

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public Inspection

Check if applicable	C Name of organization Benevolent and Protective Order		D Employer	dentification number
Address change	of Elks - Melrose Lodge #1031 Doing business as		1011	611005
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
Initial return	75 Myrtle Street	<u> </u>	781-	665-9197
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		1	
Amended return	Melrose MA 02176		G Gross rece	eipts\$ 213,33
<u>.</u>	F Name and address of principal officer	H(a) Is this a d	roup return for su	ubordinates? Yes X
Application pending	- Richard Doyle of	•	·	
	365 Lebanon Street Melrose MA 02176		ibordinates inclu	(see instructions)
		7	, 41.40, 5 1151	and management
Tax-exempt status Website:	s $501(c)(3)$ X $501(c)$ (8) \P (insert no) $4947(a)(1)$ or 527 () $10/A$	# H(a) Croup ou		, ▶ 1156
Form of organization			emption numbe	M State of legal domicile 1
	Summary	rear or formation	100 1	Mi State of legal doffliche 1
	describe the organization's mission or most significant activities			
Charles Charle	rity			
2 Check	this box $lacktriangle$ if the organization discontinued its operations or disposed of more than $lacktriangle$	25% of its net as	1 1	•
3 Numbe	er of voting members of the governing body (Part VI, line 1a)		3	9
≝ 4 Numbe	er of independent voting members of the governing body (Part VI, line 1b)		4	9
5 Total n	umber of individuals employed in calendar year 2017 (Part V, line 2a)		5	12 25
	umber of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12		7a	10,34
1.	related business taxable income from Form 990-T, line 34		7a 7b	9,34
D Net un	elated business taxable income nonth of the 930-1, line 04	Prior Y		Current Year
8 Contrib	outions and grants (Part VIII, line 1h)	1	3,250	12,26
9 Program	m service revenue (Part VIII, line 2g)			
10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)		1,305	2,34
11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,387	138,01
12 Total re	evenue ~ add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16	4,942	152,62
1	and similar amounts paid (Part IX, column (A), lines 1-3)		300	90
l l	s paid to or for members (Part IX, column (A), line 4)			
ဖွဲ့ 15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,963	88,87
ā. 1	sional fundraising fees (Part IX, column (A), line 11e)	Trans American American		· · · · · · · · · · · · · · · · · · ·
b Total fu	undraising expenses (Part IX, column (D), line 25) ▶ 0		101	E 7 2 2
	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,191	57,37
	xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5 513	147,14
19 Reven	ue less expenses Subtract line 18 from line 12	Beginning of C	$\underline{}$	5,47
ଞ୍ଚିଥି 20 Total a	ssets (Part X, line 16)		1,185	158,62
2.01	abilities (Part X, line 26)		1,745	11,53
로 22 Netas	sets or fund balances. Subtract line 21 from line 2000	13	9,440	147,08
	Signature Block			
Under penalties	of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the	best of my kn	owledge and belief, it is
	d complete, Declaration of prepared (other than officer) is based on all information of which prepare	nas any knowled	- 6	-7-18
Sign	Signature of office		Date	
lere		<u>ted Rule</u>	r	
	Type or print name and title			
)	Type preparer's name	Date	Check	If PTIN
ronarer	ph M. Stanton	06/2	0/18 self-em	
- UNGIUI E	name Joseph M. Stanton, CPA		Firm's EIN	04-295475
1 111110	376 Washington St., #201	ĺ		
lse Only	Malden MA 02148	1	01	781-388-00.
Ise Only	address Malden, MA 02148 cuss this return with the preparer shown above? (see instructions)		Phone no	781-388-223 X Yes N

