del> </del>
(2)				
(3)				-
(4)				
(5)				
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)				
(8)				
Total (Colu	nn (b) must equal Form 990, Part	X col (B) line 15)	<b>&gt;</b>	-
Part X	Other Liabilities.	, , oc. ( <i>b)</i> e		<u> </u>
Pail	Complete if the organization	on answered "Yes" on Form 9	90 Part IV line 11e or 11f S	ee Form 990. Part X
	line 25			
1.	(a) Description of liability	(b) Book value	4	
	income taxes	(	24	
(2)			4	
(3)			-	
(4)			-	
(5)			<b>-</b>	
(6)			4	
(7)			4	
(8)			4	
(9)			-	
Total (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	1		4 4 4
2. Liability for	uncertain tax positions In Part XIII,	provide the text of the footnote to th	e organization's financial statement	s 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 G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

BENE	VOLENT AND PROTECTIVE ORDE					93-03	
Par	Fundraising Activities. C Form 990-EZ filers are no				ered "Yes" on For	m 990, Part IV, III	ne 17
1	Indicate whether the organization r				g activities Check a	all that apply	
a	Mail solicitations				f non-government g		
b	Internet and email solicitations		f 🕅 S	olicitation o	f government grants	5	
С	Phone solicitations		=		raising events		
d	In-person solicitations				-		
2a	Did the organization have a written	or oral agreeme	ent with any	ındıvıdual (	(including officers, d	irectors, trustees o	<u>r</u>
	key employees listed in Form 990,						Yes No
b	If "Yes," list the ten highest paid inc			sers) pursua	ant to agreements u	nder which the fund	draiser is
	to be compensated at least \$5,000	by the organiza	tion				
			<del></del>	<del></del>			
	(i) Name and address of individual			ndraiser have	(IV) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(II) Activity		or control of outlons?	from activity	fundraiser listed in col (i)	(or retained by) organization
			Yes	No		33. (,)	
1					0	o	0
2		<del>-   </del>					
					0	0	0
3					o	o	0
4					0	0	0
5						0	0
6		****		<del>  </del>	0	0	0
					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10	-					0	
		<u> </u>	<u></u>		0		0
Total			<del> </del>	<u> </u>	0	0	0
3	List all states in which the organiza	ation is registere	d or license	ed to solicit (	contributions or nas	been notified it is e	xempt from
	registration or licensing						
<b>-</b>							
		·	<del></del> -				

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		•	(event type)	(event type)	(total number)	col (c))
Kevenue	1	Gross receipts			0	
2	2	Less Contributions			o	O
	3	Gross income (line 1 minus line 2)			0	0
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
suses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Direc	8	Entertainment			0	0
	9	Other direct expenses			0	0
	10	Direct expense summary Ad Net income summary Subtr			<b>▶</b>	( 0)
Par	11 (	Gaming. Complete i	f the organization ans	wered "Yes" on Form 99	0, Part IV, line 19, or re	eported more
		Gaming. Complete in than \$15,000 on Form	f the organization ans	(b) Pull tabs/instant bingo/progressive bingo	0, Part IV, line 19, or re	(d) Total gaming (add col (a) through col (c))
Par		Gaming. Complete i	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant		(d) Total gaming (add
Revenue	t III	Gaming. Complete in than \$15,000 on Form	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	t III 1	Gaming. Complete in than \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,000 on Forman \$15,0	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant	(c) Other gaming 330,171	(d) Total gaming (add col (a) through col (c))
rect Expenses Revenue	1 2	Gaming. Complete in than \$15,000 on Formal Gross revenue  Cash prizes	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant	(c) Other gaming 330,171	(d) Total gaming (add col (a) through col (c))  330,171
Revenue	1 2 3	Gaming. Complete in than \$15,000 on Formal Gross revenue  Cash prizes  Noncash prizes	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant	(c) Other gaming 330,171	(d) Total gaming (add col (a) through col (c))  330,171  308,037
rect Expenses Revenue	1 2 3 4	Gaming. Complete in than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	f the organization ansom 990-EZ, line 6a	wered "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 330,171	(d) Total gaming (add col (a) through col (c))  330,171  308,037
rect Expenses Revenue	1 2 3 4 5	Gaming. Complete in than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	f the organization ansom 990-EZ, line 6a  (a) Bingo  Yes %  X No	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming  330,171  308,037	(d) Total gaming (add col (a) through col (c))  330,171  308,037
rect Expenses Revenue	1 2 3 4 5 6	Gaming. Complete in than \$15,000 on Form  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	f the organization ansom 990-EZ, line 6a  (a) Bingo  Yes %  X No  dd lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo  Yes %  X No	(c) Other gaming  330,171  308,037  Yes %  X No	(d) Total gaming (add col (a) through col (c))  330,171  308,037
rect Expenses Revenue	1 2 3 4 5 6 7 8 E	Gaming. Complete in than \$15,000 on Form than \$15,000 on Form Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary A  Net gaming income summanuter the state(s) in which the second content in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in	the organization ansom 990-EZ, line 6a  (a) Bingo  Yes %  X No  dd lines 2 through 5 in cory Subtract line 7 from lines organization conducts ga	(b) Pull tabs/instant bingo/progressive bingo  Yes %  X No  Slumn (d)  me 1, column (d)  ming activities	(c) Other gaming  330,171  308,037  Yes %  X No	(d) Total gaming (add col (a) through col (c))  330,171  308,037  0  0  ( 308,037)
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E is	Gaming. Complete in than \$15,000 on Form than \$15,000 on Form Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary And Net gaming income summare the state(s) in which the state organization licensed to so "No," explain	Yes %  X No  My Subtract line 7 from line organization conducts garconduct gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes %  X No  Slumn (d)  me 1, column (d)  ming activities	(c) Other gaming  330,171  308,037  Yes %  X No	(d) Total gaming (add col (a) through col (c))  330,171  308,037  0  0  ( 308,037)  22,134

Sched	ule G (Form 990 or 990-EZ) 2015 BENEVOLENT AND PROTECTIVE ORDER OF ELKS	93	<u>-03931</u> 1	B Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in	1		
а	The organization's facility	13a		100 00%
b 14	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books	13b	<u> </u>	%
14	and records			
	Name ► JEANNE PRESTON			
	Address ► 550 NE OCHOCO AVE PRINEVILLE, OR 97754			•
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ı	□ vos	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the		1es	∆ NO
_	amount of gaming revenue retained by the third party > \$ 0			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided	- <b>-</b>		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ı		<del></del>
	retain the state gaming license?		Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			0
Part		s (III) a	and (v),	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additiona			
	(see instructions)			
		·		<del></del> -
		- <b></b> .		
~ <b>-</b>				
~ <b>.</b>				

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
BENEVOLENT AND PROTECTIVE ORDER OF ELKS	93-0393118
Form 990, Part VI, Section B, Line 12C ANNUALLY OFFICERS AND TRUSTEES	REPORT TO THE BOARD FOR
ANY POTENTIAL CONFLICT OF INTEREST	
Form 990, Part VI, Section C, Line 19 NO DOCUMENTS ARE AVAILABLE TO TH	HE PUBLIC
·	•••••
·	
<u></u>	
<u></u>	
	·····