

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493276007237 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Open to Public

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

							·
A F	or the	e 2016 ca	alendar year, or tax year beginning 04-01-2016 , and ending 03-31-	2017			
		pplicable change	C Name of organization BENEVOLENT & PROTECTIVE ORDER OF ELKS				fication number
	ime cha	-	LODGE 93		31-021	4050	
☐ In Fir	itial ret	urn	Doing business as				
□detu	rn/term	nınated	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne numbe	r
_		l return on pending	4444 HAMILTON MIDDLETOWN ROAD		(513) 8	87-4380	)
Ш Ар	рисацс	on pending	City or town, state or province, country, and ZIP or foreign postal code HAMILTON, OH 45011				
			·		<b>G</b> Gross re	ceipts \$ 1	.,181,392
			F Name and address of principal officer	<b>H(a)</b> Is this	a group re	turn for	
				subord <b>H(b)</b> Are all	linates?	tec	□Yes ☑No
	v-even	npt status		include	ed?		☐ Yes <b>☑</b> No
			☐ 501(c)(3) ☑ 501(c)(8) ◀(Insert no) ☐ 4947(a)(1) or ☐ 527				instructions)
J W	ebsit	e:► http	//www hamiltonelksgolfclub com/	H(c) Group	exemption	number	1120
<b>K</b> For	m of or	rganization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	Year of forma	tion 1888		of legal domicile
		gamzadon	E corporation E mast E Association E other p			ОН	
Pa		Sumi	•				
			cribe the organization's mission or most significant activities order operating under the Benevolent and protective Order of Elks of the Unit	ed States of	America as	a Loda	e
nce	-						
mai	-						
Governance	2	Check thi	s box $lacktriangle$ If the organization discontinued its operations or disposed of mo	re than 25%	of its net a	ssets	
			of voting members of the governing body (Part VI, line 1a)			3	12
<b>≫</b> √	4	Number c	f independent voting members of the governing body (Part VI, line 1b) .		•	4	821
# #	5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)			5	30
Activities &	1		nber of volunteers (estimate if necessary)		•	6	1,047
4	1		elated business revenue from Part VIII, column (C), line 12			7a	· · · · · · · · · · · · · · · · · · ·
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34		V	7b	
	8	Contribut	ions and grants (Part VIII, line 1h)	Pric	r Year 143,	920	Current Year 143,810
ēΝί	1		service revenue (Part VIII, line 2g)		1,043,		1,020,015
Ravenue	1	-	nt income (Part VIII, column (A), lines 3, 4, and 7d )			924	-12,332
α	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			132	9,100
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,180,	649	1,160,593
	13	Grants an	d sımılar amounts paid (Part IX, column (A), lines 1–3 )		4,	500	1,149
	14	Benefits p	oald to or for members (Part IX, column (A), line 4)				(
&	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		553,	894	561,528
ens	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				
Expenses	1		aising expenses (Part IX, column (D), line 25) ▶0				
ш	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		573,		583,288
	1	·	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,131,		1,145,965
<u></u>	19	Revenue	less expenses Subtract line 18 from line 12	Beginning o	48,		14,628 End of Year
Net Assets or Fund Balances							
SSS Bala	20	Total asse	ets (Part X, line 16)		2,038,	121	2,194,419
절	1		lities (Part X, line 26)		827,	697	969,367
		_	s or fund balances Subtract line 21 from line 20		1,210,	424	1,225,052
	rt III		ature Block erjury, I declare that I have examined this return, including accompanying so	hedules and	statement	s and to	the hest of my
know	ledge	and belief	f, it is true, correct, and complete Declaration of preparer (other than office				
any k	nowle	edge					
		*****			'-10-03		
Sign		Signatu	re of officer	Date			
Here	<b>e</b>		SOULE Secretary				
		17	print name and title	. 1	1	DTIN	
Dei	4		rint/Type preparer's name Preparer's signature Dat ernon H Huber CPA Vernon H Huber CPA	Chec	k 📙 ıf 📗	PTIN P0057153	0
Paid	u pare		rm's name ► VERNON H HUBER CPA		employed 's EIN ►		
	on!	I c.	rm's address ▶ 90 S LAWN AVE		ne no (513)	867-0055	i
	. JIII	• 7	HAMILTON, OH 450132592				
May t	he IR:	S discuss	this return with the preparer shown above? (see instructions)			<b>✓</b>	Yes 🗆 No

