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Form	-	_	•

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

OMB No 1545-0047

2016

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.

Open to Public

Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 For the 2016 calendar year, or tax year beginning April 1 17 D Employer identification number Check if applicable: C Name of organization BPOE Sebring #1529 Address change Doing business as 59-0233010 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change П Initial return 863-385-8647 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Sebring FL 33871-0333 Application pending F Name and address of principal officer George Quel H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Tes No Same as C above ) ◀ (insert no ) ☐ 4947(a)(1) or If "No." attach a list (see instructions) 501(c)(3) 501(c) ( Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ www.elks/org Form of organization Corporation Trust Association [ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Sebring Elks #1529 is a fraternal organization which Activities & Governance operates under the lodge system for the exclusive benefit of its members. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) . . . . . . 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . 98032 33342 Revenue 9 Program service revenue (Part VIII, line 2a) 68728 59844 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 167936 158722 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 334737 251943 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 15774 17344 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 81003 73903 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A) (nes, 1-14-1/16, 1) f-24e) 17 208514 179272 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 305291 270519 Revenue less expenses. Subtract line 18 from line 12 19 29446 -18576 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 411431 387179 21 Total liabilities (Part X, line 26) 146641 140965 22 Net assets or fund balances. Subtract line 21 from line 20 264790 246214 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign EXALTED Here GEORGE Type or print name and title Print/Type preparer's name Preparer's signature Date Check [ If Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No



Form 990 (2016)

Cat No 11282Y

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to recognize a belief in God; to promote the welfare and
	happiness of its members; to quicken the spirit of American patriotism; to cultivate good fellowship; to perpetuate itself as a
	fraternal organization, and to provide for its government, the BPOE will serve the people and communities through benevolent
2	programs, demonstrating that Elks Care and Elks Share.  Did the organization undertake any significant program services during the year which were not listed on the
٤	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Grants for Elks National Foundation, Harry Anna Trust Fund, Florida Elks Youth Camp, and Florida Elks Army of Hope.
	These affiliated 501(c)(3) organizations provide for college scholarships; assistance to hospitalized, disabled, and deployed veterans
	and their families; in home physical therapy for disabled children; summer camp for at risk youth; and the maintenance of
	National Veterans Memorials.
4h	(Code: \/Expenses \\ \( \) \/Expenses \\ \/Pevenue \\ \\
4b	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
	Education in responsible conduct for area youth through afterschool programs for elementary students, and the Sebring
	Elks Scholarship at South Florida State College. Lodge participates in the Elks National Drug Awareness Program, distributing coloring books and other drug awareness materials at the schools and as part of the community's annual Christmas Parade.
	We sponsor a boys youth baseball team, a girls softball team and donate to the high school choir. The Lodge contributes to
	Big Brothers Big Sisters and sends participants from their program to summer camp each year. Each year Sebring Elks partners
	with Highlands Little Theatre to provide a summer youth theater institute.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Service to the community through donations to Healthy Heart Run, Josephs Journey, and Haven Hospice.
	Sebring Elks donates the use of its entire facility to Highlands County Board of Elections as the polling place for Precinct 7.
	We are a contributor to Children's Services Foundation - Safe House, a shelter for victims of domestic violence.
	Elks veteran support program: Members of the Lodge visit different nursing homes every month, providing recreational
	and social opportunities, personal supplies, and companionship to veterans in long term care. Sebring Elks is a sponsor of
	ARC Special Stars, offering sports and recreational activities to children and adults with mental and physical disabilities.
	The Lodge partnered with Heartland Food Bank to provide weekend meals to elementary students in need.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

Part	IV Checklist of Required Schedules			raye
			Yes	N
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 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	v	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
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		~
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		,
e f	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	11e		~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		~
	Schedule D, Parts XI and XII	12a		~
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<b>V</b>
b		144		
	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.	14b		~
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		~
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		·
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		·
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	,	