		Benevolent and Pr		1611235	Page 2
۲a		statement of Program Servi Check if Schedule O contains	ce Accomplishments a response or note to any line in this	Part III	X
1		ribe the organization's mission	a respective or rest to any michan and		
С	harity				
2	_		program services during the year which were n	ot listed on the	
	•	990 or 990-EZ? scribe these new services on Sched	lule O		Yes X No
3	Did the orga		e significant changes in how it conducts, any p	rogram	
	services? If "Yes," de:	scribe these changes on Schedule	0		Yes X No
4	expenses S		complishments for each of its three largest pro anizations are required to report the amount of th program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	(0000)	, (La., pol. doc 4	gg.unter	, (,
40	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	1 041		0)		·
40	Other prog (Expenses	ram services (Describe in Schedule		(Revenue \$	
		am service expenses >			
DAA					Form 990 (2017)

Part IV	Chacklist	of Required	Schodules

			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_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			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ļ		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l l		
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-		i
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	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	1		١
	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		١	
	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	11e		X
f	·	1		.,
	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	1		1
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
	"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		X
14a	, , , , , , , , , , , , , , , , , , ,	14a		X
Ь		- [ł
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1445		l v
4-	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	1 45		v
16	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	40		v
17		16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	 -	X
18	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?	10		├^
. 3	If "Yes," complete Schedule G, Part III	19		X
	n 100, complete concede of the m			

	The office of reduired defications (continued)			
.	Delilion of the second of the		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
22	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	-22	-	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	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	Ì	
đ	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		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		
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			l
	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			1
	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,			ĺ
	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		l i	١
	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,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		X
33	complete Schedule N, Part II	32		
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,	33		$\vdash \stackrel{\wedge}{-}$
J4	or IV, and Part V, line 1	34		Х
35a		35a		X
b		33a		<u> </u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
_	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	1

	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	0		:	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			.,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	X	
þ	If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b	Χ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty		!	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	anciai		4.		Х
	account)?			4a		
þ	If "Yes," enter the name of the foreign country	مريم	t a			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ACCOUN	ts			
	(FBAR)			5a	1	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	AIOIII		5c	 	
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie		55		
UZ	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
-	gifts were not tax deductible?			6b)	
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?	-		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?		1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	3	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by th	ne		ŧ	
	sponsoring organization have excess business holdings at any time during the year?			8		ļ
9	Sponsoring organizations maintaining donor advised funds.				1	1
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	المما	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	Section 501(c)(12) organizations. Enter	11a		1		1
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	119				
b		11b			1	
42-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a	t	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		 	\dashv	1	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	1
•	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				1	
	the organization is licensed to issue qualified health plans	13b	1		I	
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	teme at the second seco	le O		14b		
DAA				Fo	m 99	0 (2017)

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n Sch	edule O Se	e ınstr	uctioi	
	Check if Schedule O contains a response or note to any line in this Part VI					_X
<u>Sec</u>	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	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	İ				
	committee, explain in Schedule O	ļ				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
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	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7		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 have members or stockholders?			6	Χ	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			'		1
	one or more members of the governing body?			7a	X	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1		
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following		r	
а	The governing body?			8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	X	<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	Ĺ <u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	<u>Revenue Co</u>	de)		
					Yes	
10a	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,					
	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 film	the fo	m?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	ļ	X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		
	describe in Schedule O how this was done			12c		
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					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	ļ
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					1
16a						
	with a taxable entity during the year?			16a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(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 inter	est pol	icy, 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 reco	rds 🕨				
	eorge Doyle 75 Myrtle St.	7.0				
_ <u>M</u>	elrose MA 021	/6	781	<u>-66</u>	<u>5-9</u>	<u> 197</u>
D 4 4					aar	1 (2047)

