ENVELOPE POSTUJARK DATE JUL 1 3 2018

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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. O

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

_		2017 001	andar year, or tay year	beginning	Apr 01, 2017	and c	nding Ma	ar 31, 20	018
			endar year, or tax year C Name of organization						entification number
		applicable			IT & PROTECTIVE	URDER	 -	p.o, o	
☐ A	aress	change		B P O E JOP	t delivered to street address) Room/suite		4-0304955	-
$\prod N$	ame ch	ange			t delivered to street address	, incompanie		Telephone nu	
二.			1802 W 26TH ST	REET	State	ZIP code		. relephone na	
∐ In	ıtıal retu	ım	City or town	4	State	ZIP Code	4	17-624-00	048
Fir	nal return	/terminated	Joplin MO 6480		are un es latata la cuntu	Foreign posts	Loodo		
二.			Foreign country name	Foreign	province/state/county	Foreign posta		Gross receipt	s\$ 535139
	mended	1 return		-			1	Gloss receipt	335139.
A	pplication	on pending	F Name and address of p	rincipal officer CHA	ARLES GENISIO		H(a) Is this a	a group return for s	ubordinates? Yes X No
			1102 OAK RIDGE	JOPLIN	MO 64804	0.10	H(b) Are a	Il subordinates ii	ncluded? Yes No
		_4 _4_4	501(c)(3) X 501	(c) (8) <	(insert no) 4947(a)	1) or \$ 527	If "No	o." attach a list (see instructions)
1 18	x-exem	pt status		(c) (0)	(insert no) 4947(a)	1)01	4	•	· · · · · · · · · · · · · · · · · · ·
<u>J W</u>	ebsite	: ► N/A	<u> </u>				H(c) Grou	exemption num	nber▶ 1156
K Fo	rm of o	rganization	X Corporation	Trust Associa	ition Other >	\ LYe	ar of formati	on 1903	M State of legal domicile MO
	art I								
			mmary			ution DED	EODM C		E MODRE CHEA
ø.	1				most significant activ				E WORKS SUCH
Š				ics, vetera	NS WORK, BOYS	AND GIRL	SCOUTS		
Governance			rmas baskets						
Ş.	2	Check t	his box ▶ If the	organization dis	continued its operation	ns or dispose	ed of more	than 25% o	f its net assets
မွ	3				body (Part VI, line 1a				3 9
රේ	4				ne governing body (P)		4
es	5				ndar year 201 7 (Part		,		5 12
Activities &	_		imber of individuals c imber of volunteers (e						6
Ę	6					YEIVHI			'a 34802.
⋖	7a		related business reve				<u></u>	· · · · · · · · · · · · · · · · · · ·	
	b	Net unr	elated business taxab	le income from	7 7 7 7 7 1 1 1	100000	- 181 -		<u>'b −14208.</u>
						18 2018		Prior Year	Current Year
<u>o</u>	8		utions and grants (Pa		- _		101	8873	1. 108363.
Revenue	9	Progran	n service revenue (Pa	art VIII, line 2g)	OCD	[A] 0 =	15		
Š	10	Investm	ent income (Part VIII	, column (A), line	es 3, 4, and 7d)	EN. 117		1193	4. 26125.
œ	11	Other re	evenue (Part VIII, colu	ımn (A), lines 5,	6d, 8c, 9c, 10c, and	11e)	↓	17052	4. 186769.
	12				al Part VIII, column (A)			27118	9. 321257.
	13							2894	5. 30879.
	14	r i							
40	15				(Part IX, column (A), lu	nes 5–10)		9306	4. 90403.
Expenses			ional fundraising fees		•	100 0 10,			
Ë	16a							**-,****	
. . .	_b	i otal tu	ndraising expenses (Part IX, column	(D), line 25)	त्य यय			
ш	17	Other e	xpenses (Part IX, coll	umn (A), lines 1	1a-11d, 11f-24e)	ر د بر برب	·	15342	
	18				ıl Part IX, column (Ā),	line 25)		27543	
	19	Revenu	e less expenses Sub	otract line 18 fro	m line 12			-424	
Net Assets or Fund Balances							Beginnır	g of Current Ye	ear End of Year
sets	20	Total as	ssets (Part X, line 16)					115577	9. 1143110.
AS	21	Total lia	bilities (Part X, line 2	6)				6566	8. 130292.
ĘĘ	22		ets or fund balances		1 from line 20			109011	1. 1012818.
	rt II		nature Block						
Linde	r nenal			mined this return, in	cluding accompanying sche	dules and stater	nents, and to	the best of my	knowledge
and t	elief. it	is true, cor	rect, and complete Declara	tion of preparer (oth	er than officer) is based on	all information of	which prepa	rer has any know	wledge
			MIM:	N San	. /			7/	12/10
Sig	n		Signature of officer	- Myn				Date	8
Hei	·e					EV	ALTED R		
			WILLIAM LYNCH	<u></u>		EA	TITED K	OHEN	
		17	Type or print name and tit	ie	Departure at the second	 	Date		PTIN
			nt/Type preparer's name		Preparer's signature		Date	Che	
Pai		7. 1.7	ALISA D WHETST	ONE-	ANALISA D WHET	S	06/1	1	employed P01361960
Pre	pare	,	- 61106					37 Z O I O I	5-5491309
Use	e Onl	v —		& ASSOCIATE					
		Fire	n's address ▶ 2727 E	32ND STREE	T S JOPLIN	MO	64804 F	hone no 4	17-623-8666 <u> </u>
May	the l	RS discu	ee this return with the	nrenarer show	above? (see instruc	tions)			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2017)

