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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service and ending Mar 3117 For the 2016 calendar year, or tax year beginning Apr C Name of organization D Employer identification number PROTECTIVE ORDER BENEVOLENT Check if applicable Doing business as B P O E JOPLIN 501 Address change 44-0304955 Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number 802 W 26TH STREET Initial return City or town State ZIP code 417-624-0048 <u>oplin MO 64804</u> inal return/terminated Foreign country name Foreign province/state/county Foreign postal code 459550 Amended return G Gross receipts \$ F Name and address of principal officer CHARLES Application pending H(a) Is this a group return for subordinates? 102 OAK RIDGE JOPLIN MO 64804-H(b) Are all subordinates included? If "No." attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or Tax-exempt status) **d** (insert no.) Website: ► N/A H(c) Group exemption number ► 1156 L Year of formation 1903 M State of legal domicile X Corporation K Form of organization Trust Association Part I Summary PERFORM CHARITABLE Briefly describe the organization's mission or most significant activities AS HOSPITAL PEDIATRICS, VETERANS WORK, BOYS AND GIRL SCOUT Activities & Governance CHRISTMAS BASKETS Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 12709 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 2022 Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 81689. 88731. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 11418.11934. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 165235. 170524. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 258342 271189. Total revenue—add lines 8 through 11 (must equal Part VIII, column, (A)), line (12) 12 Grants and similar amounts paid (Part IX, column (A), lines_1=3)-31942 28945. 13 Benefits paid to or for members (Part IX, column:(A), line 4) 14 Salaries, other compensation, employee benefits (Partix, column (A), (inest51-10) 105581 93064. 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D) line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 192817. 53422. 275431. 330340. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -71998. Revenue less expenses Subtract line 18 from line 12 -4242 19 Beginning of Current Year End of Year 1169077 1155779. Total assets (Part X, line 16) 20 72761 21 65668. Total liabilities (Part X, line 26) 1096316 1090111 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Acclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Date Here CHARLES GENISIO 1102 OAK RIDGE LANE JOPLIN MO Type or print name and title Print/Type preparer's name Date PTIN Check (Paid self-employed P01361960 ANALISA D WHETSTONE-SW Preparer Firm's name ► GILES & ASSOCIATES CPA Firm's EIN ► 45-5491309 **Use Only** MO 64804 Phone no Firm's address ▶ 3222 S RANGE LINE RD JOPLIN 417-623-8666

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

X Yes

1-18

SCANNED JUL 0 6 2017

| | 990 (2016) BENEVOLENT & PROTECTIVE ORDER | 44-0304955 Page 2 |
|-----|---|---|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III . | |
| 1 | Briefly describe the organization's mission | |
| • | CHARITABLE WORK FOR THE COMMUNITY | |
| | | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | п., 6 1., |
| | the prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | Yes X No |
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | es as measured by |
| - | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a | |
| | the total expenses, and revenue, if any, for each program service reported | anocations to others, |
| | the total expenses, and revenue, if any, for each program service reported | |
| | | |
| 4a | (Code) (Expenses \$ including grants of \$) (Revenue | e\$) |
| | SEE SCHEDULE 1 | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | e \$) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | ie \$) |
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| 4d | Other program services (Describe in Schedule O) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► | |
| -+C | Total program service expenses | |

| Part | IV Checklist of Required Schedules | | | |
|----------|---|------|--------------|------------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | ., |
| | complete Schedule A | 1 | | X |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X. |
| | 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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 | | Х |
| 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 | | Χ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "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 | | Х |
| 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 | | | l_ |
| | negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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 | 8-54 | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ء. [| | , |
| 4.5 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | | X |
| L | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | 124 | | ^` |
| a | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ! | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | 1 |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | \ \ _\ |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | ļ | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |

| | Part IV | Checklist of | of Required | Schedules i | (continued) |
|--|---------|--------------|-------------|-------------|-------------|
|--|---------|--------------|-------------|-------------|-------------|

