Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to

Internal Revenue Service	► Go to www.irs.gov	/Form990 for instructions a	nd the latest	information, U	Inspection
A For the 2018 ca	lendar year, or tax year beginning	Apr 01, 2018	, and er	nding Mar 31,	2019
B Check if applicable	C Name of organization BENEVA	LENT & PROTECTIVE	ORDER	D Employer	Identification number
Address change	Doing business as B P O E	JOPLIN 501			
	Number and street (or PO box if mail	is not delivered to street address)	Room/suite	44-03049	
Name change	1802 W 26TH STREET		<u></u>	E Telephone	number
Initial return	City or town	State	ZIP code	117-621-	0049
	Joplin MO 64804			417-624-	0048
Final return/terminated	Foreign country name Fo	reign province/state/county	Foreign postal	code	
Amended return				G Gross rece	eipts\$ 639399.
Application pending	F Name and address of principal officer	RANDY STANLEY	اما	H(a) is this a group return t	for subordinates? Yes X No
	1101 E 24TH JOPLIN	MO 64804	~ (/)		
				H(b) Are all subordinate	
I Tax-exempt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1	or/	ir "No," attach a iis	st (see instructions)
J Website: ► N/	Α		1	H(c) Group exemption i	number ► 1156
K Form of organization		sociation Other ►	I Year	of formation 1903	M State of legal domicile MO
		Sociation Cirier	Liear	Orioination 1909	IN State of legal definicite 110
	mmary		<u> </u>		
1 Briefly o	describe the organization's mission	=		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	LE ACTIVITIES
SUCH .	AS HOSPITAL PEDIATRICS	, VETERANS WORK, B	OYS AND	TRY PROUTS.	
CHRIS	TMAS BASKETS FOR NEEDY			CECEIVED	
2 Check t	this box If the organization	discontinued its operation	s or disposed	of more than 25%	Okus net assets
9 3 Numbe	r of voting members of the govern	-		JUL .0.8 2019	9
95 A Ni		- California de la compansión de la comp	4 / // 1000 4 / 4 / 4 / 4		9
5 Total nu	r of independent voting members imber of individuals employed in imber of volunteers (estimate if n	calendar vear 2018 (Part V	line 23)		16
5 10taint	imber of individuals employed in	calendar year 2010 (Fart V.	IIII 2a) · O	GDEN: UT I	6
∯ 6 Total nu	annon or rolantoolo (oountato ii ri				
1 1 10 101 01	nrelated business revenue from P				7a 22046
<u>b</u> Net unr	elated business taxable income f	rom Form 990-1, line 38.	 	<u></u>	7b -17286
				Prior Year	Current Year
v 8 Contrib	utions and grants (Part VIII, line 1	l h)		1083	93001
9 Program	m service revenue (Part VIII, line	2g)	[
🚡 10 Investm	nent income (Part VIII, column (A)	, lines 3, 4, and 7d)	[261	.25. 11610
11 Other re	evenue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11	e)	1867	69. 173028
12 Total rev	venue—add lines 8 through 11 (must	equal Part VIII, column (A), lii	ne 12) . [3212	277639
	and similar amounts paid (Part I)				34899
	s paid to or for members (Part IX,				
AF Caladaa	, other compensation, employee ber			904	03. 92121
16a Profess	sional fundraising fees (Part IX, co		· · · · · · · · · · · · · · · · · · ·		32121
b Total fu	ndraising expenses (Part IX, colu		· }		
A	expenses (Part IX, column (A), line			277	25.0013
i Other C	• • • • • • • • • • • • • • • • • • • •		· ~ 02/ , }	2773	
	openses. Add lines 13–17 (must e	•		3986	
19 Revenu	ie less expenses. Subtract line 18	3 trom line 12			
to says 20 Total as			-	Beginning of Current	
Balances 20 Total as	ssets (Part X, line 16)		· ·	11431	
[돌팔 21 Total lia	ibilities (Part X, line 26)			1302	
≥값 22 Net ass	ets or fund balances. Subtract lin	e 21 from line 20	<u> </u>	10128	18. 892642
	mature∕Block				
Under penalties of penul	ry, I declare that I have examined this return	n, including accompanying schedule	es and statement	s, and to the best of my	knowledge
and belief, it is true, com	ect and complete Beclaration of preparer	other than officer) is based on all in	formation of white		
Sign	X			06/20	0/2019
	Signature of officer	•	-	Pate	/
Here	ROBERT WISE EXAL	TED RULER		6/27/	2019
	Type or print name and title				
Pnn	nt/Type preparer's name	Preparer's signature		Date	PTIN
Paid	Ak - brokerer e registe				neck if
	EVE GILES	STEVE GILES		06/20/2019 se	elf-employed P00268185
Liebaiei	n's name ►GILES & ASSOCIA				45-5491309
Use Only Fim				1 I I I I I I I	