	90 (2017)		44-0304955	Page 2
_ Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission		
	CHARIT	ABLE WORK FOR THE COMMUNITY		
	D. d. die			
2		organization undertake any significant program services during the year which were not listed on		[] N
	-	Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3				
3	services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
		describe these changes on Schedule O	res	A NO
4		e the organization's program service accomplishments for each of its three largest program services	s as measured	by
		s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
		expenses, and revenue, if any, for each program service reported		,
4a	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
	SEE SC	HEDULE 1		
			· 	
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		••••••		
			. 	
			. 	
		•	· 	
		•••••••••••••••••••••••••••••••••••••••	·	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	,	, (· · · · · · · · · · · · · · · · · ·	*	/

		••••••		
4.1	Othar	ogram convices (Decembe in Cahadula C.)		
4d	(Expens	ogram services (Describe in Schedule O)	\	
4e		es \$ including grants of \$) (Revenue \$ pgram service expenses		
-70	, oral pro	g.a at the emportation of		

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44=0304955

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A .	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
_	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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,	۳	Λ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			.,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		7 7	
	VII, VIII, IX, or X as applicable			6, 3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
h	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	X	
V	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
	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? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Λ_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	_X_	L

Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.	20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00		v
24-	employees? If "Yes," complete Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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	Ì		1
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١,,
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the experience resolution assert or other acceptance to an efficient disperse. It is a property of the experience of the exper	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	'	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		389
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	#:	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	•
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		Ì	,,
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	\ <u>`</u>		
-	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			•
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1	ļ	
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	 ^- -
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	ļ		
	VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2017)