| | | | Yes | No |
|-----|--|------|----------|--------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | X |
| 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 | <u>X</u> | |
| 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 | | Χ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 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 | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | X |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 1270 | | |
| • | to defease any tax-exempt bonds? | 24c | | Х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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 | | X |
| 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 | 25. | | Х |
| 26 | 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 25b | | |
| 20 | 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 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | 7. | |
| _ | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 200 | 2/12 | X |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L; Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 28a | | |
| U | Schedule L, Part IV | 28b | | Х |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | v |
| 24 | conservation contributions? If "Yes," complete Schedule M Did the experimentary liquidate terminate or disposition and experimental of the second contributions? If "Yes," complete Schedule N | 30_ | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 21 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | 31 | | |
| | If "Yes," complete Schedule N, Part II | 32 | | X |
| 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 | | <u>X</u> |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 0.0 | | _v |
| 27 | organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | X |
| 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 | | | l |
| | VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | \vdash |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38_ | Х | <u> </u> |
| | | Form | 990 | (2016) |

BENEVOLENT & PROTECTIVE ORDER

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

| i ai | Check if Schedule O contains a response or note to any line in this Part V | | | X |
|--------|---|-----------|---------------------|-------|
| | | d.a | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . | 9 7 | k | |
| þ | 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 | Χ | |
| 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 2a 2 | 4 | 302 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 2.1.5 | X |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | (E) (S) | 300 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | Ļ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | _3b | Х | ↓ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 1 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 1 | | |
| | account)? . | 4a | 2 8 (8% | X |
| b | If "Yes," enter the name of the foreign country | | | # £ 2 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | 24 | - |
| | (FBAR) | 3.78 | | 1276 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | - | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | <u> </u> | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | ١ |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | <u> </u> | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | l | | ١,, |
| | gifts were not tax deductible? | 6b | 10000 | X |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 2 15 | |
| a- | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | 202 | |
| _ | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | X |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 1_ | ! | 1 |
| | required to file Form 8282? | 7c | 800000 NO. | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <u> </u> | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | 17.23 | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 15.03 | X |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | <u>.</u> | - A |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | 236 | Daile de la company | 72 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | À | |
| 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 . 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) . 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Х |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | 23 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | X |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | 537 | | 123 |
| 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 . 13b | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 7-7-7-1 | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | - | X |

Part VI

BENEVOLENT & PROTECTIVE ORDER 44-0304955_{Page} 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 | | | <u> </u> |
|----------|--|----------|--|-------------|
| Sect | ion A. Governing Body and Management | | | г |
| 4_ | | METERS. | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or | 4 | 1.79 | 5 |
| | If the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O | | | 3.4 |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | | X.Y | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | 44 | |
| _ | any other officer, director, trustee, or key employee? | 2 | ¥-3-, 3% | X |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | Χ | <u></u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | 8a | X | <u> </u> |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | Χ | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | ١ |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X_ |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | ode.) | | |
| 40- | Did the assessment as house level shorters, branches, or offlictor? | 10a | Yes | No X |
| 10a | Did the organization have local chapters, branches, or affiliates? | Iva | | |
| þ | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | Х |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | Χ | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | <u> </u> | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | LIK.M. | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 7:54 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | _ | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | * * * * * * * * * * * * * * * * * * * | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | <u> </u> | , | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 100, | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | <u> </u> | | لبيا |
| | the organization's exempt status with respect to such arrangements? | 16b | | Х |
| | List the states with which a copy of this Form 990 is required to be filed | | | |
| 17 19 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(d | 1/3/6 | anh () | |
| 18 | available for public inspection. Indicate how you made these available. Check all that apply | ,,(J)5 I | Jily) | |
| | 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 | | and | |
| | financial statements available to the public during the tax year | ~ ~cy | , and | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | • | | |
| | ELKS LODGE 417-624- | | } | |
| | 1802 W 26TH ST JOPLIN MO 64804 | | | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest C | Compe | nsated | |
|----------|---|-------|--------|--|
| | 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 | Name and Title Average box, unless person is hours per officer and a director/ | | re than one n is both an ttor/trustee) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | | | |
|--------------------------------------|--|--------------------------------|--|----------|-----------------------------------|-----------------------------------|-------------------------------|---------------------------------------|--|--|
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations — |
| (1) JAY WHITE | 5 | v | | | | | | 0 | 0 | 0 |
| HEAD TRUSTEE (2) CHARLES SORENS | 5 | X | | | \vdash | | | 0 | 0 | |
| TRUSTEE | - | X | | | | | | lo | lo | lo |
| (3) JAKE SKOUBY | 5 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE (4) JONATHAN BHEND | 5 | ^ | \vdash | <u> </u> | | \vdash | - | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | 0 |
| (5) RANDY ALLGOOD TRUSTEE | 5 | X | | | | | | 0 | 0 | 0 |
| (6) BRUCE LAIS EXHALTED RULER | 25 | | | Х | | | | 0 | 0 | О |
| (7) CHARLES GENISI LEADING KNIGHT | 5 | - | | X | | | | 0 | 0 | 0 |
| (8) CHAD WARD LOYAL KNIGHT | 5 | - | | Х | | | | 0 | 0 | 0 |
| (9) JAMES KESSLER LECTURING KNIG | 5 | | | Х | | | | 0 | 0 | 0 |
| (10) TED EASEY SECRETARY | 25 | | | Х | | | | 0 | 0 | 0 |
| (11) LLOYD PARKER TREASURER | 5 | | | Х | | | | 0 | 0 | 0 |
| (12) KYLE EUBANKS INNER GUARD | | 1 | | Х | | | | 0 | 0 | 0 |
| (13) WILLIAM LYNCH EQUIRE | | 5 | | x | | | | 0 | 0 | 0 |
| (14) BARRY HUFF TILER | | 5 | | Х | | | | 0 | 0 | 0 |

