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Form 990

Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-0047

Department of the Treasury

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

Open to Public

Inten	nai R	evende	Service		► Information	n about Form 99	0 and its instru	ctions is	at www.irs.go	v/form990.		Insp	ection
A	For	the:	2016 calend	ar year, or ta	x year beginn	ning		04-01	, 2016, and er	nding	03-3	31 ,2017	7
В	Chec	ck if ap	plicable	C Name of orga	nization BENEV	OLENT PROT	ECTIVE ORL	ER OF	ELK		П	Employer ide	ntification no
	Addr	ress ch	nange	Doing busines	ss as		•				7 7	5-14495	30
	Nam	ne char	nge	Number and s	street (or P O box	ıf mail is not delivered	to street address)			Room/suite	E	Telephone nu	mber
	Initia	al retur	n	ро вох			,			1			
	Fınal	l retum	/terminated			country, and ZIP or fore	eign postal code			•	一	256	,636
$\bar{\sqcap}$	Ame	ended r	etum		, TX 7620		• • • • • • • • • • • • • • • • • • • •				G	Gross receipts	
Ī	Appl	lication	pending		dress of principal		DICKSON			H(a) Is this a group r	_		<u> </u>
				Same a	s C above					H(b) Are all subord	linates i	ncluded?	Yes No
$\overline{}$	Tax-	exemp	ot status		7	(insert no)	4947(a)(1) or	527				ist (see instruct	
J	Web	site	► N/A							H(c) Group exem			1156
ĸ			ganization	Corporation	Trust X Asso	ciation Other		L Ye	ar of formation 1	954 M State of			Χ.
P.	art		Summar	v						<u> </u>			
	Т				zation's missio	on or most signific	ant activities:	INCREA	SE BENEVO	LENCE AMONG	THE	MEMBERS	BY
_				_		=				AND OTHER N			
Se			ORGANIZA										
rna		•											
Governance		2	Check this b	ox ▶ 🔲 if the	organization	discontinued its o	perations or disp	osed of m	ore than 25% o	of its net assets.			
Ö						ning body (Part VI				1	3		6
Activities &				_	_	of the governing I		ne 1b) .			4		6
iŧi	Ì			-	-	calendar year 201	• •	-		[5		5
Ę					s (estimate ıf n						6		
∢		7a	Total unrelat	ted business re	evenue from F	art VIII, column (0	C), line 12 .			[7a		2,818
						rom Form 990-T,	•				7b		
	T									Prior Year		Curren	it Year
		8	Contributions	s and grants (I	Part VIII, line	lh)			[73	,634		70,569
ne					(Part VIII, line				Г				0
Revenue		10	Investment i	ncome (Part √	/III, column (A), lines 3, 4, and 7	d)				272		709
æ						es 5, 6d, 8c, 9c, 1				10	,864		31,377
						nust equal Part V			_	84	,770		102,655
													0
		14											0
10		15	Salaries, oth	ner compensat	tion, employee	benefits (Part IX,	column (A), line	es 5-10)		16	,148		16,148
Expenses	-	16a	Professional	l fundraising fe	ees (Part IX, c	olumn (A), line 11	e)		[0
per	.	b	Total fundra	ısıng expense:	s (Part IX, colu	ımn (D), line 25)	>		0				