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

	Check if Schedule O contains a response or note to any line in this Part V.					X				
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		16	3.5					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	_1b		— <i>∭</i> .,	4	517				
С	Did the organization comply with backup withholding rules for reportable payments to vendors ar gaming (gambling) winnings to prize winners?	id repo	rabie	1c	X	الأفند				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		7:47	32	(C) -22				
20	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		2	2b	X					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instru									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•	3a	X	الله-م-شنكة				
b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o									
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finan	cıal							
	account)?			4a	ļ	X				
b	If "Yes," enter the name of the foreign country			Kry						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financian	cial Acc	counts	1, 1						
_	(FBAR)	_		<u> </u>		لنتيالا				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		0	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trail f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ansactio	on /	5b 5c	 -	X				
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the		130						
va	organization solicit any contributions that were not tax deductible as charitable contributions?	aid trie		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	or	"						
-	gifts were not tax deductible?			6b		Х				
7	Organizations that may receive deductible contributions under section 170(c).				-, (%)	** j				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods		الانت					
	and services provided to the payor?			7a		X				
b	, , , , , , , , , , , , , , , , , , ,									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was								
	required to file Form 8282?	1		7c	100:	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7e		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g	-	X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				_	$\frac{1}{x}$				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main									
	sponsoring organization have excess business holdings at any time during the year?		-,	8		Х				
9	Sponsoring organizations maintaining donor advised funds.			\$ - a	137					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person'	>		9b		Х				
10	Section 501(c)(7) organizations. Enter				78.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			115					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11_	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	اممما		100						
a b	Gross income from other sources (Do not net amounts due or paid to other sources	11a								
D	against amounts due or received from them)	11b		9.3						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		0412	12a		X				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		7.38		148				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		Х				
	Note. See the instructions for additional information the organization must report on Schedule O			8.3		4. [6]				
b	Enter the amount of reserves the organization is required to maintain by the states in which	, ,			54					
	the organization is licensed to issue qualified health plans	13b			lis					
С	Enter the amount of reserves on hand	13c			1780					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		_	14a	├—	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule ()	14b		Х				
				Form	990	(2017)				

Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1b 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 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ 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 filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ELKS LODGE

1802 W 26TH ST JOPLIN MO 64804

Form 990 (2017)	BENEVOLENT & PROTECTIVE ORDER	44-0304955	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated	
	Employees, and Independent Contractors		

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

- **1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

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

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

(C) Position (A) Name and Title (B) (do not check more than one (E) Reportable Estimated Average Reportable box, unless person is both an compensation hours per officer and a director/trustee) compensation amount of Individual trustee or director week (list any from related other Highest from employee Former Institutional trustee Key employee hours for compensation the organizations (W-2/1099-MISC) related organization from the (W-2/1099-MISC) organizations organization compensated below dotted and related line) organizations (1) CHARLES SORENS HEAD TRUSTEE 0 Χ (2) JAKE SKOUBY TRUSTEE 0 0 0 (3) JONATHAN BHEND TRUSTEE Х 0 0 0 (4) RANDY ALLGOOD 0 0 TRUSTEE (5) BRUCE LAIS TRUSTEE 0 Х (6) CHARLES GENISI EXHALTED RULER 0 0 (7) JAMES KESSLER LEADING KNIGHT 0 0 0 (8) WILLIAM LYNCH LOYAL KNIGHT 0 0 0 (9) ROBERT WISE LECTURING KNIG 0 0 0 (10) TED EASEY SECRETARY 0 (11) LLOYD PARKER 0 0 TREASURER (12) SHANE SMITH 0 0 0 INNER GUARD (13) SUSAN COOK EQUIRE Χ 0 0 (14) BARRY HUFF

TILER

0

0

	990 (2017) BENEVOLENT & PROTECT				_						1-030	
_ P	Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee			High	est	Compensated	Employe	es (cor	tinued)
	(A) Name and title	(B) Average hours per	box, office	unles er an	Pos neck ss pe d a c	erson	e than i is boti tor/trus	h an	Reportable compensation	(E) Reporta compens	able ation	(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 rela organiza (W-2/1099	tions	other compensation from the organization and related organizations
CHA	GARY SCHULTZ PLAIN				x							
(16)											1	
(17)												
(18)												
(19)												
(20)											_	
(21)				-								
(22)												
(23)			<u> </u>									
(24)				_						<u> </u>		
(25)												
1b c d	Sub-total Total from continuation sheets to Part VII, 3 Total (add lines 1b and 1c)	Section A						> >				
2	Total number of individuals (including but not reportable compensation from the organization		isted	abo	ove)) wh	no rec	eıv	ed more than \$	100,000 of	f	
3	Did the organization list any former officer, diemployee on line 1a? If "Yes," complete Sche					yee	e, or h	iigh	est compensate	ed		Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual											4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ndıvıdual	*	5 X
1	tion B. Independent Contractors Complete this table for your five highest comp compensation from the organization Report c year											s tax
	(A) Name and business add	lress					_		(B) Description of se	rvices	Co	(C) ompensation
								<u> </u>				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII BENEVOLENT & PROTECTIVE ORDER