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	rson i irecto	than or	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2.1300 11100)	organization and related organizations
(1) Thomas Bernhard	5.00	,,		,,						
Leading Knight (2) Richard Doyle Ja	0.00	X		X	-			0	0	0
(2) Richard Doyle 31	10.00	1								
Exalted Ruler	0.00	X		X				ol	0	0
(3) Timothy McCarthy			Г							
_	5.00									
Trustee	0.00	X		X	<u> </u>			0	0	0
(4) Vincent Paone										
m	5.00	1,,		1,					0	_
Trustee (5) Robert Green Jr.	0.00	X	 	X		-		0	0	0
(3) Robert Green or	5.00									
Lecturing Knight	0.00	X	•	X				ol	0	0
(6) John Siggins				<u> </u>						
	5.00				}					,
Trustee	0.00	X	<u> </u>	X	<u> </u>	Щ			0	0
(7)Kevin Barry		1	}							
	5.00	١,,		,,					•	
Trustee Malan	0.00	X	 	X	-	├─┤		0	0	0
(8) James Moler	5.00				l					
Loyal Knight	0.00	X		X	l			o	0	0
(9) Al O'Connor	0.00	 	 	 ^``		П				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.00								ļ	
Trustee	0.00	X	<u> </u>	Х				0	0	0
(10) Richard Connors										
	10.00			1	}			_		
Secretary	0.00	\bot	 	X	<u> </u>	<u> </u>		5,000	0	0
(11)George Doyle	10.00									
Treasurer	10.00			X				4,000	0	0
DAA	0.00		<u> </u>	11		لــــــا		4,000		Form 990 (2017)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	check ess pe	ition more rson i	than c s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Stephen Leahy Esquire	2.00 0.00			Х				0	0	C
(13) Paul Paone Inner Guard	2.00		 	X				0	0	C
(14) Robert Rotung				X				0	0	C
(15) David Chaffee				X				0	0	C
11101	0.00							0		
1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	Ą			> > >	9,000		
Total number of individuals (in reportable compensation from	cluding but not the organization	limite n ▶	d to	thos	e lis	ted a	bov	re) who received more than	\$100,000 of	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization and person listed on line 1 5 Did any person listed on line 1 	complete Sche 1a, is the sum	<i>dule</i> of re thai	<i>J foi</i> eport n \$15	suc able 50,00	h ind com)0? i	dividu ipens f "Ye	ual satio ss," o	on and other compensation complete Schedule J for su	from the ch	3 X
for services rendered to the or Section B. Independent Contractor	ganization? If "Y	Yes,'	' con	plete	9 Sc	hedu	ıle J	for such person		5 X
Complete this table for your five compensation from the organic Name and	ve highest comp zation Report c (A) business address	ensa	ensa	inde _l ition	for t	lent o	cont alen	dar year ending with or with	than \$100,000 of tin the organization's tax ye (B) tion of services	ear (C) Compensation
			_	-				330.7		Sampandadi
Total number of independent received more than \$100,000								se listed above) who	^	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Total revenue Unrelated Revenue exempt function excluded from tax revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b 12,262 c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim · Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 12,262 Program Service Revenue Busn. Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 270 270 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 27,300 6a Gross rents 16,958 b Less rental exps 10,342 c Rental inc or (loss) ▶ 10,342 d Net rental income or (loss) 10,342 7a Gross amount from (i) Securities (II) Other sales of assets 2,078 other than inventor **b** Less cost or other basis & sales exps 2,078 c Gain or (loss) d Net gain or (loss) \triangleright 2,078 2,078 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 120,419 43,754 b b Less cost of goods sold c Net income or (loss) from sales of inventory 76,665 76,665 Miscellaneous Revenue Busn Code 51,008 11a Entertainment/Social Income 51,008 b C d All other revenue Total. Add lines 11a-11d 51,008 Total revenue. See instructions 152,625 130,021 10,342

