

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 10/1/2016 and ending 9/30/2017 C Name of organization D Employer identification number Check if applicable Benevolent and Prtective Order of Elks of the USA Doing business as Colorado Elks Association Charities, Inc. Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 84-1243937 Name change 4101 West 4th Street Road E Telephone number Initial return City or town State ZIP code (970) 302-9536 Greeley CO 80634-1438 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 399,563 G Gross receipts \$ F Name and address of principal officer Application pending Yes X No H(a) Is this a group return for subordinates? Malcolm S Freeberg, Jr 7950 Ivywood Street, Commerce City, CO 80 H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3)) < (insert no) 4947(a)(1) or Tax-exempt status 501(c) (Website. ▶ www coloradoelks org H(c) Group exemption number ► 1156 X Corporation K Form of organization Trust Association L Year of formation M State of legal domicile 1993 CO Part I Summary Briefly describe the organization's mission or most significant activities Dispense funds received from the Clem & Activities & Governance Evelyn Audin Fund, The Dr. Nuckoll"s Scholarship Fund, the Elks National Foundation of the B P O Elks and member donations for Charity & Education Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 13 300 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 6 Total unrelated business revenue from Part VIII, column (C). line 12 Total number of volunteers (estimate if necessary) 6 375 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 AUG 2 2 2018 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 269,970 386.927 Program service revenue (Part VIII, line 2g) 7,395 0 Investment income (Part VIII, column (A), lines 3 4, and fa) DEN, UT 10 12.697 12,636 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 290.062 399,563 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 214.796 300.330 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) 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 完成是整体的重要的 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10.542 10.437 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 225,338 310,767 19 Revenue less expenses Subtract line 18 from line 12 64,724 88,796 **Beginning of Current Year End of Year** 20 Total assets (Part X. line 16) 813,277 913,025 21 Total liabilities (Part X, line 26) 47,987 58,939 Net assets or fund balances Subtract line 21 from line 20 765,290 854,086 Part II 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 Signature of officer Here Glenn W Tiemann Treasurer Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Paid Check self-employed SELF-PREPARED RETURN Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

0)(Revenue \$

(Expenses \$

Total program service expenses

3,700 including grants of \$

3,700

399,563)



Part IV	Checklist of Rear	

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		.,
_	Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		İ	
	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		<u> </u>
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	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10 ∂∂%	1.5	X
•	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	53137	المسكنة	H. H.
	Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			.,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		Х
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		Χ
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		Χ
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
D	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			
		14b		Χ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		İ	
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ.
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10	İ	
	If "Yes," complete Schedule G, Part III	19		Х
				_

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u>-</u> -		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
22		122		
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		<u> X</u>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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		х
26		230		 ^- -
20	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			١.,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	~# ~-Teva	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	37.6	1,8 to	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-4	逐變	To the second
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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			_
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	100		
31	Part I	24		_
22		31_		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	00		J.
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	The state of the s		- 1	
	III, or IV, and Part V, line 1	34		Χ
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	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
JU	19? Note. All Form 990 filers are required to complete Schedule O	20	Ų	
	19. Note: All 1 only 330 file is are required to complete scribballe o	38	X .	
		Form	990	(2016)

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	<u>이</u> ,	10 mg	7 TO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u>o</u> (: :		3.50
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	nd reportable	<u> </u>	\mathcal{L}	1.00
	gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ئىلىنىڭ مايلى	
	Statements, filed for the calendar year ending with or within the year covered by this return		<u> </u>	. J J.	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b	1	destriction
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	uctions)	1,17	این توری نامشنشد	TE:
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch		3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or				
	over, a financial account in a foreign country (such as a bank account, securities account, or other	ner financial			
_	account)?		4a	r 15	X
b	If "Yes," enter the name of the foreign country	1.4	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- L	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	ncial Accounts	1.	1	强,汽
F	(FBAR)			130 13	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ansaction	5b 5c	-	x
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the	30	-	 ^
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	did tile	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such cont	ributions or	Ua.	-	 ^
D	gifts were not tax deductible? .	indutions of	6b		
7	Organizations that may receive deductible contributions under section 170(c).		7117 7	74.7%	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	v for goods	1. 1. 1.		
_	and services provided to the payor?	, .c. goods	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	n it was			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	1.36	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber	nefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mair	ntained by the	OLEH MEN	2000	14.35
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.		4.9-	12. 17 12. 17	1
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	17	9b		5 1 SS 1.
10	Section 501(c)(7) organizations. Enter	1 1	150	7.7	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		· · · · · · · · · · · · · · · · · · ·	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		` II	
11	Section 501(c)(12) organizations. Enter	امدا	J. (1)	11.3	
a	Gross income from members or shareholders	11a	٠٠٠)	7.12	
b	Gross income from other sources (Do not net amounts due or paid to other sources	445	- F	- 3	
120	against amounts due or received from them) Section 4947(a)/1) non-exempt charitable trusts, le the exemptation films Form 000 in liquid	[11b]	420	<u> </u>	34 3 mg
i2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a	72. 182	ide id
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		15%	100 TO
	Is the organization licensed to issue qualified health plans in more than one state?		13a	15,	¢
а	Note. See the instructions for additional information the organization must report on Schedule C)	i Sa	:- ~1	Sec.
b	Enter the amount of reserves the organization is required to maintain by the states in which	•	3	1 1 5	
~	the organization is licensed to issue qualified health plans	13Ь	F		
С	Enter the amount of reserves on hand	13c	٠٠`	i in the	
l4a	Did the organization receive any payments for indoor tanning services during the tax year?.	<u> </u>	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Sch	nedule O	14b		<u> </u>

