

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BENEVOLENT&PROTECTIVE ORDER OF ELKS
LOUISIANA ELKS ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
5018 ROSEDOWN LANE
City or town, state or province, country, and ZIP or foreign postal code
BOSSIER CITY, LA 711124590

D Employer identification number
72-1099471
E Telephone number
(318) 746-0983
F Group Exemption Number
1156

G Accounting Method Cash Accrual Other (specify) _____
I Website: WWW LAELKS ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(8) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 81,919

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	40,180
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	17,884
4	Investment income	4	3,898
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	19,957
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,919
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	41,190
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	6,600
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	34,523
17	Total expenses. Add lines 10 through 16	17	82,313
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-394
		Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	264,368
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	263,974

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	296,465	22	295,214
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	296,465	25	295,214
26 Total liabilities (describe in Schedule O).	32,097	26	31,240
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	264,368	27	263,974

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
FRATERNAL ORDER FOR CHARITY & PATRIOTISM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 82,313

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLES SCHMUCK	2 00	0		
TRUSTEE				
JAMES L BARRON	2 00	0		
TRUSTEE				
TERRY BRUNO	2 00	0		
TRUSTEE				
JESSIE M HARTLE	15 00	3,600		1,800
SECRETARY				
RICHARD M JONES	8 00	3,000		
TREASURER				
RANDY BERGERON	2 00	0		
TRUSTEE				
GREG TAYLOR	2 00	0		
TRUSTEE				
HENRY DAIGLE	12 00	0		5,000
PRESIDENT				
BEULAH RODRIGUE	3 00	0		
PRESIDENT-EL				
ARMAND BUUCK	2 00	0		
TRUSTEE				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ***** Signature of officer 2018-07-17 Date
RICHARD M JONES TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name G KENNETH PAVY Preparer's signature Date 2018-07-17 Check if self-employed PTIN P00301673
Firm's name JOHN S DOWLING & COMPANY Firm's EIN 72-0720035
Firm's address PO BOX 1549 OPELOUSAS, LA 705711549 Phone no (337) 948-4848

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 72-1099471
Name: BENEVOLENT&PROTECTIVE ORDER OF ELKS
LOUISIANA ELKS ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 GAMES UNITING MIND AND BODY (GUMBO) STATE MAJOR PROJECT HOSTING THREE REGIONAL TOURNAMENTS AND ONE STATE TOURNAMENT FOR APPROXIMATELY 425 CHILDREN IN BRACES OR WHEELCHAIRS NUMEROUS TROPHIES AND RIBBONS AWARDED (Grants \$ 600)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	600

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 MOST VALUABLE STUDENT SCHOLARSHIP PROGRAM FOR HIGH SCHOOL SENIORS, NUMEROUS APPLICATIONS RECEIVED, 12 AWARDS GIVEN TO 6 BOYS AND 6 GIRLS RANGING IN AMOUNTS FROM 1,100 TO 2,000 EACH (Grants \$ 17,700) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>17,700</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 VETERANS HOSPITAL & HOMES (Grants \$ 14,200)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p>14,200</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>ELKS VAVS (Grants \$ 8,690)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		<p>49,813</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BENEVOLENT&PROTECTIVE ORDER OF ELKS
LOUISIANA ELKS ASSOCIATION INC

Employer identification number

72-1099471

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ELKS NATIONAL VETERANS SERVIC 8,830 REGISTRATIONS 7,912 PROGRAM ADS 1,200 FRIDAY NIGHT SOCIAL 900 PINS, LODGES 675 MISCELLANEOUS 440 TOTAL 19,957

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME SCHOLARSHIP PROGRAM CASH CONTRIBUTION 17,700 NAME LA VETERAN HOMES AND OTHERS CASH CONTRIBUTION 14,200 NAME ELKS VAVS CASH CONTRIBUTION 8,690

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ACCOUNTING 975 CONTINGENCIES 750 ANNUAL MEETING 9,570 G/L HOSPITALITY 2,254 INSURANCE D & O 641 TRAVEL SECRETARY GRAND LO 1,800 AUDIT 300 COMMITTEES & PLAQUES 160 TRAVEL-PRESIDENT 5,112 WEB SITE DEVELOP & MAINTA 278 OFFICE EXPENSE - OTHER 1,363 AMERICANISM 600 ENF DONATION 1,000 HOOP SHOOT 4,161 INSURANCE PROP PLUS/FIDEL 199 DRUG AWARE PROGRAM 300 FRIDAY SOCIAL PAYMENT 900 INSURNACE GENERAL LIABILI 150 PUBLICATONS/PRINTING 894 TRADING PINS 2,538 RITUAL CLINIC 268 MID SEASON 100 TRAVEL OTHER OFFICERS 210 TOTAL 34,523

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD FOR DISATER RELEIF 0 PRIOR PERIOD FOR HOOP LOOP 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	9,529 9,529 LESS ACCUMULATED DEPRECIATION 9,529 9,529 GRAND LODGE CONVENTION 0 0 TOTAL 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 32,097 31,240

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	ELKS VAVS