Statement of Functional Expenses Part IX

Section	on 501(c)(3) and 501(c)(4) organizations must co			mplete column (A)	
	Check if Schedule O contains a response	onse or note to any line in thi	(B)	(C)	(D)
	ot include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	o, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations			<u>}</u>	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	900		1	
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign	1		ļ	
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			 	
	Compensation of current officers, directors,				
•	trustees, and key employees	9,000			
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	72,388			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,485			
11	Fees for services (non-employees)				
а	Management				ļ
b	Legal				
C	Accounting	4,050		<u> </u>	
d	Lobbying		Y	<u> </u>	
0	Professional fundraising services See Part IV, line 17		<u>,</u>		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	1 067		 	
12	Advertising and promotion	1,267		 	
13	Office expenses			 	
14	Information technology			 	
15	Royalties	23,197		 	
16	Occupancy	23,197	 	 	
17	Travel			 	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	1,779		 	
19	Interest	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		 	
20 21	Payments to affiliates			 	
21	Depreciation, depletion, and amortization	3,086		 	
23	Insurance	3,000		 	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	<u> </u>			
	(A) amount, list line 24e expenses on Schedule O)	[
а	Insurance	5,854			
b	Payroll Service	4,152			
c	Per Capita	2,945			
d	Public Service/Charity	2,870			
e	All other expenses	8,176			
25	Total functional expenses. Add lines 1 through 24e	147,149	(0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and			}	1
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				<u></u>
DAA					Form 990 (2017)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 13,513 1 Cash-non-interest bearing 24,810 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 5,855 5.932 Inventories for sale or use 985l 888 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 76,858 73,931 10c 10b b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 29,087 15 15 Other assets See Part IV, line 11 151,185 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,686 17 Accounts payable and accrued expenses 17 18 18 Grants payable 5,059 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 745 11,539 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 112<u>,735</u> 27 <u>116,820</u> 27 Unrestricted net assets 705 28 Temporarily restricted net assets 28 Permanently restricted net assets 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 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 440 33 Total net assets or fund balances

158.

85

Total liabilities and net assets/fund balances

orm	990 (2017) Benevolent and Protective Order 04-1611235				Pa	ge 12		
Рa	rt XI 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		15	52,	<u>625</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	17,	<u> 149</u>		
3	Revenue less expenses Subtract line 2 from line 1	3			5,	476		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		139,440				
5	Net unrealized gains (losses) on investments	5		2,165				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
_	33, column (B))	10		1	17,	081		
Pa	rt XII 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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1				
	Schedule O			- 1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ĺ.	2a	Χ			
	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							
	X Separate basis Consolidated basis Both consolidated and separate basis			1				
þ	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis			- 1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L_	2c	Χ			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O			- 1				
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?		L	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь				
				Fon	₁ 990	(2017)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

Name of the organization Employer Identification number Benevolent and Protective Order of Elks - Melrose Lodge #1031 04-1611235 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

che	dule D (Form 990) 2017 Benevolen	it and Prot	<u>tective</u>	Order		04-161	1235		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Histor	ical Trea	sures, c	or Other Si	imilar As	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other record	s, check any o	f the follow	ing that are	e a significant	use of its		
а	Public exhibition	d 🗌	Loan or excha	nge prograi	ms				
b	Scholarly research	е [Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they furti	her the orga	anızatıon's	exempt purp	ose in Part		
	XIII								
5	During the year, did the organization solicit o	r receive donations	of art, historica	l treasures,	or other s	ımılar			
	assets to be sold to raise funds rather than to	be maintained as p	oart of the orga	nization's c	collection?				Yes No
Pa	rt IV Escrow and Custodial Arr	angements.							
	Complete if the organization 990, Part X, line 21	answered "Yes	" on Form 9	90, Part I	V, line 9	, or reporte	ed an ame	ount o	n Form
1a	is the organization an agent, trustee, custodi	an or other intermed	hary for contrib	utions or of	ther assets	not			
	included on Form 990, Part X?		,						Yes No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
		•	3						Amount
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrov	v or custodi	ial account	liability?			Yes No
	If "Yes," explain the arrangement in Part XIII					-			
	rt V Endowment Funds.								
	Complete if the organization	answered "Yes	" on Form 9	90, Part I	V, line 1	0.			
		(a) Current year	(b) Prior ye	ear	(c) Two year	s back (e	d) Three years	back	(e) Four years back
1a	Beginning of year balance		Ī						
	Contributions								
С	Net investment earnings, gains, and								
	losses		l	Į.				ļ	
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g, colu	ımn (a)) hel	d as				
а	Board designated or quasi-endowment ▶	%	_						
	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are h	eld and adi	ministered	for the			
	organization by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on Schedi	ule R?					3b
4	Describe in Part XIII the intended uses of the	e organization's end	owment funds						
P	art VI Land, Buildings, and Equi	ipment.							
	Complete if the organization	answered "Yes	<u>" on Form 9</u>	90, Part I	V, line 1	1a See Fo	orm 990,	Part X	, line 10
	Description of property	(a) Cost or other	basis (t) Cost or other	basis	(c) Accum	nulated		(d) Book value
		(investment))	(other)		depreci	ation	,	<u></u>
1a	Land				964	·		1	42,964
b	Buildings				584		61,584		
c	Leasehold improvements	ļ			2,520		55,401		27,119
d	I Equipment			56	881		53,033	3	3,848
	Other			-					
Tota	al. Add lines 1a through 1e (Column (d) must	equal Form 990, Pai	rt X, column (B,), line 10c)				·	73,931