19

Part	V Checklist of Required Schedules (continued)										
			Yes	No							
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1							
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<del> </del>							
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	0.4	1	}							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>		<del>                                     </del>							
	organization's current and former officers, directors, trustees, key employees, and highest compensated										
	employees? If "Yes," complete Schedule J	23		1							
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		ļ	١.							
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~							
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1							
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<del>                                     </del>							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		}							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior										
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}	]	1							
	If "Yes," complete Schedule L, Part I	25b		<u> </u>							
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any										
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II										
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		-							
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ļ							
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			A							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	25, 253 (26	V							
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete										
	Schedule L, Part IV	28b		1							
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		ا ر							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		7							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<u> </u>							
	conservation contributions? If "Yes," complete Schedule M	30		1							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,										
	Part I	31		~							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	64									
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		~							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,							
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		~							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~							
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	25-									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b									
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36									
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,										
	Part VI	37_		~							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and										
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>								

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Official in Confederation of Confederation in the Confederation in the Confederation of Confederation of Confederation in Con	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u></u>		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 9	<u> </u>		<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ		ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		İ	Ì
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
<b>L</b>	·	4a		-
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	<u></u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
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	_		١.
	required to file Form 8282?	7c		~
d e	If "Yes," indicate the number of Forms 8282 filed during the year	_		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		7
	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract? .	_		_
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<del></del>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		ı	
11	Section 501(c)(12) organizations. Enter:		l	
a	Gross income from members or shareholders	.	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	100		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	.5a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which	j		
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	- 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	ions.					
Secti	on A. Governing Body and Management	<u> </u>	<u></u> -	· <u>Ľ</u>					
0001	on A. deverming Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	,							
	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.								
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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?								
3									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	V					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1					
6	Did the organization have members or stockholders?	6	V						
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	,						
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	~						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	V						
b	Each committee with authority to act on behalf of the governing body?	8b	1						
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		~					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)						
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a							
	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 filling the form?	11a	~						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<i>V</i>						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	V						
13	Did the organization have a written whistleblower policy?	12c	-						
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14	~						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a	~						
b	Other officers or key employees of the organization	15b	-						
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							
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								
Socii	organization's exempt status with respect to such arrangements?	16b							
<u> </u>	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)					
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	<b>&gt;</b>						
	lov Pink Lodge Secretary 2618 Kenilworth Blyd Sehring FL 33870 863-385-8647								