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			
ts ts	1a	Federated campaigns	1 <u>a</u>								
iran	b	Membership dues	<u>1b</u>	82296.	The state of		24 A				
s, G	С	Fundraising events	1c								
Gift lar,	d	Related organizations	<u>1d</u>								
ıs, (е	Government grants (contribution	s) <u>1e</u>								
itio er S	f	All other contributions, gifts, gran	nts, and								
년 원		similar amounts not included abo	ove 1f	26067.							
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f \$								
	h	Total. Add lines 1a-1f		<u> </u>	108363.		**************************************				
ne				Business Code							
ven	2a					<u>'</u>					
Program Service Revenue	b										
vice	С										
Ser	d										
аш	е										
og.	f	All other program service revenu	ie								
	g	Total. Add lines 2a-2f		<u> </u>							
	3	Investment income (including div	vidends, interest	t, and							
	_	other similar amounts)		•	26125.			26125.			
	4	Income from investment of tax-e	xempt bond pro	ceeds							
	5	Royalties	(ı) Pool	(u) Personal		× * * * * * * * * * * * * * * * * * * *		36.5			
	_		(ı) Real	(II) Personal							
	6a	Gross rents	10117.								
	b	Less rental expenses	10115								
	C	Rental income or (loss)	10117.		10117	1060	20055				
	d	Net rental income or (loss)	(ı) Securities	(II) Other	10117.	1262.	8855.				
	7a		(i) Securities	(II) Other							
	١.	assets other than inventory									
	b	Less cost or other basis									
	_	and sales expenses									
	C	Gain or (loss)		▶	<u> </u>			لمقددها سيدنشب			
	d	Net gain or (loss)			1		22 1 7 Bar				
ø	8a	Gross income from fundraising					1 / W 1 / V				
2	Oa	-									
Š		events (not including \$ of contributions reported on line	10)								
Ř		See Part IV, line 18	•	31326.							
Other Reve	h	Less direct expenses	a b	44725.							
ŏ	C	Net income or (loss) from fundra	-	11/25.	-13399.		**************************************	-13399			
		Gross income from gaming activ	-		1.30 % - 3-4 - 7-1 c	-G 2-12-2 S		V size A M (L			
	""	See Part IV, line 19	а	33520.							
	Ь	Less direct expenses	- b	26216.			A telephone				
		Net income or (loss) from gamin	a activities	>	7304.		7304.	i didijin malmu muquiya kan a'i a nd			
	1	Gross sales of inventory, less				F253 - W. J. C. W.					
	ļ	returns and allowances	UH #d/a	324284.							
	b	Less cost of goods sold	H#3 b	142941.							
	I	Net income or (loss) from sales	of inventory	•	181343.	162700.	18643.				
		Miscellaneous Revenue		Business Code	81.88 B 81.8	7 86 111114					
	11a	DISCOUNTS			29.	29.					
	b	GAME MACHINE COMMIS			547.	547.					
	c	CASH OVERSHORT			828.	828.					
	d All other revenue										
	e	Total. Add lines 11a-11d		•	1404.						
	12	Total revenue. See instructions		▶	321257.	165366.	34802.	12726			