Ä		17	Other expen	ses (Part IX, o	column (A), lın	es 11a-11d, 11f-2	4e/ RE	CEIVE		73	,657		80,538
		18	Total expens	ses. Add lines	s 13-17 (must	equal Part IX, colu	umico4), line 25)	- IV	ED 1 [89	,805		96,686
						8 from line 12	ାଛା . Aug.	7 % cc:		(5	,035)	5,969
5	Ses						I'L	4 5 ZUI	7 ĕ L	Beginning of Current	Year	End o	f Year
Net Assets or	alan	20	Total assets	(Part X, line 1	16)		1.000	<u> </u>	. <u>%</u> .	165	,664		167,991
T As	<u>Б</u>	21	Total liabilitie	es (Part X, line	e 26)		- <u> </u>	EN: 11	₹	18	,913	1	15,276
			Net assets of	or fund balance	es Subtract l	ne 21 from line 20) <i>.</i>		<u> </u>	146	,751		152,715
	art			ıre Block									
Un tru	der p e. co	enaltie πect. a	es of perjury, I de and complete De	eclare that I have e	examined this retu arer (other Wan off)	m, including accompal cer) iSoased on all info	ying schedules and breation of which pre	statements, a parer has an	and to the best of m v knowledge	y knowledge and belief,	ıt ıs		
				19	1/1/		L -	.,	,		Т	110	17
C:				KU,		$\mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} $				•	نــــــــــــــــــــــــــــــــــــــ	X -1.	7/
Si	_		Signato	ire of officer							Date		/
He	ere	İ		REASURY						•			
_			Type or	r print name and til	tle								
_			1	reparer's name		Preparer's signature		1 ,	ate	Check	ıf P	TIN	
Pa		_		WRIGHT		19,40	was	W+ 106	5-28-2017	self-employe	d	P01353	047
	-	arer	-		-	WRIGHT & C				Firm's EIN ▶			
Us	e (Only	Firm's addre	ss 🕨		ODROW LANE	STE 100			Phone no			
_			<u> </u>	<u> </u>	Denton T					94	10-3	87-8721	
Ma	y th	e IRS	discuss this	s return with th	ne preparer sh	own above? (see	instructions)					Ye	es 🏻 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	75-1449530 Page 2
Pai	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
	INCREASE BENEVOLENCE AMONG THE MEMBERS BY PROVIDING ACTIVITIES AND OPPORTUNITIES TO SERVE
	FELLOW MEMBERS AND OTHER NONPROFIT ORGANIZATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
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.
	the total expenses, and revenue, if any, for each program service reported.
4	(Code) \(\sigma_{\text{Canada}}\) \(\sigma_{\tex
4a	(Code:) (Expenses \$63,947 including grants of \$) (Revenue \$)
	ORGANIZATION INVOLVE THE MEMBERS IN SUPPORTING VARIOUS PUBLIC SERVICE ACTIVITIES BOTH
	FINANCIALLY AND PHYSICALLY. MONEY DONATED TO VARIOUS CHARITABLE NEEDS TOTALED OVER \$6,396. IN
	ADDITION, THE LODGE WAS ABLE TO PROVIDE AN ATMOSPHERE FOR THE MEMBERS TO ACTIVELY SOCIALIZE
	WITH EACH OTHER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Levelide #)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 63,947