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

| المكاور | dection A. Onicers, Directors, 1 | usices, rey Li | טוקוו | , | ٠, ۵ | | <u> </u> | ~~t | Compondated | | 7707404) |
|---------------------|---|--|--------------------------------|------|----------------------|-----------------|-------------------------------|--------------|--|--|--|
| | (A) Name and title | (B) Average hours per | box, | unle | Pos heck ss pe | ersor firect | e than is both tor/trus | h an tee) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | | week (list any hours for related organizations below dotted line) | Individual trustee or director | _ | | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (15) CH <i>P</i> | SUSAN COOK PLAIN | 5 | | | х_ | | | | | | |
| (16) | | | | | | | | | | ļ | |
| (17) | | | | | | | | - | | | |
| (18) | | | | | | | | | | | 1 |
| (19) | *************************************** | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | 1 |
| (23) | | | · | i | - | | _ | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | <u> </u> | | | | | | | | |
| 1b c d | Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c) | Section A | ι | | | | | ▶ ▶ ▶ | | | |
| 2 | Total number of individuals (including but not reportable compensation from the organization | | listed | ab | ove |) wh | no rec | eiv | ed more than \$ | 100,000 of | |
| 3 | Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche | | | | | yee | e, or h | ııgh | est compensate | ed | Yes No |
| 4 | For any individual listed on line 1a, is the sum the organization and related organizations greundividual | of reportable co | ompe | ensa | tion | | | | | | 4 X |
| 5 | | | | | | | | | | ndıvıdual | 5 X |
| | tion B. Independent Contractors | | | | | - 44 - | 41- | | | #400 000 1 | |
| 1 | Complete this table for your five highest comp compensation from the organization. Report of year | | | | | | | | | | n's tax |
| | (A) Name and business add | dress | | | | | | | (B) Description of se | rvices | (C) Compensation |
| | | | | | | | | \vdash | | | |
| | | | | | | | | \vdash | | | |
| | | | | | | | | | | | |
| | | | | | | | | Ĺ | | | |
| 2 | Total number of independent contractors (incl | uding but not lin | nıted | to t | hos | e lis | ited a | bov | e) who received | d | |