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

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title  Name and Title  Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation from the organizations (modificer and a director/trustee)  (D) Reportable compensation from the organizations (modificer and a director/trustee)  (W-2/1099-MISC)	
Name and Title  Name and Title  Average hours per hours per officer and a director/trustee)  Name and Title  Average hours per officer and a director/trustee)  Average hours per hours per no fine and a director/trustee)	
Name and Title  Average hours per husely (list any)  Average hours per husely (list any)  (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from	(F)
hours per officer and a director/trustee) compensation from	Estimated
hours for related organizations below dotted line)  Week (list any hours for related organizations)  Nor for related organizations below dotted line)  Week (list any hours for related organization (W-2/1099-MISC)	amount of
related organizations below dotted line)  related organizations below dotted line)  related organizations below dotted line)	other compensation
organizations below dotted line)  organizations to long the line organization in long to compensate organizations to long the line organizations to long the line organization organizations to long the line organization organizations to long the line organization organizations to long the line organization the line organization to long the line organization the	from the
Ine) Syee Syee	organization
tee ustee	and related organizations
	•
(1) Ronna Mason 20	
Exalted Ruler 0 0	0
(2) Joy Rink 20	
Secretary 4095 0	0
(3) Joan Roth 20	
Treasurer   V   3380 0	0
(4) Ronald Schilffarth 15	
Leading Knight 0 0	0
(5) Angela Warchak 15	
Lecturing Knight V V 0 0	0
(6) Harold Heaver 10	
Loyal Knight 0 0	0
(7) Allen Warchak 10	
1 Year Trustee	0
(8) Alex Whitbeck	
2 Year Trustee 0 0	0
(9) Joyce Heaver 10	
3 Year Trustee 0 0 0	0
(10)	
(11)	
(12)	<del></del>
(13)	
(14)	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees		nd F C)	lighe	st C	ompensated E	mployees (	contin	nued)	
	(A)	(B)				ition			(D)	(E)		,	ь.
	Name and title	Average	1 '				than o		Reportable	Reportab	ile		<b>F)</b> nated
		hours per					or/trus		compensation	compensation		amo	unt of
		week (list any hours for	악등	lng l	g	6	육포	77	from the	related organization	ons		her ensation
		related	Individual trustee or director	랿	Officer	Key employee		Former	organization	(W-2/1099-N		fron	n the
		organizations below dotted	당 한 한	SUO!	`	탕	8 8	~	(W-2/1099-MISC)				ization elated
		line)	T I	큠	]	yee	嚴	}	1	Ì	Ì		zations
			68	Institutional trustee			Highest compensated employee	}	1		1		
	<del></del>	ļ				<u> </u>	<u>&amp;</u>	<u> </u>		<b></b>			
(15)		 	4		ļ		ļ	}	}				
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(18)		<del> </del>	<del>                                     </del>			-		<del> </del>	<del> </del>				
7		·	1		١	Ì		ì			1		
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(24)		ļ	1										
/0E\		<del>                                     </del>						-			-+		
(25)			1								1		
1b	Sub-total	<del></del>	L					<b>-</b>	7475		0		
c	Total from continuation sheets to Part		n A	•				•	0		0		
d	Total (add lines 1b and 1c)	-						<b>&gt;</b>	7475		0		
2	Total number of individuals (including but							e) w		ore than \$10	30.00	0 of	
	reportable compensation from the organi							_	None				
													Yes N
3	Did the organization list any former of							emp	loyee, or high	est compe	nsate	d	
	employee on line 1a? If "Yes," complete s											3	
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater tha	an Si						complete Sch	edule J foi	Suci	<u> </u>	
_	individual									 Intino nu ind	• •	4	
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	
Section	on B. Independent Contractors						-		adir person	<del></del>	<del></del>	131	
1	Complete this table for your five highest of	compensate	ed inc	lene	end	ent i	contr	acto	ors that receive	d more tha	n \$10	0.000 of	
•	compensation from the organization. Rep												n's tax
	year.				•			,	<b>- -</b>			gaa	
	(A)							Γ_	(B)			(C)	<del></del>
	Name and business add	ress							Description of se	ervices		Compensat	tion
								L					
		<del>-,</del>	<del></del> ,					L	<del></del>				
2	Total number of independent contracto							th		ove) who			
	received more than \$100,000 of compens	ation from t	ne or	yanı	zati	on I	-		None				