Form 000 (2016)

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
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		
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	i		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	-	-	-
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		X
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			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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 Required Schedules (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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		,	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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	X	

Pai	Statements Regarding Other IRS Filings and Tax Compliance			age 3
	Check if Schedule O contains a response or note to any line in this Part V			
	V Control of Contains a respense of note to any line in this rate V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			İ
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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			į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Í
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	İ
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	$\frac{X}{X}$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.		X
ь	If "Yes," enter the name of the foreign country.	4a		A-
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5 0				-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any tayable party and to the appropriate of the tayable party and tayable party and the tayable party and tayable p	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ A
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.7
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	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	_	•	7.
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		7.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _		1,
6	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		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
_	sponsoring organization have excess business holdings at any time during the year?	8		X.
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
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			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-	l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		↓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		ţ	
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand		ļ	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 8b X 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10a Χ Ь If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . Χ 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? 15a X Other officers or key employees of the organization _ . . . Χ 15b 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 Х 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARTY KEMP (940)387-8124, PO BOX 1981, DENTON, TX 76202

Form	aan	/201	A١
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BENEVOLENT PROTECTIVE ORDER OF ELK

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•	_	-	_	4	4	•	2		u	

Page 7

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

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

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

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

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

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

				(C)					
(A)	(B)	(do n	at ab		sition	ha= aaa		(D)	(E)	(F)
Name and Title	Average					han one s both ai		Reportable	Reportable	Estimated
	hours per week (list any	offic	er and	d a dı	rector	r/trustee))	compensation from	compensation from related	amount of other
	hours for	0 =	=	ဂ		οπ	т	the	organizations	compensation
	related organizations	ndivic r dire	ıstıtu	Officer	ey e	mple	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	ual ti ctor	iona		Key employee	yee o	_			and related organizations
	iiie)	Individual trustee or director	Institutional trustee		ee/	npen				Organizations
		"	8			Highest compensated employee		:		
(1) MARK DICKSON	10.00									
EXALTED RULER	-10.00			х				١ ,	o	o
(2) EDWARD MILLER	10.00									
SECRETARY				Х				6,000	o	0
(3) MARTY KEMP	6.00									
TREASURER	ļ			Х				9,000	0	0
(4) CAROL DICKERSON	5.00		ľ	v						
LEADING KNIGHT				X				С	0	0
(5)						1				
(6)										
(7)										
(0)	-						_			
(8)										
(9)										_
<u></u>										
(10)										
(11)										
(42)	ļ	 	<u> </u>	<u> </u>	<u> </u>					
(12)										1
(13)		 		 						
(14)										
						1			[

	Section A. Officers, Directors, Trustees, (A) Name and title	(B) Average hours per	Average (do not check more than one box, unless person is both an hours per officer and a director/trustee) compensation com							(E) Reportable compensation from related	(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	ensation m the nization related nizations	
15)									,		-		
16)													
7)													
8)												-	
9)													
20)													
21)													
22)													
23)													
24)													
25)													
С	Sub-total							* *	15,00	d 0			
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list						nore			<u> </u>		
3 4	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i> . For any individual listed on line 1a, is the sum of reportanization and related organizations greater than	<i>I for such ind</i> portable com	<i>lividual</i> pensat	ion a	and (othe	 r com	 pens	ation from the		3	Yes N	
5	Individual										5		
Section 1	Complete this table for your five highest compensa compensation from the organization Report compeyear.											 	
	(A) Name and business address								Description o			C) ensation	
													
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d al	pove)	who	- 1				

75-1449530

Part \	/111	Statement of Revenu	ıe					· ·	
		Check if Schedule O contain	ns a response	or no	ote to any line in this	s Part VIII		<u> </u>	
	•	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	<u>-</u>	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	[1b	23,207				
S, G	С	Fundraising events	[1c	45,122				
ia i	d	•		1d					
Sin's	е	Government grants (contributi	Г	1e					
ther	f	All other contributions, gifts, g	i i						
1 0 E		and similar amounts not include		1f	2,240	į			
g E	g	Noncash contributions include	ed in lines 1a-	It: \$		70 560			
	h	Total. Add lines 1a-1f			Business Code	70,569			
9	2a				Busiless Code	ĺ			
Program Service Revenue	b								
ě	C						~	*	
eZ.	d	-				***			
E S	e								
E	f	All other program service rever	nue	_					
α.	g	Total. Add lines 2a-2f .							
	3	Investment income (including of	lividends, inte	rest,					
		and other similar amounts) .				709	709		
	4	Income from investment of tax-	•						
	5	Royalties			<u>, ▶</u>				
			(ı) Real		(ii) Personal				
	1	Gross rents				:			
	1	Less rental expenses							
	1	Rental income or (loss) .			<u>_</u>			:	
		Net rental income or (loss)			▶ _				
	7a	Gross amount from sales of assets other than inventory	(i) Secuntie	S	(II) Other				
	b	Less cost or other basis and sales expenses .							
	c	Gain or (loss) .						ļ	
_		Net gain or (loss)			•				
Other Revenue	8a	Gross income from fundraising							
e Ve		events (not including \$	45,12	22					
αž		of contributions reported on lin							*
the	Ι.	See Part IV, line 18			10,163	1, 1			
O		Less direct expenses Net income or (loss) from fund			6,859	3,302			3,302
	1	Gross income from gaming ac	_	•	· · · · · · · · · · · · · · · · · · ·	3,302			3,302
	Ja	See Part IV, line 19		2	2,818			ţ	
	h	Less direct expenses		. a b	2,010	1			
		Net income or (loss) from gam			>	2,818		2,818	
	i	Gross sales of inventory, less	9					•	
	lua	returns and allowances		а	172,37	9			
	Ь	Less cost of goods sold		b	147,12	7		‡	
	1	Net income or (loss) from sale		٠		25,257	25,25	7	_
		Miscellaneous Revenue			Business Code				
	11a					1			
	b								
	С							<u> </u>	
	d	All other revenue		•					
	1							<u> </u>	-
	12	Total revenue. See instructio	ns		•	102,655	25,96	6 2,81	8 3,30