MO 64804 Phone no

417-623-8666

X Yes

Form 990 (20)

Firm's address ► 2727 E 32ND STREET S JOPLIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

Other program services (Describe in Schedule O)

le Total program service expenses

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	i.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	,	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	į	Х
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	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 :	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
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	ŀ		
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١.,	ĺ	١
	24b through 24d and complete Schedule K If "No," go to line 25a	24a 24b	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or 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,	20		<u> </u>
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete	200		Ë
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
32	If "Yes." complete Schedule N. Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	ļ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			,,
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		Ë
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			х
	VI	37		
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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	L	
ان	Check if Schedule O contains a response or note to any line in this Part V			
	13		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		_x_	ļ
	gaming (gambling) winnings to prize winners?	1 10	İ	i

ı aı	Statements Regarding Other INST imigs and Tax Compliance (Communed)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		沙湾	Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 16		- 10 m	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		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 instri			3.33	10
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	**********
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch	edule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o				
	a financial account in a foreign country (such as a bank account, securities account, or other fina		4a		Х
b	If "Yes," enter the name of the foreign country	,	19 12	NY 19	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	unts (FBAR).	1.00€ 2.00€	100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yes		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		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):		السر و	**************************************	28000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods			<i>**</i>
	and services provided to the payor?	•	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was			
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben	efit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mair	tained by the		把機	CH III
	sponsoring organization have excess business holdings at any time during the year?		8		Х
9	Sponsoring organizations maintaining donor advised funds.			STORY.	
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'	7	9b		Х
10	Section 501(c)(7) organizations. Enter			יין אל לפני שני	85
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		Stranks.	K
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		302	
11	Section 501(c)(12) organizations. Enter			#	100
а	Gross income from members or shareholders	11a		2.03	100 X
b	Gross income from other sources (Do not net amounts due or paid to other sources			27.4 2	1000
	against amounts due or received from them)	11b		2	<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b		1 1 2 2	*1.75.6
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		77.88	次が接続	Sec.
а	Is the organization licensed to issue qualified health plans in more than one state?	,	13a	C30 40.000	X
•	Note. See the instructions for additional information the organization must report on Schedule O				>- 1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1		A 15 15 1	\$ 1.25°
	the organization is licensed to issue qualified health plans .	13b		3.44	3.5.4/4
С	Enter the amount of reserves on hand	13c	7.38	<u> </u>	374 m
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch		14b		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer	nuneration or		,	ĺ
	excess parachute payment(s) during the year .	•	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	/			T.
16	Is the organization an educational institution subject to the section 4968 excise tax on net invest	ment income? .	16		Х
	If "Yes," complete Form 4720, Schedule O			4.15	W

Form 990 (2018) BENEVOLENT & PROTECTIVE ORDER 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 Yes No 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 7a one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members. 7b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? 8b Χ b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Х 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Х 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ a The organization's CEO, Executive Director, or top management official 15b Х Other officers or key employees of the organization 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 16a Χ with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Another's website Upon request Other (explain in Schedule O) Own website 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