Par	t VIII	Statement of Reve	enue		. = _ = = = = = = = = = = = = = = = = =			
		Check if Schedule C	) contains a res	ponse or note to		Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaign	s <b>1a</b>					
Grants	b	Membership dues .	<u>1b</u>	17783	1	Ì		
S, (	С	Fundraising events .	<u>1c</u>	9559	1			
ia ia	d	Related organizations		6000	1			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor			1			
	f	All other contributions, g		1	1			
혈		and similar amounts not inc	L		ł	[		
الم الم	g	Noncash contributions inclu						
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	· · · · • •	33342			<del> </del>
nge				Business Code				
eĸe	2a	Membership Dues and		<b> </b>	43939	43939		<del></del>
Program Service Revenue	b	Lodge Member Activit	ies	<b></b>	15905	15905		
Ξ	C			<del></del>				<del> </del>
Š	d	***************************************		<del> </del>				<del> </del>
<u>ra</u>	e	All other program ser		<del> </del>	+			<del> </del>
õ	f g	Total. Add lines 2a-2		<u></u>	50044			L
<u> </u>	3	Investment income			59844			1
		and other similar amo			35			36
	4	Income from investmen	•	<b>⊢</b>	33			35
	5	Royalties	•					<del> </del>
		, loyalines	(ı) Real	(II) Personal				
	6a	Gross rents	1397					
	ь	Less: rental expenses	1500		į			
	C	Rental income or (loss)						
	d	Net rental income or	(loss)	▶	-103	-103		
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						1
		and sales expenses .				İ		
	С	Gain or (loss)						
	ď	Net gain or (loss) .		<i>.</i> ▶				
Other Revenue	8a	events (not including \$	9559					
er R		of contributions report See Part IV, line 18 .		46861				
<b>5</b>	!	Less: direct expenses						
		Net income or (loss) f		events . >	22961			22961
	9a	Gross income from ga				1		
			$\cdots$ a	317416				
		Less: direct expenses				<u> </u>		
		Net income or (loss) f		vities ▶	28184		<del></del>	28184
	Tua	Gross sales of in returns and allowance				}		
			•	182902		}		
ļ		Less: cost of goods s						
	C	Net income or (loss) f			103580	103580		
	44	Miscellaneous F	<del></del>	Business Code				
	11a	Bulletin Boosters		<del> </del>	4100			4100
	ь			<del> </del>	<del></del>			
}	0	All other revenue		<del></del>				<del></del>
ł	d	All other revenue .  Total. Add lines 11a-		L			- <del></del>	<del></del>
ļ	12	Total revenue. See in		<del> </del>	4100			<del></del> J
- 1	12	i otal revenue. See II	กอนบบนบทรี	🗩 🛚	251943	163321		55200

Form 99	90 (2016)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	II other organizatioi	ns must complete co	lumn (A).
	Check if Schedule O contains a respon-				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17344			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8386			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	57844			
9	Other employee benefits	1958			
10	Payroll taxes	5715			<del></del>
11	Fees for services (non-employees):		<del> </del>		
а	Management				
b	Legal				
_	Accounting	<del></del>			
ب C	Lobbying				
d					
e	Professional fundraising services. See Part IV, line 17		<del></del>		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		· · · · · · · · · · · · · · · · · · ·		<del></del>
12	Advertising and promotion				<del></del>
13	Office expenses	11303			
14	Information technology			<del></del>	
15	Royalties				
16	Occupancy	63805			
17		2172	<del></del>		<del></del>
18	Travel	21/2			
19	Conferences, conventions, and meetings .	3513			
20	Interest				
21	Payments to affiliates	12194			
22	Depreciation, depletion, and amortization .	18342			
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	*			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				}
а	Ladas Mambar Activities	53674			<del></del>
b	Operating Supplies	6588		<del></del>	<del></del>
c	Ladas Namelattas	3185		<del></del>	<del></del>
d	Community Activities	2954	<del></del>	<del></del>	<del></del>
				<del></del>	
e 25	All other expenses Licenses; Over/Short  Total functional expenses. Add lines 1 through 24e	1542		<del></del>	<del></del>
25	Joint costs. Complete this line only if the	270519		<del></del>	<del></del>
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X	<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	68304	1	68282
	2	Savings and temporary cash investments	53269	-	28176
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	Ì	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ	1	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	·
Ř	8	Inventories for sale or use	10481	8	11352
	9	Prepaid expenses and deferred charges	2135	9	2328
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 852581	<del></del>		
	b	Less: accumulated depreciation 10b 576639	274248		275942
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments—program-related. See Part IV, line 11	<del> </del>	13	
	14	Intangible assets		14	<del></del>
	15 16	Other assets. See Part IV, line 11	2994		1099
	17	Accounts payable and accrued expenses	411431		387179
	18	Grants payable	3720	18	
	19	Deferred revenue	35752	19	36356
	20	Tax-exempt bond liabilities	33732	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	<del></del>	21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ιģ		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	107169	23	100770
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		}	
		parties, and other liabilities not included on lines 17-24). Complete Part X		, ,	
		of Schedule D		25	- <del></del>
	26	Total liabilities. Add lines 17 through 25	146641	26	140965
ç		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	1)		
S	07	· · · · · · · · · · · · · · · · · · ·		-07	
aga	27	Unrestricted net assets	249353	27 28	234284
Ä	28 29	Permanently restricted net assets	45427	29	14000
Ĕ	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	15437	25	11930
Œ,		complete lines 30 through 34.		1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del> </del>
<b>Š</b>	33	Total net assets or fund balances	264790	-	246214
_	34	Total liabilities and net assets/fund balances	411431	$\overline{}$	387179
					Form <b>990</b> (2016)