Statement of Functional Expenses

Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) (C) Management and Do not include amounts reported on lines 6b, 7b, Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 22844 2 Grants and other assistance to domestic individuals See Part IV, line 22 8035. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 16800 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 63618. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 559. 10 Payroll taxes 9426 11 Fees for services (non-employees) a Management **b** Legal c Accounting 8025 d Lobbying e Professional fundraising services. See Part IV, line 17 244 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 254 Advertising and promotion 12 13 Office expenses 3068 Information technology 14 Rovalties 15 Occupancy 16 50527 Travel 17 526 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7468. 20 Interest 21 Payments to affiliates 12451 22 Depreciation, depletion, and amortization 15696 23 18059 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 161268 a SEE STMT b ď e All other expenses Total functional expenses. Add lines 1 through 24e 398624. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response of	r note t	o any line in this Part	X		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4492.	1	76429.
	2	Savings and temporary cash investments			631849.	2	552227.
	3	Pledges and grants receivable, net	 	3_			
	4	Accounts receivable, net				4	
ģ	5	Loans and other receivables from current and trustees, key employees, and highest compens Complete Part II of Schedule L		-		5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of Sche					
set	1 7		edul e L.			6	
Assets	8	Notes and loans receivable, net Inventories for sale or use			11100	7	11222
	9	Prepaid expenses and deferred charges			11180. 17366.	9	11223. 25156.
	_	Land, buildings, and equipment cost or	lι		1/300.	9	23136.
		other basis Complete Part VI of Schedule D	10a	571473.			
	b	Less accumulated depreciation	10b	96426.	490743.	10c	475047.
	11	Investments—publicly traded securities			ļ	11	
	12	Investments—other securities See Part IV, line		ļ	12	<u> </u>	
	13	Investments—program-related See Part IV, Ir	ne 11		 	13	
	14	Intangible assets			<u></u>	14	
	15	Other assets See Part IV, line 11		24)	149.	15	3028.
	16	Total assets. Add lines 1 through 15 (must eq	uai jine	34)	1155779.	16	1143110.
	17 18	Accounts payable and accrued expenses Grants payable		16473.	17 18	79347.	
	19	Deferred revenue	49195.	19	50945.		
	20	Tax-exempt bond liabilities	49195.	20	30943.		
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ties	22	Loans and other payables to current and forme trustees, key employees, highest compensated	er office	rs, directors,			
Líabilities		disqualified persons Complete Part II of Sched		yees, and		22	
	23	Secured mortgages and notes payable to unre	lated th	ırd parties		23	
	24	Unsecured notes and loans payable to unrelate			 	24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line Part X of Schedule D	s 17-24	1) Complete		25	
	26_	Total liabilities. Add lines 17 through 25			65668.	26	130292.
Fund Balances		Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33					
<u>a</u>	27	Unrestricted net assets			ļ	27	
Ba	28	Temporarily restricted net assets			 	28	
þ	29	Permanently restricted net assets				29	
Net Assets or Fu		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	check h	ere 🕨 🗓 and			
ets	30	Capital stock or trust principal, or current funds	;			30	
SS	31	Paid-in or capital surplus, or land, building, or e				31	
≯ t∠	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	1090111.	32	1012818.
ž	33	Total net assets or fund balances			1090111.	33	1012818.
_	34	Total liabilities and net assets/fund balances			1155779.	34	1143110.

OIIII &	au(2011) BENEVOLENI & PROTECTIVE ORDER	44-1	3304933	Page	e 14
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3212	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3986	24.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>-</u> 773	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	0901	11.
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		1303	66.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	1	1431	10.
Part	• • •			Γ-	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		·_ [
			See.	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		🏋 🗎		, P
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O			<u> </u>	2-1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	alla Sec.
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		لهوا	}::[\$. 1
	separate basis, consolidated basis, or both				Sam
	Separate basis Donsolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			-aw.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n	75	2.84	, T
	Schedule O				7
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	.			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

BEN	EVOLENT & PROTECTIVE ORDE	R ELKS	44-0304955							
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.									
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year	1								
2	Aggregate value of contributions to (during year).									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	d in donor advised							
	funds are the organization's property, subject									
6	Did the organization inform all grantees, dono									
	used only for charitable purposes and not for									
	purpose conferring impermissible private ben		Yes X No							
Pari	Conservation Easements.									
		ed "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held b									
-	Preservation of land for public use (e.g.,	· ———	on of a historically important land area							
	Protection of natural habitat	· ==	on of a certified historic structure							
		Preservation	on of a certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribut								
	easement on the last day of the tax year		Held at the End of the Tax Year							
a	Total number of conservation easements		2a							
þ	Total acreage restricted by conservation ease		2b							
C										
d										
2	historic structure listed in the National Register		2d							
3	, , , , , , , , , , , , , , , , , , , ,									
4	the tax year ▶Number of states where property subject to conservation easement is located ▶									
4 5	Does the organization have a written policy re		on handling of							
9	violations, and enforcement of the conservation		Yes No							
6	Staff and volunteer hours devoted to monitoring, in									
U	Stati and voidificer riours devoted to monitoring, in	specing, handling or violations, and emorcing	conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing cons	ervation easements during the year							
•	► \$	ang, nanamig or noidhono, and ornording oone	correction casements during the year							
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)(i)							
•	and section 170(h)(4)(B)(ii)?	_(=, ===================================	Yes No							
9	In Part XIII, describe how the organization rep	orts conservation easements in its reven								
_	balance sheet, and include, if applicable, the									
	the organization's accounting for conservation	_								
Par	III Organizations Maintaining Collect		r Other Similar Assets.							
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet							
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educ	ation, 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 unde	r SFAS 116 (ASC 958), to report in its rev	venue statement and balance sheet							
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educ	ation, or research in furtherance							
	of public service, provide the following amour									
	(i) Revenue included on Form 990, Part VIII,	line 1.	► \$ ► \$							
	(ii) Assets included in Form 990, Part X		▶ \$							
2	If the organization received or held works of a		sets for financial gain, provide the							
	following amounts required to be reported une	· · · · · · · · · · · · · · · · · · ·	e items							
а	Revenue included on Form 990, Part VIII, line	: 1	▶ \$							
b	Assets included in Form 990, Part X		▶ \$							