Cat No 11282Y

Form	990 (2016)				Page <b>2</b>
Par	t IIII Statement	t of Program Service Acc	omplishments		
	Check if Scho	edule O contains a response or	note to any line in this Part III .		🗆
1	Briefly describe the	organization's mission			
Frate	rnal order operating i	under the Benevolent and prote	ctive Order of Elks of the United Stat	es of America as a Lodge	
2	-		ram services during the year which v		
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
	·	ese new services on Schedule (			
3	_	-	nificant changes in how it conducts,	• • •	
					🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule O			
4	Section 501(c)(3) a		olishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000	, (Expenses ¢	meraanig grants or \$	) (Nevende \$	,
	-				
4d	' -	rices (Describe in Schedule O )		/D	,
	(Expenses \$	ıncludıng g	rants or \$ )	(Revenue \$	
4e	Total program ser	vice expenses ►			Form <b>990</b> (2016)

or X as applicable

1	Is the Sche
2	Is the
3	Did t

	enconnict of recommend			
			Yes	
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		
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?			

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 🔧 . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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 . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Yes

Yes

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Page 3

No No

No No

No

No

No

Nο

Nο

No

No

No

Nο

Nο

Nο

Nο

No

Nο

No

No

No

Νo

No

No

Νo

29

Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20b 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2016)

No

No

Page 4

Nο Nο Νo No

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form	990 (2016)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
		5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		No
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments $^7$ If "No," provide an explanation in Schedule $^{\circ}$	14b		
				0 (2016)

Form	990 (2016)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		<b>✓</b>
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 821			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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 person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
4.0	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Margaret Taylor Office Mgr 4444 HAMILTON MIDDLETOWN RD HAMILTON, OH 45011 (513) 887-4381			

Part VII

(F)

## 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

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

- 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)
- organization and any related organizations • List all of the organization's former officers, key employees, or 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 (B) (C) (D) (E)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	(	ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) TOM SEARS	5 00			X				0	0	0
EXALTED RULER	0 00			^				· ·		
(2) TOM CIRESI	2 00							0	0	0
EXALTED RULER	0 00			Х				U	U	ľ
(3) AARON AKELEY	2 00									_
LOYAL NIGHT	0 00			Х				0	0	0
(4) RANDY PAXSON	2 00			Х				0	0	0
LECTURING KNIGH	0 00									
(5) CHUCK SOULE	6 00			x				0	0	0
Secretary	0 00							Ü		
(6) AL CECERE	6 00			x				0	0	0
Treasurer	0 00									
(7) RON ARMENTROUT	1 00			X				0	0	0
TILER	0 00			^				o d	3	
(8) MICHAEL SCHOLL	1 00			×				0	0	0
ESQUIRE	0 00									
(9) JEFF ZUGELTER	1 00			x				0	0	0
CHAPLAIN	0 00									
(10) DAVID NEBRASKI INNER GUARD	1 00			х				0	0	0
INVEN GOARD	0 00									
										Form <b>990</b> (2016)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation amount of other hours per

week (list any hours		oth a direct		rust			from the organization (W-	from related organizations (W-	compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	enplovee Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total	art VII, Sectio	nΑ.		<b>*</b>		
d Total (add lines 1b and 1c)				<b>•</b>		

										l
1b Sub-Total						•				
c Total from continuation sheets to P	art VII, Sectio	nΑ.				▶□				
d Total (add lines 1b and 1c)						▶				
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

	Sub-Total					<b>&gt;</b>				
d <u>1</u>	otal (add lines 1b and 1c)	 				▶				
2	Total number of individuals (including		e list	ed al	bove	e) who	rece	eived more than \$1	00,000	

1b Sub-Total						<b>&gt;</b>					
d Total (add lines 1b and 1c)						▶					
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	oove	a) who	rece	eived more than	\$10	00 000	

1b	Lb Sub-Total										
С	c Total from continuation sheets to Part VII, Section A										
d	d Total (add lines 1b and 1c)										
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

1b 9	Sub-Total						•				
c ·	otal from continuation sheets to Pa	rt VII, Sectio	nΑ.				▶□				
d	otal (add lines 1b and 1c)						▶				
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed a	bove	e) who	rece	eived more than \$1	.00,000	

1b	Sub-Total						▶					
C	c Total from continuation sheets to Part VII, Section A											
d	Total (add lines 1b and 1c)						▶					
2	Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$	100,000		

1b :	Sub-Total		
c ·	otal from continuation sheets to Part VII, Section A		
q.	「otal (add lines 1b and 1c)		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0		
		Yes	No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		

(B)

Description of services

(C)

Compensation

Form 990 (2016)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual .

compensation from the organization ▶ 0

3

Part	VII	Statement of	Revenue								rage <b>J</b>
				a respo	onse or note to any	/ line in	this Part VII	Ι.,			🗆
							(A) revenue	e fu	(B) lated or xempt inction	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				re	evenue		512-514
nts ints		Membership dues		1b	137,770						
ira! 10u		: Fundraising events		1c							
s. C An		Related organizatio		1d	<u> </u>						
Giff Ilai		Government grants (co		1e	<u> </u>						
S.E		All other contributions,		_ <u>re</u> _	<u> </u>						
tior sr.S	'	and similar amounts n above		1f	6,040						
혈	و	Noncash contribution	ons included								
		ın lınes 1a-1f \$									
<u>ة</u> ك	<u> h</u>	Total.Add lines 1a-1	lf		<u> </u>		143,810				
HI e					Business	Code					
۲۶۸۰		93 NEWS - ADVERTISIN	IG					2,775		2,7	775
ı, Q≛		GAMING GOLF				713910	1.0	007,805	925,	005 82,	300
гис		LODGE					-/-	9,435		388	47
፠	е	POOL				713910					
ıran.	f	All other program se	rvice revenue								
Prος					▶ 1,	020,015					
					nterest, and other	1					
	s	ımılar amounts) .			1	<u> </u>	3,96		3,967		
				empt b				0			
	5 t	Royalties	(ı) Rea		(II) Personal	<b>*</b>					
Other Revenue Program Service Revenue and Other Similar Amounts	6a	Gross rents	(i) ica	(II) Tersonal							
				9,100							
	b	Less rental expenses									
	С										
	A		r (loss)			_	9,10			9,10	
	u	Net rental income o	(i) Securit		(II) Other		-,1-			3,10	
	7a	Gross amount	(1)		, ,						
		from sales of assets other than inventory			4,50	00					
		·									
	b	other basis and			20,79	9					
	С				-16,29	99					
					<b>&gt;</b>		-16,29	19	-16,299		
	8a										
nue		·		of							
₹.				a							
æ				Ь				0			
hei					ents	_		0			
5	-	See Part IV, line 19	• • •								
				а							
		·		b	105			0			
				activit	ies <b>&gt;</b>			1			
		returns and allowand	ces								
3 Investment income (in similar amounts). 4 Income from investme 5 Royalties 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or rom sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss). 8a Gross income from for	rold	a b		-							
								0			
					Business Code						
	11	a									
	b	1									
	С										
	_	All -th						-			
					. •	1					
				•		-		0			
		.o.ai revenue. 566	ansu uctions	• •	• • • •		1,160,59	3	922,061	94,67	Form <b>990</b> (2016)
											FOLIST 990 (2016)

Forn	n 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,149	1,149		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,608	1,608		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	454,550	413,645	40,905	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	62,687	49,819	12,868	
10	Payroll taxes	42,683	39,536	3,147	
	Fees for services (non-employees)				
	Management	0			
	<del> </del>	1,200	1,200		
	Legal	8,600	1,200	8,600	
	Accounting			6,600	
	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,297	5,434	863	
12	Advertising and promotion	10,080		10,080	
13	Office expenses	4,884	2,159	2,725	
14	Information technology	0			
15	Royalties	0			_
	Occupancy	97,092	74,731	22,361	
	Travel	785	274	511	-
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,154	720	1,434	
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	93,863	62,377	31,486	
	- '	21,592	7,692	13,900	
	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 )	21,392	7,092	13,900	
;	a Chemicals	109,385	109,385		
i	• Pro Shop Equipment Rental	67,268	67,268		
,	c Golf Maint Equip Rental/Lease	29,267	29,267		
•	d Fertilizer	18,939	18,939		
	e All other expenses	111,882	78,052	33,830	
	Total functional expenses. Add lines 1 through 24e	1,145,965	963,255	182,710	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2016)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

	1	Cash-non-interest-bearing		•	357,090	1	411,057
	2	Savings and temporary cash investments .			383,829	2	385,153
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			146,656	4	138,080
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	0
rs.	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L		6	0		
et	7	Notes and loans receivable, net			179,203	7	174,302
ssets	8	Inventories for sale or use		•		8	0
A	9	Prepaid expenses and deferred charges			696	9	25,071
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,204,935			
	ь	Less accumulated depreciation	10b	3,144,179	970,646	<b>10</b> c	1,060,756
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line			12	0	
	13	Investments—program-related See Part IV, line	11 .			13	0

_	Trepaid expenses and deferred charges		• •			
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,204,935			
b	Less accumulated depreciation	10b	3,144,179	970,646	10c	
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	e 11 .			13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			1	15	
16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2,038,121	16	
17	Accounts payable and accrued expenses			59,826	17	
18	Grants payable				18	
19	Deferred revenue			535,951	19	

20

21

23

34

Net 33

Liabilities

Tax-exempt bond liabilities .