		243937		age 6
Par	.Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "No	o"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See in:	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management		,	
		<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13	10 3	4 10.54
	If there are material differences in voting rights among members of the governing body, or	300	1.53	4
	if the governing body delegated broad authority to an executive committee or similar	المواقعة المواتونة	, , ,	
	committee, explain in Schedule O	100 F	3	P. Carlot
b		300	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
2	Did the organization delegate control over management duties customarily performed by or under the direct	-=	 	 ^
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6	X	 ^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		 ``	<u> </u>
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1 B. S.	7 9	V . 12
	the year by the following	<u> </u>		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	ļ	<u> </u>
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		<u> </u>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	<u> </u>	,
		<u> </u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40.	1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		1
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	7 12a		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	 ^-	
·	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	 ^``	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1,33	# H	Y5.45
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	√ } τ : 1 : E = 1	, v. j	
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		极	TEN T
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	7		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	پەرقۇرۇر. سىتىدىسك		N. W.
	the organization's exempt status with respect to such arrangements?	16b		

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its 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 X 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 Glenn W Tiemann (720)290-2300 8235 Elati St, , Denver, CO 80221-4477

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 Director	s Trustees Ke	v Employees.	and Highest Com	pensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

	,							<u> </u>	<u> </u>	
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Malcolm Freeberg	7 00									
President	12 00	1		x						
(2) Gary Salberg	4 00	+								
1ST V P	10 00	1		Х						
(3) Kathleen Larsen	4 00									
2ND V P	10 00]		Х						-
(4) Ron Carpenter	4 00									
3RD V P	10 00			Х						_
(5) John Hutson	20 00									
Secretary	20 00			Х						
(6) Glenn Tremann	15 00									
Treasurer	15 00			Х						
(7) Bill Hartless	2 00									
Trustee	5 00		L	Х						
(8) James Boyer	1 00					1	ł			
Trustee	2 00			X			L			
(9) Terry Gaber	1 00	-					1			
Trustee	2 00			Х			<u> </u>			_
(10) Wayne Rogers	1 00	-								
Trustee	2 00			X	_		ļ			
(11) Erık Colard	1 00	-					İ			
Trustee	2 00	+	L.	X						-
(12) Cynthia Wyszynski	1 00	4				1			!	
Trustee	2 00	_	ļ	X	L	<u> </u>	<u> </u>			
(13) Frank Sommer	1 00	-1								
Past Pres on Board	2 00	ļ	ļ	X	<u> </u>		 		ļ	
(14)	ļ	4								
									L	

Р	art VII . Section A. Officers, Directors, Tr	ustees, Key Er	nploy	yees	s, a	nd	<u>Hig</u> h	<u>es</u> t	Compensated	Employe	es (co	ntınue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is to officer and a director/tr			than on the thick the thic	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Es ar com fr org	(F) stimate nount c other pensat om the anizatio d relate anizatio	of non e on ed	
(15)							ā							
(16)							,					_		
(17)													<u> </u>	
(18)														
(19)						-								
(20)														
(21)														
(22)														-
(23)		• • • •												
(24)														
(25)														
1b	Sub-total				L	l	L	-	0					0
c	Total from continuation sheets to Part VII,	Section A						•	0		0			0
d	Total (add lines 1b and 1c)							•	0		0			C
2	Total number of individuals (including but not	limited to those	listed	ab	ove	e) w	no re	cei	ved more than \$	100,000 c	of			
	reportable compensation from the organizatio	n 🕨			0									
	•												Yes	No
3	Did the organization list any former officer, di		-		-	yee	e, or h	nigh	est compensate	ed		13. 13.		
	employee on line 1a? If "Yes," complete Sche								_				.T. 18	X iotdati
4	For any individual listed on line 1a, is the sum										:	1. C. C.		
	the organization and related organizations greundividual	eater than \$150,	0007	11	res	s, C	ompi	ete	Scriedule 3 for	Sucri		4		X
5	Did any person listed on line 1a receive or acc	crue compensat	ion fr	om	any	/ un	relate	ed o	organization or i	ndıvıdual		*	1.00 mg	11-52
	for services rendered to the organization? If "											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest comp compensation from the organization Report of year											n's ta	x	
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C Comper		
														C
														C