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV lie	ne 11h See Form 990 Part)	(line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuate	
	(including name of security)		Cost or end-of-year mark	et value
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)			<u> </u>	
(C)			<u> </u>	 _
(D)				
(E)				
(F)				
(G)			<u> </u>	
(H)				19 11 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.	on Form 000 Port IV III	no 110 Soo Form 000 Port	/ line 12
	Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuati	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)			 	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ın (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part	K, line 15
	(a) Description			(b) Book value
(1)	Restricted cash			25,766
(2)	Security Deposit			832
(3)		 		
(4)				
(5)				
(6)	<u>, , , , , , , , , , , , , , , , , , , </u>			
(7)				
(8)				
(9)				26 506
***************************************	nn (b) must equal Form 990, Part X, col (B) line 15)			26,598
Part X	Other Liabilities.	on Form 000 Book IV II	ing 11e at 11f Sac Form 000	Dod V
	Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, II	ne 11e or 111. See Form 990	, Part A,
1.	(a) Description of liability	(b) Book value	_	
	I income taxes	- 		
(2)				
(3)				
(4)				
(5)			-	
(6)				
(7)				
(8)			{	
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶		{	
	r uncertain tax positions. In Part XIII, provide the text of the	footnote to the erganization's	o financial statements that consts th	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2017 Benevolent and Protective XI Reconciliation of Revenue per Audited Financial		-1611235 ue per Return.	Page 4
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	a Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a_		
b	Other (Describe in Part XIII) .	4b		
С	c Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	5		
Pa	art XII Reconciliation of Expenses per Audited Financia	I Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12a.		
1	1 Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	2e		
3	3 Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b	4c		
v	5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Benevolent and Protective Order of Elks - Melrose Lodge #1031

Employer identification number 04-1611235

Form 990, Part I, Line 6

When the lodge sponsors functions a number of the members will assist by setting up, cooking and cleaning.

A number of the members also assist in helping to maintain the premises by cleaning, painting (if necessary) and by keeping all of the systems and utilities functioning for normal usage.

Form 990, Part III, Line 4d - All Other Accomplishment BPOE Melrose provides charitable services to hundreds of persons in and around the Melrose, MA area.

This is done through charitable giving and by sponsoring of numerous functions and programs that would otherwise not be available.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Regular and life-time members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Elections of officers are held annually for offices with terms as officers ranging from 1 to 5 years.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Most of the decisions not made by committee and all important decisions are
subject to approval by the members.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Employer identification number

04-1611235

The return is reviewed with the tax preparer by the treasurer and the bar manager. After this review the return is presented to the membership and a vote is taken to approve the filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official None of the officers are compensated for the services (time) that they provide to the organization.

Form 990, Part VI, Line 15b - Compensation Process for Officers
All employees are paid wages that are reasonable for the services provided.

During the year ended March 31, 2018 the organizations highest paid employee earned \$24,440.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are made available upon request.