Total net assets or fund balances

persons Complete Part II of Schedule L .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

0 0 2,194,419 92,541

585,205

112,781

1,225,052

2,194,419 Form **990** (2016)

20

21

22

23

33

34

52,160

1,210,424

2,038,121

	24	Unsecured notes and loans payable to unrelated third parties	162,160	24	157,259
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	17,600	25	21,581
	26	<b>Total liabilities.</b> Add lines 17 through 25	827,697	26	969,367
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	677,618	27	690,902
Bal	28	Temporarily restricted net assets		28	
pun	29	Permanently restricted net assets	532,806	29	534,150
Œ		Organizations that do not follow SFAS 117 (ASC 958),			
0	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,160,593
2	Total expenses (must equal Part IX, column (A), line 25)	2			,145,965
3	Revenue less expenses Subtract line 2 from line 1	3			14,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,210,424
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		1	,225,052
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check in outleading a companies of free to any line in any large Au			Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

**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

#### Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 31-0214050

The organization is incorporated in Ohio, chartered by The Grand Lodge Benevolent and Protective Order of Elks as Lodge No. 93. The Lodge operates as a Fraternal Organization for the exclusive benefit of the members offering facilities for golf, and fellowship. The Lodge provides many public community activities for care giving, youth

Name: BENEVOLENT & PROTECTIVE ORDER OF ELKS

LODGE 93

sports, scholarships, Drug and Alcohol prevention, and veterans programs

Form 990, Part III, Line 4a:

SCHEDULE D

(Form 990)

DLN: 93493276007237

Open to Public

OMB No 1545-0047

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 93 31-0214050 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Col	lections of Art,	HISTORI	cai ii	reasu	res, or Otner	Similar Ass	<b>ets</b> (cont	inued)	
3	Using the organization's acquisition, accession items (check all that apply)	n, and other records	, check	any of	the fol	lowing that are a	significant use	of its col	lection	
а	Public exhibition		d		Loan	or exchange pro	grams			
b	Scholarly research		е		Other					
c	Preservation for future generations									
4	Provide a description of the organization's col Part XIII	ections and explain	how the	ey furtl	ner the	organization's e	xempt purpose	ın		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						nılar	☐ Yes	□ N¢	
Pat	rt IV Escrow and Custodial Arrange	ments								
	Complete if the organization answ X, line 21.		rm 990	, Part	IV, lıı	ne 9, or report	ed an amount	on Forn	n 990, I	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other interme	diary for	contri	butions	or other assets	-	Yes	□ <b>N</b> €	<b>o</b>
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table			Am	ount		-
С	Beginning balance	·	_			1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
<b>2</b> a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or cus	stodial account li	ability? [	☐ Yes	□ No	_
b	If "Yes," explain the arrangement in Part XIII	Charle have of the				nyovidad in Dant	-			
	irt V Endowment Funds. Complete if									
·	Endowment Funds. Complete in	(a)Current year		rior yea		(c)Two years back			Four year	s back
1a	Beginning of year balance	(a)carrent year	(5).	1101 yea	·	(C) THO YEARS DUCK	(a) mice years	Duck (C)	our yeur	3 Buck
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, colu	mn (a)	) held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
-	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posses organization by	sion of the organiza	ition that	t are h	eld and	d administered fo	r the		Yes	No
	(i) unrelated organizations							3a(i)		
b	(ii) related organizations	s listed as required	on Sche	 dule R	? .			3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	•							1 1	
Pai	rt VI Land, Buildings, and Equipmer	nt.								
	Complete if the organization answ									
	Description of property  (a) Cost or oth (investme		t or other	basis (d	other)	(c)Accumulated of	lepreciation	( <b>d)</b> B	ook value	
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment			10	03,784		22,716			81,068
	Other			4,10	01,151		3,121,463			979,688
	Add lines 1s through 1e (Column (d) must e	Juni Form 990 Part	Y colur			0(c)			-	060.756