Total number of independent contractors (including but not limited to those listed above) who received

0

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

0

Form 990 (2016)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
SS	1a	Federated campaigns	1a	0				おきるのでは		
Grants	b	Membership dues	1b	0			自身 聚香芹素	第一次的工作		
ָם פֿ	С	Fundraising events	1c	0		文稿题	1、大块人工费			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	379,934				学、企工学等		
s, G	е	Government grants (contribution	is) 1e	0	3- 4-2	12周時報	医心理病 法疆			
Sign		All other contributions, gifts, grain	<i>'</i>			1. 意识 其实		3. 多數工業		
the th	•	similar amounts not included ab		6,993	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
Ę Ŏ	_	Noncash contributions included in li	<u> </u>	0,000			上 "美"、"展"	中では機能		
S E	g		nes ia-n		386,927					
		Total. Add lines 1a–1f		Business Code	300,927	A THE STATE OF THE	Z 油 经银行证	100		
Jue	_			Dusiness code		Carried Sec. St. 1887 chief	5. 15 15 15 15 15 15 15 15 15 15 15 15 15			
s e	2a			0						
Program Service Revenue	b	••••			0					
<u>×i</u>	С				0					
Ser	d				0					
Ē	е				0					
g	f	All other program service revenu	ie		0			_		
P.	g	Total. Add lines 2a-2f		•	0	工艺学生工	4. 水子性性	生"、"是"的微		
	3	Investment income (including di	vidends, interes	t, and						
		other similar amounts)	•	•	12,636					
	4	Income from investment of tax-e	exempt bond pro	ceeds	0					
	5	Royalties		•	0			_		
		rioyamos	(i) Real	(II) Personal	1年1867年1868年	13/10/14/15	27. ない立体では響	SP - TE SEPTEMBE		
	6a	Gross rents	<u> </u>		· 注:第一维者					
				· -			生 化元素			
	b	Less rental expenses			对政员		建立亚亚 查	R. LOWER		
	C	Rental income or (loss)	0	0	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 T S. E. W. L. E.	The state of the s			
	d	Net rental income or (loss)			U 2045" +3549, \$6,457	المنافرين المستحد الوجوان المنافرة المراد	in the state of th	*. C***********		
	7a	Gross amount from sales of	(i) Securities	(ii) Other	上海"特益"	一类等的	克克罗尔斯	一个人		
		assets other than inventory	0	0			Turn			
	b	Less cost or other basis					The state of the s	TO THE STATE OF		
		and sales expenses	0	0						
	С	Gain or (loss)	0	0						
	d	Net gain or (loss)			0					
		, ,			1000年1000年1000日	· 学院表示了	\$P 4世界 "自	11.5 智慧技術		
<u>e</u>	8a	Gross income from fundraising					17.7			
ũ		events (not including \$	0			1.1000分成為				
Other Revenue		of contributions reported on line	1c)				为一种的			
æ		See Part IV, line 18	a	l o	1. 经产品基		1. 大海 1. 满			
hei	h	Less direct expenses	b	<u> </u>	学生活动的地方			1. 清潔。		
₹		Net income or (loss) from fundra			1:15. Mar W. V. 20. M. C.		131 - 14 AM. G 17 - 1528	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
	C	• •	-		. 1 34 THE C.	THE PARTY OF THE P	5 Cape 12 154	5 25.000		
	ya	Gross income from gaming activ					生活情况,			
	_	See Part IV, line 19	a	<u> </u>	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		新兴 草东美			
		Less direct expenses	b		19 7 8 Care 1 19 19 19 19 19 19 19 19 19 19 19 19 1		- Tanita	· · · · · · · · · · · · · · · · · · ·		
		Net income or (loss) from gamin	ig activities	····	Uma e Sandh Sala e marchadain	the of the section of the section	to the first decided to the	STATE INTO STATE OF THE STATE OF		
	10a	Gross sales of inventory, less					· 一个看了影響			
		returns and allowances	а	0			Section 1			
	ь	Less cost of goods sold	b	0		12.0	Ex. Section 1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	С	Net income or (loss) from sales	of inventory	>	0					
		Miscellaneous Revenue		Business Code	TOTAL AND THE		m's some is a real	シートを経済機		
	11a				0					
	b				0	1				
	C				0		<u> </u>			
	l .	All other revenue						-		
	d				0	The second second	29 12 to 1. 29	A1 - YO ALEDONG		
	e a	Total. Add lines 11a–11d			399,563	0 Tage 1	13 1 4 2 FBC 4 7 197	V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	12	Total revenue. See instructions		_	1 399,303	1 0	ı U	1		