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organiz	ations must complete o	olumn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				······································
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		Ī		
	ındıviduals See Part IV, lines 15 and 16				- , -, -,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	15,000	2,500	12,500	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 140		1 140	
10 11	Payroll taxes	1,148		1,148	
	Fees for services (non-employees) Management				
a b	Management				
C	Accounting	3,324		3,324	
d	Lobbying	3,321		3,324	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion				
13	Office expenses	4,446	3,115	1,331	
14	Information technology				
15	Royalties				
16	Occupancy	41,733	37,560	4,173	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings .	3,240	2,540	700	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,536	5,251	4,285	
23	Insurance	4,583	3,721	862	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	:			
	(A) amount, list line 24e expenses on Schedule O.)				
a	PUBLIC SERVICE	7,914	7,914		
b	DUES	4,416	3 34 3	4,416	
C	OTHER	1,346	1,346		
d	All other evenesses				
9 25	All other expenses	06.666	62.04=	20 522	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	96,686	63,947	32,739	0
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and]		
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	1	l		

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 1 13,003 22,432 Savings and temporary cash investments . . . 2 116,470 2 102,045 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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 7 Notes and loans receivable, net Inventories for sale or use 5,059 8 5,463 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D | 10a | 400,609 b Less: accumulated depreciation 10b 362,558 31,132 38,051 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 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 165,664 16 167,991 17 Accounts payable and accrued expenses 1,468 17 855 18 18 19 Deferred revenue 16,042 19 13,423 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 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 Unsecured notes and loans payable to unrelated third parties . 24 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 1,403 998 26 Total liabilities. Add lines 17 through 25 18,913 15,276 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 123,165 27 128,507 28 Temporarily restricted net assets . 23,586 28 24,208 Permanently restricted net assets . 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 146,751 33 152,715

Total liabilities and net assets/fund balances

167,991

34

165,664

	990 (2016) BENEVOLENT PROTECTIVE ORDER OF ELK	75-14495	30	Pa	age 1 2
Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		102,	655
2	Totak expenses (must equal Part IX, column (A), line 25)	2		96,	686
3	Revenue less expenses. Subtract line 2 from line 1	3		5,	969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		146,	751
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			(5)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		152,	715
1. 121	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·		Yes	No
1	Accounting method used to prepare the Form 990. 🛛 Cash 🔲 Accrual 📋 Other			1 :55	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	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				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:			ŀ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			†	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ĺ		

3b

Form 990 (2016)

the Single Audit Act and OMB Circular A-133?

EEA

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

SCHEDULE G (Form 990 or 990-EZ)

(i) Name and address of individual

or entity (fundraiser)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

1

2

3

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

Inspection

(vi) Amount paid to

(or retained by)

organization

(v) Amount paid to

(or retained by)

fundraiser listed in

col (i)

Name of the organization Employer identification number BENEVOLENT PROTECTIVE ORDER OF ELK 75-1449530 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants

c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? □ No ☐ Yes

(Iii) Did fundraiser have

custody or control of

contributions?