See Form 990, Part X, line 12.	. the organization another	ed 'Yes' on Form 990, Part	•
(a) Description of security or category (including name of security)	( <b>b</b> )Book value	(c)Method of val Cost or end-of-year n	
1)Financial derivatives			
<b>3)</b> Other			
Α)			
В)			
C)			
D)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments—Program Related. Complete		red 'Yes' on Form 990. Par	t IV. line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answer	prod 'Voc' on Form 990. Part I	V line 11d. See Form 990. Pa	t V line 15
(a) Descrip		V, interrum Sec Form 550, Fe	(b) Book value
1)			
2)			
4)			
4) 5)			
4) 5) 6)			
4) 5) 6) 7)			
4) 5) 6) 7)			
4) 5) 6) 7) 8)			
4) 5) 6) 7) 8) 9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	n answered 'Yes' on Form	990. Part IV. line 11e or 1	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.		990, Part IV, line 11e or 1	1f.
4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25 (a) Description of liability	n answered 'Yes' on Form	990, Part IV, line 11e or 1	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes		990, Part IV, line 11e or 1	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Cerebral Palsy		990, Part IV, line 11e or 1 value  990	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes  Cerebral Palsy  Elks National Foundation		990, Part IV, line 11e or 1 value  990 2,940	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes  Gerebral Palsy  Sks National Foundation  NF Board Repair Fund		990, Part IV, line 11e or 1 value  990 2,940 1,000	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  Cerebral Palsy Elks National Foundation ENF Board Repair Fund  MGA Memberships		990, Part IV, line 11e or 1 value  990 2,940 1,000 13,020	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  Cerebral Palsy Elks National Foundation ENF Board Repair Fund  AGA Memberships  Ohio Elks Assn Raffle		990, Part IV, line 11e or 1  value  990  2,940  1,000  13,020  2,515	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  Cerebral Palsy Elks National Foundation ENF Board Repair Fund MGA Memberships  Ohio Elks Assn Raffle Past Exalted Ruler Fund		990, Part IV, line 11e or 1  value  990  2,940  1,000  13,020  2,515  383	1f.
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  Cerebral Palsy  Elks National Foundation  ENF Board Repair Fund  AGA Memberships  Dhio Elks Assn Raffle  Past Exalted Ruler Fund  Prepaid Charity		990, Part IV, line 11e or 1  value  990  2,940  1,000  13,020  2,515	1f.
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes  Cerebral Palsy Elks National Foundation ENF Board Repair Fund  MGA Memberships  Ohio Elks Assn Raffle Past Exalted Ruler Fund		990, Part IV, line 11e or 1  value  990  2,940  1,000  13,020  2,515  383	1f.

Return Reference

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015		Page <b>5</b>	
Part XIII Supplemental Information (continued)			
Return Reference		Explanation	
			Schedule D (Form 990) 2016

#### **Additional Data**

Software Version: 2016v3.0 EIN: 31-0214050 BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE 93 Form 990, Schedule D, Part X, - Other Liabilities (b) Book Value (a) Description of Liability 1 Cerebral Palsy 990 Elks National Foundation 2,940 ENF Board Repair Fund 1,000 MGA Memberships 13,020 Ohio Elks Assn Raffle 2,515 Past Exalted Ruler Fund 383 Prepaid Charity 1,000 Rounding Unredeemed Gift Certificates -268

Software ID: 16000303

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 9349327600723				N: 93493276007237
SCHEDUL	ΕO	Supplemental Information to Form 990 or	990-F7	OMB No 1545-0047
(Form 990 or 990- EZ)  Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.		Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informati  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instr	specific questions on hal information.	
Name of the organization Name of the organization Benevolent & PROTECTIVE ORDER OF ELKS LODGE 93  990 Schedule O, Supplemental Information		ntification number		
Return Reference		Explanation		
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Lod	ge is composed of members only		

Return Explanation Reference Form 990. The members elect officers annually Part VI, Line 7a How

7a How
Members or
Shareholders
Elect
Governing
Body

Return Reference

The lodge membership approves all transactions of the officers

Part VI, Line	
7b Describe	
Decisions of	
Governing	
Body	
Approval by	
Members or	
Shareholders	

Return Explanation

Form 990,
Part VI, Line
11b Form
990 Review
Process

The information was prepared by a CPA firm, reviewed by the Audit Committee and approved by the Lodge committee

and approved by the Lodge committee

and approved by the Lodge committee

Return
Reference

Explanation

Explanation

Form 990

the lodge follows reules and regulations issued by the Grand Lodge Renevolent & Protective Order of Files

1 01111 330,	The lodge follows redies and regulations issued by the Grand Lodge benevoient at rotective Order of Liks
Part VI, Line	
12c	
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	All compensation is reviewed, and approved by the Lodge's governing body

Evolunation

Return Explanation

Form 990,	Lodge members are allowed to review financial information upon request at the lodge office
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	