1802 W 26TH ST JOPLIN MO 64804

ELKS LODGE

20

417-624-0048

Part Vil

compensated employees, and former such persons

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ci unle: er an	1 1 -1 -1 -1		(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Charles Sorens	5							_		
Trustee		Х				<u> </u>	_	0	0	0
(2) Jake Skouby	5							0	0	0
Trustee	5	Χ	├		<u> </u>		_		0	
(3) Jonathan Bhend Trustee		x				:		0	0	0
(4) Randy Allgood	5									
Trustee		X _	L		L			0	0	0
(5) Bruce Lais	5							_	_	
Trustee		Х	_		ļ		┝	0	0	0
(6) William Lynch	5	-								
Exalted Ruler	· - <u></u>			Х	<u> </u>	-		0	0	0
(7) Rob Wise Leading Knight	5	-		Х				0	0	0
(8) Susan Cook	5							-		
Loyal Knight				x				0	0	0
(9) Gary Schultz	5,									
Lecturing Knig		Ĺ		Х				0	0	0
(10) Randy Stanley SECRETARY	30			X				15600.	0	0
(11) Lloyd Parker	5					-		2000.		
Treasurer		1	j	х] ,	0	О	0
(12) Barry Huff	5									
Tiler				х				0	0	0
(13) David Suckow	5]								
Esquire			_	Х				0	0	0
(14) Michael Brown	5	1								
Chaplain 327 ve.s.	and the state of	<u> </u>		Х	لبا		لببا	0	14043 48544	* 0 .

P	' Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (continu	ed)	
	(A) Name and title	(B) Average hours per week (list any	box, office	unies er an	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Sstimate mount other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	or a	npensa from the ganizate ad relate janizate	e tion ted
(15)									_				
(16)			-										
(17)													,
(18)													
(19)			- 3.										
(20)													
(21)				-									
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, S	Section A	ı				1	>	15600.				
d	Total (add lines 1b and 1c)							▶	15600.				
2	Total number of individuals (including but not in reportable compensation from the organization		ısted	abo	ove)	wh	o rec	eive	ed more than \$1	00,000 of			
3	Did the organization list any former officer, dir	ector, or trustee	, key	em	ploy	/ee,	or hi	ghe	est compensated	i		Yes	No
	employee on line 1a? If "Yes," complete Sche	dule J for such i	ındıvı	dua	1						3		Х
4	For any individual listed on line 1a, is the sum	•							•				
	the organization and related organizations gre <i>individual</i>	ater than \$150,0	0003	If "	Yes	," C	omple	ete .	Schedule J for s	such	4	_	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									dıvıdual	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization Report of year	•										<	
	(A) (B) Name and business address Description of services						(C) Compensation						
									••				
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ited t	o th	ose	list	ed ab	ove	e) who received		 -	 . <u>-</u>	