2       Total expenses (must equal Part IX, column (A), line 25)	Par	t XI Reconciliation of Net Assets			
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 2 Revenue less expenses. Subtract line 2 from line 1		Check if Schedule O contains a response or note to any line in this Part XI	· · · ·		🗆
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (B)).  Pontestment expenses.  Pror period adjustments.  Pror period adjustments.  Pror period adjustments.  Net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis. or both:  Separate basis Consolidated basis. Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. So both:  Separate basis Consolidated basis. Both consolidated and separate basis  Were the organization's financial statements and selection of an independent accountant? If the organization consolidated basis and separate basis Consolidated and separate basis.  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 or both:  Separate basis Consolidated basis or both:  Separate basis Consolidated basis or both:  Separate basis Consolidated basis or both:	1	Total revenue (must equal Part VIII, column (A), line 12)	1		251943
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		270519
Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  11 Accounting method used to prepare the Form 990:   12 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 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  c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  5 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.	3	Revenue less expenses. Subtract line 2 from line 1	3		-18576
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 246214  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  5a V  1 Figure 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		264790
7 Investment expenses	5	Net unrealized gains (losses) on investments	5		
Prior period adjustments	6	Donated services and use of facilities	6_		
Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	7	Investment expenses	7		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis  Were the organization indicated the infinancial statements for the year were audited on a 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 of 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 in Schedule O.  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?  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.	8	Prior period adjustments	8		
Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   P			9		
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a prior year or checked "Other," explain in Schedule O and describe any steps taken to undergo the required audits.  Check if Schedule O contains a prior year or checked "Other," explain in Schedule O and describe any steps taken to undergo such audits.  Check if Schedule O contains a prior year or checked "Other," explain in Schedule O and describe any steps taken to undergo such audits.	10				
Check if Schedule O contains a response or note to any line in this Part XII			10		246214
Accounting method used to prepare the Form 990:  Accrual  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part				
Accounting method used to prepare the Form 990:  Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>
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?				`	Yes No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1				{
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>			kplain in	1	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  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 of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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.	_				
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  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 of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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.	2a			2a	
Described basis □ Consolidated basis □ Both consolidated and separate basis  Described by the organization's financial statements audited by an independent accountant?  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:  Described basis □ Consolidated basis □ Both consolidated and separate basis  Consolidated basis □ Both consolidated and separate basi			ipilea or		
b Were the organization's financial statements audited by an independent accountant?  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 of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b		·		ì	
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 of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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		· · · · · · · · · · · · · · · · · · ·			
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 of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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	D			20	
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis  c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ed on a		
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•			
of 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 in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		voroight		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C			20	
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		,		20	
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?			Apidii III		
the Single Audit Act and OMB Circular A-133?	32		forth in		
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.	Va			3a	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b			<del>     </del>	<del></del>
	~			зь	- }
					90 (2016)