BENEVOLENT & PROTECTIVE ORDER
Statement of Revenue

| Far | VIII | Check if Schedule O contains | e a reenonee or | note to any line | in this Part VIII | | | |
|---|-----------------|---------------------------------------|------------------|-------------------|-------------------|--|---|-------------------------------------|
| Si mai d | 8 1984 V. V. V. | Officer if Scriedule O contains | 3 a response of | Tiole to any line | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or | Unrelated | Revenue |
| | | | | | | exempt function | business revenue | excluded from tax under sections |
| | | | | | | revenue | levenue | 512-514 |
| | 1a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | 73379. | | | | |
| 2 5 | С | Fundraising events | . 1c | | | | | |
| Contributions, Gifts, and Other Similar Ar | d | Related organizations | 1d | | | | | |
| S, G | e | Government grants (contribution | | | | | | |
| io S is | f | All other contributions, gifts, grain | · — | | | | | 1.2 |
| the th | 1 | similar amounts not included abo | | 15352. | | | | |
| id of | q | Noncash contributions included in li | | | in Su | | | |
| ة ٽ | _ | Total. Add lines 1a-1f | • | ▶. | 88731. | | | |
| | | | | Business Code | | 10 5 6 6 4 | NAME OF THE PARTY OF | 25 × 3 7 6 3 5 4 |
| nua | 2a | | | | | M / 2014 + 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 | | |
| Se. | b | | | | | | | |
| 9 | C | | | | | | | |
| ē | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| gra | f | All other program service revenu | ie | | | | | |
| Pro | a | Total. Add lines 2a-2f | | • | | | 14 X 14 X 17 X 17 X 17 X 17 X 17 X 17 X | |
| | 3 | Investment income (including div | vidends, interes | t, and | | | | 1 |
| | | other similar amounts) . | | • | 11934. | | | 11934. |
| | 4 | Income from investment of tax-e | xempt bond pro | ceeds | | | | |
| | 5 | Royalties | | • | | | | , |
| | | • | (ı) Real | (II) Personal | | | | |
| | -6a | Gross rents | 10718 | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | 10718 | | | | | |
| | d | Net rental income or (loss) | | > | 10718. | 1530. | 9188. | |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | | Transition of the second |
| | { | assets other than inventory | | | | | | |
| | b | Less cost or other basis | | | | | | |
| | } | and sales expenses | ł | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | > | | | | |
| | | | | | | | | |
| e | 8a | Gross income from fundraising | | | | | | |
| ē | } | events (not including \$ | | , | | | - 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 | 10.00 |
| Š | | of contributions reported on line | 1c) |] | | | | |
| <u>~</u> | | See Part IV, line 18 | а | 31672 | | | | 10.70 |
| Other Rever | 1 | Less direct expenses | b | 46597 | | | | |
| O | | Net income or (loss) from fundra | | <u> </u> | -14925. | | | -14925. |
| | 9a | Gross income from gaming activ | vities | | 1 | * * | | |
| | İ | See Part IV, line 19 | а | 10556 | 4 | į. | | ľ , l |
| | b | Less direct expenses | b | 10786. | | | | |
| | | Net income or (loss) from gamir | ng activities | <u> </u> | -230. | | -230. | ł |
| | 10a | Gross sales of inventory, less | | | ECH#D | | } | |
| | ł | returns and allowances | а | 305053 | CAN TE | 1 | } | |
| | l. | Less cost of goods sold | b | 130978 | の話達あ | 10555 | <u></u> | |
| | <u>c</u> | Net income or (loss) from sales | of inventory | <u> </u> | 174075. | 125687. | 3751. | <u> </u> |
| | <u> </u> | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | DISCOUNTS | | J | 27. | 27. | | ļ |
| | b | GAME MACHINE COMMI | S | | 410. | 410. | ↓ | |
| | C | CASH OVERSHORT | | <u></u> | 449. | 449. | | |
| | d | All other revenue | | L | | | | |
| | e | Total. Add lines 11a-11d | | • | 886. | 10000 | | |
| | 12 | Total revenue. See instructions | : | > | 271189. | 128103. | 12709. | -2991. |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note | | | st complete column | (A) |
|---------|--|-----------------------|------------------------------|---|---|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | domestic governments See Part IV, line 21 | 28945. | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | ļ | | | |
| | organizations, foreign governments, and foreign | | | | |
| 4 | individuals See Part IV, lines 15 and 16 Benefits paid to or for members | | <u> </u> | | |
| 5 | Compensation of current officers, directors, | <u> </u> | | 185 5 40 5 7 20 7 5 46 7 18 5 3 6 | <u> </u> |
| • | trustees, and key employees | 15600. | | ļ | 1 |
| 6 | Compensation not included above, to disqualified | 13000. | | | |
| • | persons (as defined under section 4958(f)(1)) and | , | | | |
| | persons described in section 4958(c)(3)(B) | ' | ĺ | | |
| 7 | Other salaries and wages | 66308. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | <u> </u> | |
| 9 | Other employee benefits | 596. | | | |
| 10 | Payroll taxes . | 10560. | | L | |
| 11 | Fees for services (non-employees) | | | | , |
| а | Management | | | <u> </u> | |
| b | Legal | | | <u> </u> | |
| C | Accounting | 8543. | | ļ | |
| d | Lobbying | ļ | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | _=_=_ |
| 7 | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| g | (A) amount, list line 11g expenses on Schedule O) | 2083. | | \ | |
| 12 | Advertising and promotion | 351. | | | |
| 13 | Office expenses | 4405. | | | |
| 14 | Information technology | 11001 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 46722. | | † | |
| 17 | Travel | 165. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | L | <u></u> | <u> </u> | |
| 19 | Conferences, conventions, and meetings | 5290. | | <u> </u> | |
| 20 | Interest | | | <u> </u> | |
| 21 | Payments to affiliates | 12220. | | | |
| 22 | Depreciation, depletion, and amortization | 16050. | | | |
| 23 | Insurance | 18257. | X (2% W/ M/54) | F 25 F 10 2 C 2 10 2 | 1) 1887 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 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) | | ` | · · | , , , , , |
| а | SEE STMT (S() + +4) | 39336. | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25_ | Total functional expenses. Add lines 1 through 24e | 275431. | | | |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | Ì |
| | from a combined educational campaign and | Ì | (| | 1 |
| | fundraising solicitation Check here | Ì | | | { |
| | following SOP 98-2 (ASC 958-720) | <u></u> | L | <u>. </u> | L |
| | | | | | Form 990 (2016) |