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a			st complete column	(A)
	Check if Schedule O contains a response or not	e to any line in this			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			STATE STATE OF	
	domestic governments See Part IV, line 21			The state of the s	MA LONG STANFORM
2	Grants and other assistance to domestic				学とで連続
	ındıvıduals See Part IV, line 22	300,330		The second second	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0		THE PROPERTY AND A SERVICE AND	になが、これのできた。 なない
4	Benefits paid to or for members	0		Elegan Land	を変える。
5	Compensation of current officers, directors,			0	
•	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0		i	
7	persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
''a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying .	0			
e	Professional fundraising services See Part IV, line 17	0	李军高等1	WE W. E. WEE	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	6,737			
13	Office expenses	3,700	3,700		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0	and a state of the	12 (2017) 1 9 45 - 1 21	2006 Sec. 1
24	Other expenses Itemize expenses not covered		国现在 自己,只要		的表示。建筑
	above (List miscellaneous expenses in line 24e If	A PARTY OF THE PAR	The state of the s		
	line 24e amount exceeds 10% of line 25, column	以及		使用的流流	
	(A) amount, list line 24e expenses on Schedule O)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 38-12 may 2- 12. 18-13	4 310% & 1 Th	(7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
a		0			
b		0			
C		0			
d	All other expenses	0			
е 25	Total functional expenses. Add lines 1 through 24e	310,767		0	· · ·
25 26	Joint costs. Complete this line only if the	310,707	5,700		<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or	r note	to any line in this Pa	rt X		
		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	•			1	
	2	Savings and temporary cash investments			539,06		634,998
	3	Pledges and grants receivable, net				0 3	0
	4	Accounts receivable, net			1,56		1,407
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens Complete Part II of Schedule L	sated e	employees		5	
	6	Loans and other receivables from other disqualified perso	ns (as c	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar		1 4			
		sponsoring organizations of section 501(c)(9) voluntary er		3			
ets		organizations (see instructions) Complete Part II of Sched		6			
Assets	7	Notes and loans receivable, net				0 7	<u> 0</u>
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	4,57	7 9	1 800 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		0		
	b	Less accumulated depreciation	10b		0	0 10 c	0
	11	investments—publicly traded securities	268,07	7 11	276,620		
	12	Investments—other securities See Part IV, line		0 12	0		
	13	Investments—program-related See Part IV, lin		0 13	0		
	14	Intangible assets		0 14	0		
	15	Other assets See Part IV, line 11		0 15	0		
	16	Total assets. Add lines 1 through 15 (must equ	ual line	e 34)	813,27	7 16	913,025
	17	Accounts payable and accrued expenses		17			
	18	Grants payable	31,04		31,611		
	19	Deferred revenue			16,93	_	27,328
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete			4.5	21	- M * (6)
es	22	Loans and other payables to current and forme				ξ, ξ, , , , , , , , , , , , , , , , , ,	
===		trustees, key employees, highest compensated		oyees, and		المنتقب المنا	
Liabilities		disqualified persons Complete Part II of Sched				22	
	23	Secured mortgages and notes payable to unrel				0 23	0
	24	Unsecured notes and loans payable to unrelate		•		0 24	0
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line Part X of Schedule D	S 17-2	24) Complete		0 25	
	26				47,98		58,939
	26	Total liabilities. Add lines 17 through 25			The training the same of the s	7, 1-21	30,000
ses		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a	-				
an	27	Unrestricted net assets				27	0
Bal	28	Temporarily restricted net assets				28	
þ	29	Permanently restricted net assets			9 2 3 mm 2 2 mm (2 1 ft 3) 2 3 mm (6 3 d	29	I make come a start in the start of the start of
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.					
ts c	30	-	The base of the best of the best	30	11 The State of th		
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e		nent fund		31	
As	31 32	Retained earnings, endowment, accumulated in			765,29		854,086
Vet	33	Total net assets or fund balances	HOOHIE	o, or other fullus	765,29		
	34	Total liabilities and net assets/fund balances			813,27	_	