	_							
	ule D (Form 990) 2017 BENEVOLENT &							-0304955 _{Page} 2
Pari								
3	Using the organization's acquisition, acces	sion, and othe	r records	, check ar	ny of the folio	wing tha	it are a significa	nt use of its
_	collection items (check all that apply)			1	b		_	
а	Public exhibition		d _	1	or exchange	program	S	
þ	Scholarly research		e	Other				
С	Preservation for future generations							
4	Provide a description of the organization's XIII	collections an	d explain	how they	further the o	rganızatı	on's exempt pu	rpose in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes No
Part	IV Escrow and Custodial Arrangen	nents.						
_	Complete if the organization answ		n Form 9	990, Part	IV, line 9, c	or report	ted an amount	on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custo	dian or other	ntermedi	ary for cor	ntributions or	other as	sets not	
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part X	III and comple	te the foll	owing tab	le			_
							<i>F</i>	Amount
С	Beginning balance					1c	<u> </u>	
d	Additions during the year					1d		
е	Distributions during the year					1e	<u> </u>	
f	Ending balance							
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No							
b	If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII							
Part	V Endowment Funds.							
	Complete if the organization answ	ered "Yes" o	n Form 9	990, Part	IV, line 10.			
		Current year		or year	(c) Two years	back ((d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions	ļ						
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships						·	
е	Other expenditures for facilities							
	and programs							<u> </u>
f	Administrative expenses							<u> </u>
g	End of year balance							<u> </u>
2	Provide the estimated percentage of the cu			(line 1g, d	column (a)) h	neld as		
а	Board designated or quasi-endowment		00%					
b		.00%						
С	Temporarily restricted endowment	0.00%	2001					
•	The percentages on lines 2a, 2b, and 2c sl	•						
3a	Are there endowment funds not in the poss	session of the	organizai	tion that a	re neid and a	administe	ered for the	LVaa T Na
	organization by							Yes No
	(i) unrelated organizations							3a(i)
L	(ii) related organizations	rationa lists -	00 50000	od on Cal	odula PO			3a(ii)
b	If "Yes" on line 3a(ii), are the related organ							
4 Part	Describe in Part XIII the intended uses of t		ir s endol	winent tun	us			
T GILL	VI Land, Buildings, and Equipment Complete if the organization answ		n Form (200 Par	IV line 114	S - S - C - C	orm 000 Bod	Y line 10
		T						
	Description of property	(a) Cost or of			st or other s (other)		ccumulated preciation	(d) Book value
1a	Land		305.					30,305.
b	Buildings	508,					59,819.	439,074.

32,275.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Buildings

d Equipment

c Leasehold improvements

475,047.

5,668.

26,607.

Schedule G (Form 990 or 990-EZ) 2017 BENEVOLENT & PROTECTIVE ORDER ELKS 44-0304955 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events LODGE ACTIVI (add col (a) through col (c)) (total number) (event type) (event type) Revenue 31,326. 31,326. Gross receipts Less Contributions Gross income (line 1 31,326. 31,326. minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 22,025. 22,025. Food and beverages 21,165. 21,165. Entertainment 1,535. 1,535. Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 44,725. Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 33,520. 33,520. Gross revenue Direct Expenses 2 Cash prizes Noncash prizes Rent/facility costs 26,216. Other direct expenses 26,216.