44-0304955 Page 11 BENEVOLENT & PROTECTIVE ORDER Form 990 (2016) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8741. 4492 1 Cash-non-interest-bearing 640754. 631849. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 9622 11180. Inventories for sale or use 8 3167. 17366. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 571473 10a 80730 506793. 490743. **b** Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11. 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1169077 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 18403. 16473 17 Accounts payable and accrued expenses 17 18 Grants payable 18 54358 19 Deferred revenue 19 49195 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 72761 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets or Fund Permanently restricted net assets 29 X and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1090111.

1090111.

1096316.

1096316.

1169077.

32

33

| Part | XI Reconciliation of Net Assets | | | | |
|--------------|---|----|--------------|---------|-----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | X |] |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 27 | 71189 | <u>₹.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 75431 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -4242 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 109 | 6316 | <u>5.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities . | 6_ | | | |
| 7 | Investment expenses | 7_ | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | - | -1963 | 3. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 109 | 90111 | <u>L.</u> |
| Part | · · · | | | - | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | <u></u> | <u> </u> |
| 1 2a b | Accounting method used to prepare the Form 990 | | | X | \$ X |
| C | 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O | | | X | |
| 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 | | X |
| 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 (20 | 16) |

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.

OMB No 1545-0047

Open to Public

Department of the Treasury

Attach to Form 990.