Form 9	990 (2016) Benevolent and Prtective Order of Elks of the USA	84-1243	937 Page 12
Par	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	399,563
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,767
3	Revenue less expenses Subtract line 2 from line 1	3	88,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	765,290
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	854,086
Part	XII Financial Statements and Reporting		<u></u>
	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	31 32 66	
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	× ;	2a X
	reviewed on a separate basis, consolidated basis, or both	4	
	Separate basis X Consolidated basis Both consolidated and separate basis). 2	
b	Were the organization's financial statements audited by an independent accountant?	L	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	ي د د	
	Separate basis X Consolidated basis Both consolidated and separate basis	3	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	nt of	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın ٤	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	e 「	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b
			orm 990 (2016)

SCHEDULE A (Form 990 or,990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection Employer identification number

		ent and Prtective Order of Elks					84-12	43937
	rt I	Reason for Public Char						
The	orga	anization is not a private founda						<i>^</i>
1		A church, convention of church	hes, or association	of churches described	d in section	on 170(b)	(1)(A)(i).	0
2		A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	990-EZ))	V
3		A hospital or a cooperative ho	spital service orgar	nization described in s	ection 17	'0(b)(1)(A)(iii).	
4		A medical research organization	on operated in conj	junction with a hospita	l describe	d ın secti	on 170(b)(1)(A)(iii)	. Enter the
		hospital's name, city, and state						
5		An organization operated for the section 170(b)(1)(A)(iv). (Cor		ege or university owne	d or oper	ated by a	governmental unit o	lescribed in
6		A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)(A)(v).	
7	X	An organization that normally described in section 170(b)(1			from a go	vernmenta	al unit or from the g	eneral public
8		A community trust described ii	n section 170(b)(1)(A)(vi). (Complete Pa	art II)			
9	\Box	An agricultural research organ	ization described ii	n section 170(b)(1)(A)	(ix) opera	ited in cor	njunction with a land	l-grant college
		or university or a non-land-gra	nt college of agricu	ılture (see ınstructions) Énter th	ne name, e	city, and state of the	college or
4.0		university		Abon 20 4/00/ -f.t-				ooo and aress
10	Ш	An organization that normally receipts from activities related	receives (1) more to its exempt funct	man 33 1/3% Of its SU hons—subject to certa	in excepti hbort fron	ons and	iions, membersnip t (2) no more than 33	ees, and gross 1/3% of its
		support from gross investment	t income and unrela	ated business taxable	income (I	ess section	on 511 tax) from bus	sinesses
		acquired by the organization a	ifter June 30, 1975	See section 509(a)(2	2) . (Comp	lete Part I	HI)	
11		An organization organized and	d operated exclusiv	ely to test for public sa	afety See	section	509(a)(4).	
12		An organization organized and	d operated exclusiv	ely for the benefit of, t	o perform	the funct	ions of, or to carry o	out the purposes
		of one or more publicly support Check the box in lines 12a thre	rted organizations on ough 12d that desc	described in section 5 cribes the type of supp	609(a)(1) o orting org	or sectior anization	n 509(a)(2). See sed and complete lines	tion 509(a)(3). 12e, 12f, and 12g
а		Type I. A supporting organi	zation operated, si	upervised, or controlle	d by its su	ipported c	organization(s), typic	cally by giving
		the supported organization organization You must co	mplete Part IV, Se	ections A and B.				
b	,	Type II . A supporting organ	ization supervised	or controlled in conne	ction with	its suppo	rted organization(s)	, by having
		control or management of t organization(s) You must			same per	sons that	control or manage	the supported
С	1	Type III functionally integr			d in conn	ection with	and functionally in	ntegrated with.
Ŭ	' '	its supported organization(s	s) (see instructions	You must complete	e Part IV,	Sections	A, D, and E.	
d		Type III non-functionally i	ntegrated. A supp	orting organization ope	erated in (connectio	n with its supported	organization(s)
		that is not functionally integ	rated The organiz	ation generally must s	atisfy a di	stribution	requirement and ar	attentiveness
_	1	requirement (see instruction Check this box if the organic						Tyna III
е	' Ì	functionally integrated, or T					saiypei, iypell,	i ype iii
f		Enter the number of supported		,	5 50			0
g	<u></u>	Provide the following information	_	rted organization(s)				
	(i)	Name of supported organization	(n) EIN	(III) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of other support (see
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	instructions)
							,	,
					Yes	No		
A)								
					-			-
B)								
·C\			-		 			· · · -
(C)								
(D)								
٠,								
(E)								
-,								
Tota	al .		The state of the s	S To Harry Land	态 了学堂7	110 ST 45 C.	0	0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	7					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on	223,462	334,344	237,255	269,970	386,927	1,451,958
	its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	223,462	334,344	237,255	269,970	386,927	1,451,958
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	なって、2. 気濃まってし 以、4. 変数数数が、 選び	表示 とよる。 を表現である。		· · · · · · · · · · · · · · · · · · ·	Service Control of the control of th	1,451,958
	etion B. Total Support	(a) (d 1 m) 4 m2 (4 m) (1 m)	(2/25/24 a)	LOTE WILLIAM SE	The Water Will Street The	1 1 1 4 4 4 4 7 1	1,401,000
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	223,462	†	237,255	269,970		1,451,958
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,491		15,620	12,697	12,636	71,133
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10	· 學問題 "	The state of the	为自己,种类是	にはなり、は、機	Washington and	1,523,091
12	Gross receipts from related activities, etc. (s	see instructions)			12		
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u></u> .	h, or fifth tax year a	as a section 501(c))(3) 	▶
	etion C. Computation of Public Su			(0)	- · · · · ·	44	05 229/
14	Public support percentage for 2016 (line 6, or Public support percentage from 2015 Sched			(T))		15	95 33% 94 36%
	33 1/3% support test—2016. If the organiz and stop here The organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more,		▶ <u>X</u>
b	33 1/3% support test—2015. If the organiz box and stop here. The organization qualific				ıs 33 1/3% or more	e, check this	▶ □
17a	10%-facts-and-circumstances test—2016 is 10% or more, and if the organization mee Part VI how the organization meets the "factorganization"	ts the "facts-and-c	ırcumstances" test	, check this box an	d stop here. Expla	ลเก เก	.
t	10%-facts-and-circumstances test—2015 15 is 10% or more, and if the organization in Part VI how the organization meets the "fac supported organization"	neets the "facts-an	d-circumstances" t	est, check this box	and stop here. E		▶ □
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ □

Sche	dule A (Form 990 or 990-EZ) 2016 Benevole	nt and Prtective C	Order of Elks of the	he USA		84-1	243937	/Page 3
Pa	rt III Support Schedule for Org							
	(Complete only if you check				ation failed to	qualify unde	er Part l	II /
	If the organization fails to qu							
Sec	ction A. Public Support							,
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 』	(f) Total
1	Gifts, grants, contributions, and membership fees							_
	received (Do not include any "unusual grants")						/	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							0
3	Gross receipts from activities that are not an		!					
	unrelated trade or business under section 513					/		0
4	Tax revenues levied for the organization's				/	,		
	benefit and either paid to or expended on	i	'				İ	_
_	its behalf			<u> </u>				0
5	The value of services or facilities							
	furnished by a governmental unit to the							
6	organization without charge		0					0
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	0		0	/ 0		0	0
<i>r</i> a	received from disqualified persons							0
h	Amounts included on lines 2 and 3 received				1			
~	from other than disqualified persons that]		P	"		Į.	
	exceed the greater of \$5,000 or 1% of the					:		
	amount on line 13 for the year							0
С	Add lines 7a and 7b	0	0	/ 0	0	_	0	0
8	Public support (Subtract line 7c from	量,应得信息。	经过去的证券	13 TO 18 18 18 18 18 18 18 18 18 18 18 18 18	THE THE BUILDING	The same	772	
	line 6)			生產大量發		是了 澳大	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
	tion B. Total Support				<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(ć) 2014	(d) 2015	(e) 201	3	(f) Total
9	Amounts from line 6	0	0	0	0		0	0
10a	Gross income from interest, dividends,	[
	payments received on securities loans,			#				
	rents, royalties and income from similar sources							0
þ	Unrelated business taxable income (less		/				-	
	section 511 taxes) from businesses	1					İ	_
	acquired after June 30, 1975							0
	Add lines 10a and 10b	0	/ 0	0	0		0	0
11	Net income from unrelated business activities not included in line 10b, whether		/					
	or not the business is regularly carried on	}	/				- 1	0
12	Other income Do not include gain or						_	
-	loss from the sale of capital assets							
	(Explain in Part VI)						1	0
13	Total support. (Add lines 9, 10c, 11,		1					
	and 12)	o	/ o	0	0		o	0
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here	/						▶
Sec	tion C. Computation of Public Su	pport Percenta	ge					
15	Public support percentage for 2016 (line 8, o	column (f) divided b	y line 13, column ((f))		15		0 00%
16	Public support percentage from 2015 Scheo					16		0 00%
<u>Sec</u>	tion D. Computation of Investmen			· · ·				
17	Investment income percentage for 2016 (lin-			olumn (f))		17		0 00%
18	Investment income percentage from 2015 S					18		0 00%
19a	33 1/3% support tests—2016. If the organi					and line 17 is		. —
L	not more than 33 1/3%, check this box and 33 1/3% support tests—2015. If the organi					33 1/30/ 254		▶∟∃
IJ	line 18 is not more than 33 1/3%, check this	7						▶ □
		otop 11010		,	,			· ;

Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the actio was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	10b		
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Part	Supporting Organizations (continued)			
rait	IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
''	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	多 别
a	below, the governing body of a supported organization?	11a		LULILA
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· ;	77	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	المواقع المواقع المواقع	d 34	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			医
	controlled the organization's activities. If the organization had more than one supported organization,			25.4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1 1 1	ا ا	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	7 7 7 mg	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	E14.	D. A.	DOM:
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2	2	
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1 A	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			域热
	or management of the supporting organization was vested in the same persons that controlled or managed	, ik	- 4	
	the supported organization(s)	1		L
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1, 10 mg/ 1, 12 mg/ 1, 12 mg/	Ton The	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	70	\$ \$4. \$ \$ \$4. \$	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	175	2. 3.	<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	715	rannet
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JANY T	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	****	<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	27 285	CT 23 70
3	By reason of the relationship described in (2), did the organization's supported organizations have a		3,775	34
	significant voice in the organization's investment policies and in directing the use of the organization's	San in the		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		<u> </u>	32.3
	supported organizations played in this regard	3		<u> </u>
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions)
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ır	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Ĭ.	37	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		, 14 3	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 6 m		
	how the organization was responsive to those supported organizations, and how the organization determined	77.7		3
	that these activities constituted substantially all of its activities	2a	1.15.	21.22
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		7	100 mg
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	19. p	. TV
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u>-</u>	الأساك تفات
3	Parent of Supported Organizations Answer (a) and (b) below.		, 1	125122
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 10	£	
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<u>~</u>	*EGINC
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	75.0	A 19.3	
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or							
1 Check here if the organization satisfied the Integral Part Test as a qualify:	ng t						
instructions. All other Type III non-functionally integrated supporting organization	anız	ations must complete Sect					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4	0	0				
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or		. '					
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see	3 1 m						
instructions for short tax year or assets held for part of year)	ACCT						
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d	0	0				
e Discount claimed for blockage or other	2.5	1971 超17度以降	· · · · · · · · · · · · · · · · · · ·				
factors (explain in detail in Part VI)	600		"""是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一				
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3	0	0				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4	0	0				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0				
6 Multiply line 5 by 035	6	0	0				
7 Recoveries of prior-year distributions	7	0	0				
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0				
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1.也不是他们的一个	0				
2 Enter 85% of line 1	2	中国教育の政策、大学は	0				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· 注:"我是我们的一个一个	0				
4 Enter greater of line 2 or line 3	4	世界是 的 (1988) (1987)	0				
5 Income tax imposed in prior year	5	"一个人是一个人,我们是一个人,我们是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		1 2 2 图 2 图 2 图 3 图 3 图 3 图 3 图 3 图 3 图 3					
emergency temporary reduction (see instructions)	6		0				
7 Check here if the current year is the organization's first as a non-functional			ng organization (see				