Yes 0.0% Yes 0.0% Yes 0.0% No No X No								
7	7 Direct expense summary Add lines 2 through 5 in column (d)						26,	216.
Net gaming income summary Subtract line 7 from line 1, column (d)						7,	304.	
(-)							☐ No	
	Vere any of the organization's of "Yes," explain	, ,		spended, or tern	•	•	Yes	⊠ No

Schedu	ule G (Form 990 or 990-EZ) 2017 BENEVOLENT & PROTECTIVE ORDER ELKS	44-0304955 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes X No
13 a b 14	Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	13a 25.00 % 13b 0.00 %
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party	
	Name ▶	.
	Address ►	
16	Gaming manager information	
	Name ► KEITH RAND	
	Gaming manager compensation ► \$	
	Description of services provided ► COORDINATE WITH MO LOTTERY COMMISS	
	X Director/officer Employee Independent contractor	
17 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	Yes X No
Par		
		·

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

BENEVOLENT

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,

▶ Attach to Form 990.

■ Go to www.irs.

ELKS

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2017	Open to Public Inspection
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OMB No 1545-0047

Employer identification number 44-0304955 les No

Ра	Part I General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	\times
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

	ססק, ו מונידי, וווס בין יסן מויץ יסטקיסיון ווומן יסטקיס ווומן אסיסטיין מוניון כמון עם מעלונים וו מעטונים ווומן פרבועם	orders for the	ייי ווימן יכיכיוער			מנכת וו מתחווסוומו אלם	וכב וא וובבתבת	
~	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
E.8 000	(1) MSSU 3950 E 64801 MO JO 4	43-0813540		7,500.				SCHOLARSHI
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(12)								
N 16	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	501(c)(3) and go	overnment organization of in the line 1 table	ations listed in the line	1 table		A A	
·	ı	3.000						

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

Schedule I (Form 990) (2017)

Page 2

Schedule I (Form 990) (2017)

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

-	Part III can be duplicated if additional space is needed	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CASH		1	133.			
2 CHRISTMAST	MAST BASKETS	263		7,902.	FMV	FOOD AND TOYS
3						
4						
ĸ						
9						
7						
Part IV	Supplemental Information. Provide the Information required in Part I	he information rec	quired in Part I, line	, line 2, Part III, column (b)), and any other additional information	nal information
! ! ! ! ! ! ! ! !		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1 1 1 1 1 1 1 1 1 1 1		 				
1 1 1 1 1 1 1 1 1 1 1		, , , , , , , , ,		1 1 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SCHEDULE 0 (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

Employer identification number

BENEVOLENT & PROTECTIVE ORDER ELKS	44-0304955
FORM 990, PAGE 6, PART VI, SECTION A, LINE 6, 7A AND	7B
MEMBERS VOTE ON 5YEAR TRUSTEE, EXHALTED RULER, LEADIN	IG,
LOYAL, AND LECTURING KNIGHTS, TILER, SECRETARY AND TE	REAUSRER
EACH YEAR, AS WELL AS EXPENDITURES OVER BUDGET, BYLAW	vs,
HOUSE RULES AND EXPENDITURES OUTSIDE THE BUDGET	
FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B	
THE TAX PREPARER COMPLETES RETURN AND THEN DELIVERS T	O THE
AUDITING AND ACCOUNTING COMMITTEE AND THE BOARD OF TE	RUSTEES
FOR REIVEW PRIOR TO FILING	
FORM 990, PAGE 6, PART VI, SECTION C, LINE 19	
MADE AVALIABLE UPON REQUEST	
FORM 990, PAGE 12, PART XI, LINE 9	
THEIS CHANGE IS DUE TO THE DIFFERENCES IN ACCOUNTING	
ON HOW THE GRAND LODGE ACCOUNTS FOR RESTRICTED FUNDS	
COMPARISON TO TAX LAW	