| | of the organization | ED (FOIII 330) and its instructions is at ww | Employer identification number |
|--------|---|--|--|
| | EVOLENT & PROTECTIVE ORDE | R FLKS | 44-0304955 |
| Par | | or Advised Funds or Other Similar | |
| ı aı | | vered "Yes" on Form 990, Part IV, line | |
| | | (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 o | onor advisors in writing that the assets he | eld in donor advised |
| | funds are the organization's property, subje | | |
| 6 | Did the organization inform all grantees, do | _ | |
| | used only for charitable purposes and not for | | |
| | purpose conferring impermissible private be | | Yes No |
| Par | | | |
| | | vered "Yes" on Form 990, Part IV, line | e 7 |
| 1 | Purpose(s) of conservation easements held | | |
| • | Preservation of land for public use (e.g., rec | | on of a historically important land area |
| | Protection of natural habitat | | on of a certified historic structure |
| | == | Fleseivalid | on or a certified historic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organiz | ation held a qualified conservation contrib | F. 300 T |
| | 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 ea | | <u>2b</u> |
| С | Number of conservation easements on a co | | 2c |
| d | Number of conservation easements include | | |
| _ | historic structure listed in the National Regi | | 2d |
| 3 | Number of conservation easements modifie | d, transferred, released, extinguished, or | terminated by the organization during |
| | the tax year ▶ | | |
| 4 | Number of states where property subject to | | tion bonding of |
| 5 | Does the organization have a written policy | | . Yes No |
| c | violations, and enforcement of the conserva | | |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, nariding of violations, and emorcin | g conservation easernerits during the year |
| 7 | Amount of expenses incurred in monitoring, insp | noting handling of walstigge, and enforcing our | near ation excements during the year |
| 1 | S | ecting, handling of violations, and emorting cor | inservation easements during the year |
| 8 | Does each conservation easement reported | d on line 2(d) above satisfy the requiremen | nts of section 170(h)(A)(R)(i) |
| U | and section 170(h)(4)(B)(II)? | on line 2(d) above satisfy the requirement | Yes No |
| 9 | In Part XIII, describe how the organization | enorts conservation easements in its reve | |
| • | balance sheet, and include, if applicable, th | | |
| | the organization's accounting for conservat | | individuo datemento trat desembes |
| Par | Organizations Maintaining Col | ections of Art, Historical Treasures | s. or Other Similar Assets. |
| | | vered "Yes" on Form 990, Part IV, line | |
| 12 | If the organization elected, as permitted un | | |
| 14 | works of art, historical treasures, or other s | • | |
| | of public service, provide, in Part XIII, the te | | |
| b | If the organization elected, as permitted un | | |
| J | works of art, historical treasures, or other s | | |
| | of public service, provide the following amo | | assault, or research in future affect |
| | (i) Revenue included on Form 990, Part VI | | > \$ |
| | (ii) Assets included in Form 990, Part X | n _i mie i | ► \$ ► \$ |
| 2 | If the organization received or held works of | f art, historical treasures, or other similar | assets for financial dain provide the |
| ~ | following amounts required to be reported | | |
| _ | · · · · · · · · · · · · · · · · · · · | | > ¢ |
| a h | Revenue included on Form 990, Part VIII, I | 111C 1 | D • |

| 4 | 4 – | ٠0 | 3 | 0 | 4 | 9 | 5 | 5 | Page | 2 |
|---|-----|----|---|---|---|---|---|---|------|---|
|---|-----|----|---|---|---|---|---|---|------|---|

| Schedule D (Form 990) 2016 BENEVOLENT & PROTECTIVE ORDER ELI | Schedule D (Form 990) 2016 | BENEVOLENT | & | PROTECTIVE | ORDER | ELKS |
|--|----------------------------|------------|---|------------|-------|------|
|--|----------------------------|------------|---|------------|-------|------|