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization Employer identification number 59-0233010 **BPOE Sebring #1529** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year . . . . . 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? . . . . . . 6 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? Conservation Easements. Part II 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply)		her reco	ds, chec	k any of th	ne follo	wing that are a	a significant use of its
а	Public exhibition				or exchang			
b	<ul><li>Scholarly research</li></ul>		е	Other				
C	Preservation for future generation							
4	Provide a description of the organiza XIII.	ition's collections a	and expla	ain how th	ney further	the ore	ganization's ex	cempt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta						
Pari	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an	amount on Form
1a	<del></del>							
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:	Γ	<del>1</del>	Amount
С	Beginning balance					10		
ď	Additions during the year					10		
e	Distributions during the year					1e		
f	Ending balance					11		
2a	Did the organization include an amou							lity?  Yes No
	If "Yes," explain the arrangement in P							-
	t V Endowment Funds.	<u> </u>	<u> </u>	·p·····		p. 51.5.	32 3 4	<del></del>
	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. lin	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years b	ack (e) Four years back
1a	Beginning of year balance						<del></del>	
b	Contributions							
c	Net investment earnings, gains, and losses							
а	Grants or scholarships		<u></u>					
	Other expenditures for facilities and							
•	programs					ſ		
f	Administrative expenses	<del></del>					<del></del>	<del></del>
g	End of year balance							<del></del>
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1a	column (a	:)) held :	ag.	<del></del>
a	Board designated or quasi-endowme	-	%	o (iiilo 19	, column (c	.,, 1.0.0	40.	
b	Permanent endowment	%	'4					
	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and		00%					
За				zation tha	t are held	and ad	ministered for	the
	organization by:		· <b>3-</b>					Yes No
	(i) unrelated organizations							. 3a(i)
								. 3a(ii)
h	If "Yes" on line 3a(ii), are the related of							. 3b
4	Describe in Part XIII the intended uses	•	•			• •		
Part								
	Complete if the organization		" on For	m 990. F	Part IV. line	e 11a. :	See Form 99	0. Part X line 10
	Description of property	(a) Cost or ot	her basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book value
	Land	<del></del>			DEAST	<del>'</del>		05007
b	Buildings	.			95037 559482	<del></del>	393048	95037
C	Leasehold improvements	·			333402		393048	166434
d	Equipment	.			100000		102504	4474
u e	Other				198062	<del></del>	183591	14471
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90 Part	Column	(B) line 10	2c.)		275942
	, as mos is anough to politini (a) i	090011 01111 00	, · u/ . /	., 00.011/11	12,, 110 10	<del> </del>		4/094Z

Part VII	Investments—Other Securities.	::::::::::::::::::::::::::::::::::::::				
	Complete if the organization answ	ered "Yes"	on Forn			
	(a) Description of security or category (including name of security)			(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives		[			
(2) Closely-ł	neld equity interests		· ·		<u></u>	
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)					[	
(F)						
(G)						
(H)						
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12 ) ▶					
Part VIII	Investments - Program Related.					
	Complete if the organization answ	rered "Yes"	on Forn	n 990, Part IV, lin	e 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Me	ethod of valuation d-of-year market value
(1)					<del>                                     </del>	<del></del>
(2)					<del> </del>	
(3)					<del>                                     </del>	
(4)					<del></del>	
(5)	<del></del>					
(6)	<del></del>				<del> </del>	
(7)						
(8)						
(9)					-	
	b) must equal Form 990, Part X, col. (B) line 13.)				<del> </del>	
Part IX	Other Assets.				<u> </u>	
	Complete if the organization answ	ered "Yes"	on Forn	n 990. Part IV. lin	e 11d. See Forn	990. Part X line 15
		Description				(b) Book value
(1)						<del> </del>
(2)						
(3)						
(4)				<del></del>		<del> </del>
(5)						
(6)	<del></del>		<del></del>			<del> </del>
	<del></del>		<del></del>			<del> </del>
(8)	<del></del>					<del>                                     </del>
(9)						<del> </del>
Total. (Colui	mn (b) must equal Form 990, Part X, col	(B) line 15.)	<del></del>			<del> </del>
Part X	Other Liabilities.	. (-,			<del></del>	L
	Complete if the organization answ line 25.	ered "Yes"	on Forn	n 990, Part IV, lìn	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book	k value			<del></del>
(1) Federal in	· 1					•
(2)						
(3)				<del></del>		
(4)				<del></del>		
(5)						
(6)						
(7)				<del> </del>		
(8)				<del></del>		
(9)				<del> </del>		
	Namuet cours Form 000 Part V and (Olling 05)	<del></del>		<del> </del>		
	n) must equal Form 990, Part X, col. (8) line 25 )	o the tast of th	o foot	o to the area-ii	Vo financial -t-t-	anto that was are a
	uncertain tax positions. In Part XIII, provides liability for uncertain tax positions under F					
organization s	s hability for uncertain tax positions under r	114 40 (MSC 74	·o). Oned	r nere ii tile text Ol ti	ne loothole has bee	an provided in Part XIII