Part '	Type III Non-Functionally Integrated 509(a)(3) \$					
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes				
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations			
4	Amounts paid to acquire exempt-use assets		<u> </u>			
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6	0				
8	Distributions to attentive supported organizations to which	1				
	(provide details in Part VI) See instructions					
9	Distributable amount for 2016 from Section C, line 6	0				
10	Line 8 amount divided by Line 9 amount		0 000			
		/ix	(ii)	(iii)		
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable		
			Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	八本本の問題のおよう	0		
	Underdistributions, if any, for years prior to 2016	The state of the s	'			
2	(reasonable cause required—explain in Part VI) See					
	instructions	计"三、影信等的		是是 一定 一定		
3	Excess distributions carryover, if any, to 2016	1000年代 1000年的	公園を電機、野園はつ	ETERON TO A STATE OF THE STATE		
а	1. "我们的一个多数,一个数型,一个数型的数型。" 是一个一个数	(中) (中) (中) (中)	ここ 国語 発音	表示源式。在中國		
b	[李] [2] "是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	原金、海岸上海道	。 "是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	學的語彙以語為學問		
С	From 2013	(1) "是特别"	化自翻"键点点性"	神の部といる際に対		
d	From 2014	福州市通过	正点扩散 为强度特别。	剧争发彩 河南海關		
е	From 2015	"是我一个都也,就是一	"我概要認為了什么	是主要一个多种意		
f	Total of lines 3a through e	0	5. 李灏"【诸溪流》。2	· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
g	Applied to underdistributions of prior years	· 学说: 这一次	0	医型 海 二海 经		
	Applied to 2016 distributable amount	被指 、自己的企業的		0		
i	Carryover from 2011 not applied (see instructions)	""一点,""一个"" "	· 1299 强胜强(水	公司中国的 表 清朝		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	一门的数据是	高麗 原二 常 郷田		
4	Distributions for 2016 from	设施。今时期中数据 在	And the state of t	高門 清學 一件理到		
-	Section D, line 7 \$ 0					
а	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	0	· 1000 100 100 100 100 100 100 100 100 1		
b	Applied to 2016 distributable amount		THE PARTY OF THE P	0		
	Remainder Subtract lines 4a and 4b from 4	0	"中國學"清潔就一定。	7. 1000年 188		
5	Remaining underdistributions for years prior to 2016, if	Can Profit Mills				
-	any Subtract lines 3g and 4a from line 2 For result			图的: 是一個 经配		
	greater than zero, explain in Part VI. See instructions		0			
6	Remaining underdistributions for 2016 Subtract lines 3h	The said in the last of the said of the sa	一位温泉传播,加学			
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions			0		
7	Excess distributions carryover to 2017. Add lines 3j	The state of the s		"一个"		
•	and 4c	0				
8	Breakdown of line 7	THE THE STATE OF T		· · · · · · · · · · · · · · · · · · ·		
a	LEAR PROPERTY ASSESSED VALUE	ALL THE PROPERTY OF	一直清 海龙山	经 的表达工业的		
b	Excess from 2013 0		一、法理》建设行法	海安水 外衛性測		
C	Excess from 2014 0	Will I have the	· 以基础。如何是	· 通過		
d	Excess from 2015 0	Enter State of the	. 机聚合物 17.400 5			
e	Excess from 2016 0	No are the comment of	The state of the s	专品激品,强烈		

SCHEDULEI (Form 990)

Department of the Treasury

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

1545-0047	916
OMB No	20

▶ Attach to Form 990.

X Yes

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Benevolent and Prtective Order of Elks of the USA Internal Revenue Service Name of the organization

Employer identification number 84-1243937

> General Information on Grants and Assistance Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

	(h) Purpose of grant	or assistance
ce is needed	(g) Description of	non-cash assistance
more than \$5,000 Part II can be duplicated if additional space is needed	(f) Method of valuation	(book, riviv, appraisal,
art II can be duplica	(e) Amount of non-	cash assistance
more than \$5,000 F	(d) Amount of cash	orant
ent that received	(c) IRC section	if applicable
for any recipi	(b) EIN	
990, Part IV, line 21, for any recipient that received in	1 (a) Name and address of organization	or government

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 non-cash assistance	(h) Purpose of grant or assistance
(1) Laradon Hall Society. 5100 Lincoln St Denver, CO 80216			33,000				Elks Major Project
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)				ı			
(10)							
(11)				!			
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	in 501(c)(3) and organizations lis	government organ	izations listed in the lin ble	ie 1 table		A A	-

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

Schedule I (Form 990) (2016)

Page 2

Benevolent and Prtective Order of Elks of the USA

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

	(f) Description of noncash assistance	none							al information						
	(e) Method of valuation (book, FMV, appraisal, other)	Book							tion required in Part I, line 2, Part III, column (b), and any other additional information						
	(d) Amount of noncash assistance								2, Part III, column (b						
	(c) Amount of cash grant	61,250							juired in Part I, line 2				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ו שמשכם וש ווכבתכת	(b) Number of recipients	77							the information rec			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
רמון זון כמון טם מתחווכמובת וו מתחווכוומן אחמכם וא וופסתפת	(a) Type of grant or assistance	Scholarship 1	2	3	4	5	9	7	Part IV Supplemental Information. Provide the information						

SCHEDULE O (Form 990,or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Benevolent and Prtective Order of Elks of the USA	84-1243937
Form 990, Part III, Section 4, Line d. Program Service Expenses \$6737, grants and allocations	<u> </u>
\$227,898	
Form 990, Part III, Section 4, Line d Hoop Shoot & Soccer shoots \$18,350	
Form 990, Part III, Section 4, Line d. Catch it Calf and Little Britches Rodeo \$7,683	
Form 990, Part III, Section 4, Line d. Activities and Functions to Aid Veterans. &42,911	
Form 990, Part III, Section 4, Line d. Community Projects \$22,285	
Form 990, Part III, Section 4, Line d. Youth Activities, Americanism, Scouting, and Youth	
Music 8,468	
Form 990, Part III, Section 4, Line d Drug and Alcohol Awareness Committee \$29,763	
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Schedule O (Form 990 or 990-EZ) (2016)	Page	2
Name of the organization	Employer identification number	
Benevolent and Prtective Order of Elks of the USA	84-1243937	
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