| | Organizations Maintaining | | | | | Othor Si | | (continued) | <u>e Z</u> | | | |
|------------------|--|--------------------|--|------------|-----------------|-------------|---------------------|----------------------|--|--|--|--|
| Part | | | | | | | | | | | | |
| 3 | Using the organization's acquisition, accollection items (check all that apply) | cession, and oth | er recoras, | спеск аг | ny of the follo | wing tha | t are a significa | ant use of its | | | | |
| _ | Public exhibition | | d \square | Loon | or ovebange | program | • | | | | | |
| а | = | | | | or exchange | program | 5 | | | | | |
| b | Scholarly research e Other | | | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | | | |
| Part | Escrow and Custodial Arra Complete if the organization a 990, Part X, line 21. | | " on Form | 990, Pa | irt IV, line 9, | or repo | rted an amou | int on Form | | | | |
| 1a | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No | | | | | | | | | | | |
| b | If "Yes," explain the arrangement in Pa | irt XIII and compl | ete the folio | owing tab | ile | | , | A | | | | |
| _ | Deciment halance | | | | | 1 | | Amount | | | | |
| C | Beginning balance | | | | | 1c | | | | | | |
| d | Additions during the year | | | | | 1d 1e | | | | | | |
| e f | Distributions during the year Ending balance | | | | | 1f | | | — | | | |
| | = | | - 4 3/ 1 (| 24 | | | | □ v ₋ □ v | | | | |
| 2a b | Did the organization include an amoun If "Yes," explain the arrangement in Pa | | | | | | - | Yes X N | lo | | | |
| Part | | TOTAL OTTOK TIE | C II tile exp | | nao boon pro | 77.404 01 | T GIT / GIT | | | | | |
| rait | Complete if the organization | answered "Ves | " on Form | 990 Pa | rt IV line 10 |) | | | | | | |
| | Complete ii the organization | (a) Current year | (b) Pric | | (c) Two years | | d) Three years back | (e) Four years bac | ck | | | |
| 1a | Beginning of year balance | (2) 02 | (2) | - | | - | | | | | | |
| b | Contributions | | | | | | | | | | | |
| c | Net investment earnings, gains, | | | | | | | | | | | |
| | and losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | T | | | | |
| е | Other expenditures for facilities | | T | | | | | | | | | |
| | and programs | | <u> </u> | | | | | | | | | |
| f | Administrative expenses | · | | | | | | | | | | |
| g | End of year balance | | <u> </u> | | <u> </u> | | ·- <u>-</u> | | | | | |
| 2 | Provide the estimated percentage of the | | | (line 1g, | column (a)) h | eld as | | | | | | |
| а | Board designated or quasi-endowmen | t ▶ <u> 0</u> | .00% | | | | | | | | | |
| b | Permanent endowment | 0.00% | | | | | | | | | | |
| С | Temporarily restricted endowment | 0.00% | _ | | · | | | | | | | |
| • | The percentages on lines 2a, 2b, and 3 | | | | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | e organizat | ion that a | ile rielo ano a | เนกแกเรน | sied for the | Yes N | lo | | | |
| | organization by (i) unrelated organizations | | | | | | | 3a(i) | <u></u> | | | |
| | (i) unrelated organizations(ii) related organizations . | | | | | | - | 3a(ii) | — | | | |
| ь | If "Yes" on line 3a(ii), are the related o | rganizations liste | d as requir | ed on Sch | nedule R? | | • | 3b | — | | | |
| 4 | Describe in Part XIII the intended uses | | | | | | | | | | | |
| Part | | | <u> </u> | | | | | | | | | |
| | Complete if the organization | | " on Form | 990, Pa | art IV, line 11 | 1a See | Form 990, Pa | art X, line 10 | | | | |
| | Description of property | (a) Cost or | | | ost or other | | ccumulated | (d) Book value | _ | | | |
| | | (inves | tment) | | is (other) | | preciation | | | | | |
| 1a | Land | | ,305. | L | | ļ <u></u> _ | | 30,305 | | | | |
| b | Buildings | 508 | <u>,893.</u> | | | 5 | 7,043. | 451,850 | <u>. </u> | | | |
| C | Leasehold improvements | <u> </u> | 225 | | | <u> </u> | | | | | | |
| d | Equipment Other | 32 | <u>,</u> 275. | | | 2 | 23,687. | 8,588 | <u>-</u> _ | | | |
| <u>e</u> Tota | Other I. Add lines 1a through 1e (Column (d) | must equal Form | 990. Part | X. colum | n (B), line 10d | L C) | ▶ | 490,743 | <u>-</u> - | | | |
| | 1 | 7 | | | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