No

(IV) Gross receipts

from activity

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Yes

(ii) Activity

3 List all states in which the org registration or licensing.	ganization is registered	or licensed to	solicit contribu	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribi	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribu	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribi	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribi	utions or has been no	Itified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribi	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribu	utions or has been no	tified it is exempt	t from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribu	utions or has been no	tified it is exempt	from	
3 List all states in which the org	ganization is registered	or licensed to	solicit contribu	utions or has been no	otified it is exempt	from	
otal	ranization is registered	or leaneed to	>	utons or has been as	stified at an exercise	from	
`otal			_				
				1			
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9							
8							
					<u> </u>		
7							
6	*···				1		
3							
5					 		
4		l l					

		gross receipts greater than				b. List events with	
			(a) Event #1 GOLF TOURN	(b) Event #2 ARTS & JAZZ	(c) Other events None	(d) Total events (add col (a) through	
m			(event type)	(event type)	(total number)	col (c))	
Revenue	1	Gross receipts	7,331	2,830		10,161	
_	2	Less Contributions					
	3	Gross income (line 1 minus		-			
		line 2)	7,331	2,830		10,161	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Ō	8	Entertainment					
	9	Other direct expenses	4,587	2,272		6,859	
	10	Direct expense summary. Add lines	4 through 9 in column (d)			6,859	
	11	Net income summary Subtract line				3,302	
Pa	rt I	Gaming. Complete if the than \$15,000 on Form 990		"Yes" on Form 990, Pai	rt IV, line 19, or reported	more	
σ.		than \$15,000 on 1 onn 550		(b) Pull tabs/instant		(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
Rev		C					
	1	Gross revenue					
ses	2	Cash prizes					
ect Expenses	3	Noncash prizes					
Direc	4	Rent/facility costs	7.0				
	5	Other direct expenses					
	6	Volunteer labor	☐ Yes% ☐ No	│	☐ Yes % ☐ No	<u></u>	
	7	Direct expense summary Add lines	2 through 5 in column (d)		▶		
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)			
						-	
9		Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?					
a b	Little Brownian						
•					· · · · · · · · · · · · · · · · · · ·		
	-	ere any of the organization's gaming	liconoco rovoltad avanad	and an harmonic district the second	An.,	☐ Yes ☐ N	
10-		ere any di me diganization's damino l	DEPOSES FEVORED CHENERA	en or terminated dilring the	rax vear/	Yes N	
		"Ves " evoluin:					
		"Ves " evoluin:					

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

BENEVOLENT PROTECTIVE ORDER OF ELK	75-1449530
01. Members or stockholder classes and rights (Part VI, line 6)	
EXECUTIVE COMMITTEE HAS AUTHORITY TO MAKE DECISIONS ON DAY TO DA	Y OPERATIONS. THE
EXECUTIVE COMMITTEE PEPORTS TO THE MEMBERSHIP MONTHLY.	
02. Member election for additional members (Part VI, line 7a)	
NEW MEMBERS ARE APPROVED BY A VOTED BY THE TOTAL MEMBERSHIP	
03. Governing body decisions (Part VI, line 7b)	
EXECUTIVE BOARD MANAGES THE LODGE'S DAY TO DAY OPERATIONS BUT REF	PORT TO THE MEMBERSHIP IN
A MONTHLY MEETING.	
04. Form 990 governing body review (Part VI, line 11)	
ALL MEMBER OF THE EXECUTIVE BOARD IS PROVIDED A COPY OF THE FORM	990.
05. Conflict of interest policy compliance (Part VI, line 12c)	
OFFICERS ARE REQUIRED TO DISCLOSE WHEN A CONFLICT OF INTEREST ARI	SES.
06. CEO, executive director, top management comp (Part VI, line 1	
THE ONLY OFFICERS COMPENSATED ARE THE SECRETARY AND TREASUER. NO	OTHER OFFICERS RECEIVES
ANY TYPE OF COMPENSATION FOR THEIR SERVICE.	
07. Other officer or key employee compensation (Part VI, line 15k)
TEH TREASUER'S AND SECRETARY'S ARE APPROVED BY THE MEMBERSHIP AS	A WHOLE.
08. Governing documents, etc, available to public (Part VI, line	19)
GOVERNING DOCUMENTS ARE AVAILABLE FOR THE PUBLIC DURING NORMAL OF	PERATING HOURS OF THE

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
BENEVOLENT PROTECTIVE ORDER OF ELK	75-1449530
•	
ORGANIZATION.	
	· · · · · · · · · · · · · · · · · · ·
* ************************************	
	····