Part			
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	_}
b	Donated services and use of facilities	2b	]
С	, , , ,	2c	] ]
d	,	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 (
b	Other (Describe in Part XIII.)	4b	<u></u>
C	Add lines 4a and 4b		4c
5 Post	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Heturn.
	Complete if the organization answered "Yes" on Form 990, I Total expenses and losses per audited financial statements	<del></del>	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2	Donated services and use of facilities	l an l	
a		2a   2b	4 1
b	Prior year adjustments	2c	1 1
ď	Other (Describe in Part XIII.)	2d	1 1
e	Add lines 2a through 2d	<del></del>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i	<del>  -  </del>
а		4a	1
		<del></del>	1 1
D	Other (Describe in Part XIII.)	4b	1
b	Other (Describe in Part XIII.)	<u> </u>	4c
р с 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
c 5 Part	Add lines <b>4a</b> and <b>4b</b>		5
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5 ; Part V, line 4; Part X, line
c 5 Part Provid	Add lines 4a and 4b	9 18.)	5; Part V, line 4; Part X, line

Schedule D (Fo		Page :
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundralsing or Gaming Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	of the organization					Employer identific	cation number
BPOE	Sebring #1529			_		59-	0233010
Par	Fundraising Activities.	Complete if the	he organiz	ation ansv	vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are r	ot required to	complete	this part.			
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities. Ch	neck all that apply.	
а	☐ Mail solicitations				on of non-governn	• • •	
b	☐ Internet and email solicitatio	ns	fΓ		on of government		
С	Phone solicitations		g [		fundraising events	<b>0</b>	
ď	☐ In-person solicitations		3 -	_ 0,000.0			
2a	Did the organization have a writ	ten or oral agre	ement with	anv individ	dual (including offic	ers. directors, trust	ees.
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid		-			-	
	compensated at least \$5,000 by			, ,		•	
	•	_					
		<u> </u>	1 5		TT	(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contri	butions?	from activity	col (i)	organization
	<del></del>		Yes	No	<del>    -</del>		<del> </del>
1		1	<del></del>	<del>                                     </del>	1		
•		4	1	1	}		[
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3			<del>                                     </del>	<del> </del>			<del>                                     </del>
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4			<del> </del>	<del> </del>			<del> </del>
•					1		
5	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>
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10			1				
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Fotal 3	List all states in which the orga	<u> </u>		<u> Þ</u>			<u></u>
3	List all states in which the orga-	nızatıon is regis	stered or lic	ensed to s	olicit contributions	or has been notifie	ed it is exempt from
	registration or licensing.						
						*	
	·						