| | | events with gross rece | ipis greater than \$5,00 | | | | | | | |
|--|----|--|--|---|---------------------------------------|--|--|--|--|--|
| | | | (a) Event #1 LODGE ACTIVI | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through | | | | |
| | | | (event type) | (event type) | (total number) | col (c)) | | | | |
| a le | | | | | | | | | | |
| Revenue | 1 | Gross receipts | 31,672. | | | 31,672. | | | | |
| ag | 2 | Less Contributions | | | | | | | | |
| | 3 | ((| 31,672. | | | | | | | |
| _4 | | minus line 2) | | 31,672. | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| | 5 | Noncash prizes | | : | | | | | | |
| suses | 6 | Rent/facility costs | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | 13,287. | | | 13,287. | | | | |
| Direc | 8 | Entertainment | 26,361. | | | 26,361. | | | | |
| | 9 | Other direct expenses | 8,490. | | | 8,490. | | | | |
| | 10 | Direct expense summary Ad | ld lines 4 through 9 in col | umn (d) | • | 48.138. | | | | |
| | 11 | • | | | | 48,138. (16,466.) | | | | |
| Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more | | | | | | | | | | |
| | | than \$15,000 on Form | 990-EZ, line 6a. | | | | | | | |
| nue | ł | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | | | | |
| Revenue | | | | | · · · · · · · · · · · · · · · · · · · | (-)(-) | | | | |
| ~~ | 1 | Gross revenue | | | 10,556. | 10,556. | | | | |
| | | | | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | | |
| Exper | 3 | Noncash prizes | | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | | | |
| | 5 | Other direct expenses | | | 11,863 | 11,863. | | | | |
| | ┌╌ | salor and occuporado | Yes 0.% | Yes 0.% | Yes 0.% | Way July Sales and the | | | | |
| | 6 | Volunteer labor | No | No | X No | | | | | |
| | 7 | Direct expense summary Ac | Direct expense summary Add lines 2 through 5 in column (d) . ▶ | | | | | | | |
| | 8 | Net gaming income summar | (1,307.) | | | | | | | |
| ç | 9 | Enter the state(s) in which the o | rganization conducts gan | ning activities | | | | | | |
| | а | is the organization licensed to c | onduct gaming activities | n each of these states? | | Yes No | | | | |
| | | | | | | | | | | |
| 10 | | Were any of the organization's orga | | suspended, or terminate | ed during the tax year? | Yes No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

Open to Publi Inspection

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

▶ Attach to Form 990.

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Employer identification number 44-0304955 Š

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

| 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | (e) Amount of non- (book, FMV, appraisal, non-cash assistance ot assistance ot assistance other) | | | | | | | | | | | | | |
|---|--|-----|-----|-----|-------------|-----|-----|-----|-----|-----|------|------|------|--|
| Part II can | (e) Amou cash as | | | | | | | | - | | = | - | | and toble |
| more than \$5,000. | (d) Amount of cash grant | | | | ; ; ; | | | | | | | | | the state of the s |
| nent that received | (c) IRC section if applicable | | | | | | | | | | | | | |
| for any recip | (b) EIN | | | | | | | | | | : | | | 104/0//07 |
| 990, Part IV, line 21, f | 1 (a) Name and address of organization or government | (1) | (2) | (3) | (4) | (5) | (9) | (2) | (8) | (6) | (10) | (11) | (12) | 5 Enter total number of newton EO4(a)(2) and an interment arrangementation lated in the line 4 total |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| BENEVOLENT & PROTECTIVE ORDER ELKS | 44-0304955 |
|--|------------|
| FORM 990 PAGE 6, PART VI, SECTION A, LINE 6, 7A AND 7 | |
| MEMBER VOTE ON 5 YEAR TRUSTEES, EXHALTED RULER, LEAD | ING, |
| LOYAL AND LECTURING KNIGHT, TILER, SECRETARY AND TREA | ASURER |
| EACH YEAR, AS WELL AS EXPENDITURES OVER BUDGET, BYLAW | NS, |
| HOUSE RULES AND EXPENDITURES OUTSDIE BUDGET | |
| FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B | |
| THE TAX PREPARER COMPLETES RETURN AND THEN DELIVERS | |
| AUDITING AND ACCOUNTING COMMITTEE AND THE BOARD OF THE | |
| | |
| FOR REVIEW PRIOR TO FILLING | |
| FORM 990, PAGE 6, PART VI, SECTION C, LINE 19 | |
| MADE AVALIABLE UPON REQUEST | |
| | |
| FORM 990, PAGE 12, PART XI, LINE 9 | |
| THIS CHANGE IS DUE TO THE DIFFERENCES IN ACCOUNTING N | METHODS |
| ON HOW THE GRAND LODGE ACCOUNTS FOR RESTRICTED FUNDS | IN |
| COMPARISON TO TAX LAW | |
| | |
| | |
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