	rt II					
		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1	and 6b. List events with
-		gross rescripts greater and	(a) Event #1  Canisters@Bingo  (event type)	(b) Event #2  Community Events (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	7994	48426		5642
ш	2 3	Less: Contributions Gross income (line 1 minus line 2)	7994	1565 46861		955
	4	Cash prizes				1000
	5	Noncash prizes				
enses	6	Rent/facility costs			 <del></del>	
Direct Expenses	7	Food and beverages			·	
Dire	8	Entertainment				
	9	Other direct expenses .		1		
	10 11	Direct expense summary. Ad Net income summary. Subtra				23900
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		ed "Yes" on Form 99	00, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	_1_	Gross revenue	266237	47193	3986	317416
ses	2	Cash prizes	244238	33863	1106	279207
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_5_	Other direct expenses .	7556  ✓ Yes 100 %	2469  ✓ Yes 100 %	0 ☐ Yes 100 %	10025
	6 7	Volunteer labor	Id lines 2 through 5 in or	No No	□ No	200222
	8	Net gaming income summary	•	• •		289232
	Ei a Is	nter the state(s) in which the ord	ganization conducts gai	ming activities: FL sin each of these states		☐ Yes ☑ No
<b>10</b> a		/ere any of the organization's g "Yes," explain:	aming licenses revoked	, suspended, or termina	ated during the tax year	? . ☐ Yes ☑ No

Schedu	ule G (Form 990 or 990-EZ) 2016			Page (
11 - 12	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?			
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		10	<u>00 %</u>
b	An outside facility			0%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► Angela Warchak Treasurer			
	Address ► P O Box 333 Sebring FL 33871	<b></b> -		·
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🔽	] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	_		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			·
16	Gaming manager information:			
	Name ► George Quel Exalted Ruler			
	Garning manager compensation ▶ \$0			
	Description of services provided ► Coordinator			
	☑ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Ye	as V	l No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) are Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations			
		- <b></b>		
			- <b>-</b>	
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Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

BPOE Sebring #1529 Part   General Information on Grants and Assistan	on Grants and	Assistance					59-0233010
Does the s	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	e, and Tyes No
esc	ızatıon's procedur	es for monitoring	he use of grant fur	nds in the United	States.		
<b>Fart II</b> Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	ssistance to Do for any recipient	mestic Organiz that received mo	ations and Dom	l <b>estic Governm</b> Part II can be d	ents. Complete if uplicated if addition	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							=
(2)							
(6)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government o	1 501(c)(3) and gov	ernment organiza	rganizations listed in the line 1 table	ne 1 table			0
s Enter total number of other organizations listed in the line 1 table	organizations listed	in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instructions	s for Form 990.		ඊ	Cat. No 50055P		Schedule J (Form 990) (2016)

	Part III can be duplicated if additional space is needed.	space is needed					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-							[
8							1
က							
4							
2							
မှ							1
7							j
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other addition	onal information.	1
The organia	The organization limits its charitable contributions to affiliated 501 (c).  No one organization received \$5000 or more.	liated 501 (C) (3) org	anizations and local c	harities whose activitie	(3) organizations and local charities whose activities are well known to its members.	ers.	Ì
			1	1			-
						Schedule I (Form 990) (2016)	016)

#### 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.

2016

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

BPOE Sebring #1529	59-0233010
Form 990 Part III line 4d Other Program Services	
Promoted the welfare and enhanced the happiness of our members, and encouraged good fellowship	through Lodge activities,
recognizing a belief in God and the American Spirit. Membership benefits were provided to 633 memb	ers during the year.
Form 990 Part VI line 11 Review of Form 990	
The completed 990 is first reviewed by the Auditing and Accounting Committee, who presents it at the	next Board of Directors meeting.
If approved, it is recommended to the general membership for review and approval at a regular Lodge	meeting.
Form 990 Part VI line 12 Conflicts of interest	
Conflicts of interest are defined in the Constitution and Bylaws. Members are required to discuss any	conflicts of interest that they might
be aware of at any regular meeting.	
Form 990 Part VI line 15 Process for determining compensation of Officers	
All compensation of Officers must be voted upon by the Lodge members and approved by the national	Committee on Judiciary.
Form 990 Part VI line 19 Documents available to the public	
Governing documents, conflict of interest policy, and financial statements are in the care of the Lodge	Secretary, and will be made
available upon request.	

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization	Employer identification number
BPOE Sebring #1529	59-0233010
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