Form.990 (2018) BENEVOLENT. & PROTECTIVE ORDER Part VIII Statement of Revenue

		Check if Schedule O contains	s a response	e 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
şή m	¹la	Federated campaigns		<u>1a</u>					
Grants	, b	Membership dues		1b	79065.				
	С	Fundraising events .	ĺ	1c					3,275,37
3if.s lar A	d	Related organizations,		1d					
% L	С	Covernment grants (contribution	16)	1e					#
ű.	ſ	All other contributions, giffs, grai							
ji fi	-	similar amounts not included ab		1f	13936.				
Contributions, Gifts, and Cither Similar A	a	Noncash contributions included in li		\$				P1752	
ΣĒ	h	Total. Add lines 1a-1f		•	•	93001.	7.	1 1000	100
As		1			Business Code				
ice Revenue	2a	•				promotes			Moreon Marie Br. 14 Prof. 1
eve	b								
e E	2				•				
. 2	4		,	_	3				• • • • • • • • • • • • • • • • • • • •
~ Š.	~u.		-		- tel: 14 - 2-9			- 1	
jrar,	•	All other program service revenu		•					_
Prográm		Total. Add lines 2a–2f	JC		•		WALDEN IN	4 7 6 4 5	
	3	Investment income (including div	vidends inte	rest	and		SARAGON OF SAFFADIUM		White & Charles Control of the August Contro
		other similar amounts)	vidorido, irito		,, u.i.u	11610.	,		11610.
	4	Income from investment of tax-e	exempt bond	nro	ceeds >	220101			
	5	Royalties	mompt boma	ρ. υ	•		,		
	•	· · · · · · · · · · · · · · · · · · ·	(ı) Real		(II) L'ersonal			and the second second	
	6a	Gross rents .	13745				Table Control of Contr		
	b	Less rental expenses							
	c	Rental income or (loss)	13745	· .					
	d	Net rental income or (loss)			•	13745.	POPER NAME OF NAME OF STREET		13745.
	7a	Gross amount from sales of	(i) Securitie	S	(ii) Other	7.5			
	,	assets other than inventory							
	ь	Less: cost or other basis		_		(100 de la company)			
	_	and sales expenses					4 2125		
	С	Gain or (loss)	-						
	d	Net gain or (loss)			>				38518-4858-885-885-885-885-885-885-885-885-8
	_	, , , , , , , , , , , , , , , , , , ,		٠.		**************************************	Endaggan and occupant		36.7
<u>a</u>	8a	Gross income from fundraising	•		n.	Supply part (**er**			
'n		events (not including \$				Marian Commission Commission			
ě		of contributions reported on line	1c).						
Other Revenue		See Part IV line 18 .	,	а	<u>2</u> 6652.				
Рe	b	Less direct expenses		b	51696.				
ō	c	Net income or (loss) from fundra	aising events	;	>	-25044.			-25044.
	9 a	Gross income from gaming activ	-						
		See Part IV, line 19		a	183065.		A. Armion		
	b	Less direct expenses		b	172714.				
		Net income.or (loss) from gamin	g activities		>	10351.	10351.		
		Gross sales of inventory, less	r			14.6			
		returns and allowances	•	a	310706.	2.3			7 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
	b	Less cost of goods sold .		b	137350.	# 2 A A		1916 E 2 2 6 6 6 7 1	
	С	Net income or (loss) from sales	of inventory		•	173356.	151310.	22046.	
	1	Miscellaneous Revenue			Business Code			150000	
	11a	MISCELLANEOUS			900099	620.	620.		
	b								
	С								
	d	All,other revenue	LA CELENT OF	9.2			0 5 4 5 4 -	د المعدد المراجعة المعدر المعدد ا	Di maringo ca
į	е	Total. Add lines 11a-11d	- wange 1,7		>	620.	Will the state of		
	12	Total revenue. See instructions			•	277639.	162281.	22046.	311.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete a			st complete column	7 (A)
	Check if Schedule O contains a response or note	to any line in this			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21 .	34899.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22 .				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16				536
4	Benefits paid to or for members .				
5 _	Compensation of current officers, directors,		1		
	trustees, and key employees	15600.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	,			
_	persons described in section 4958(c)(3)(B)	66075			
7	Other salaries and wages	66875.			
8 -	-Pension-plan-accruals and contributions (include				,
Ω	section 401(k) and 403(b) employer contributions) Other employee benefits	741.			
9 10	Payroll taxes .	8905.			
11	Fees for services (non-employees)	0 9 0 3 .			
''a	Management				
b	Legal			. ,	
c	Accounting	8277.			
d	Lobbying '				
e	Professional fundraising services See Part IV, line 17			100	
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)	9164.			
12	Advertising and promotion				
13	Office expenses	2289.			
14	Information technology .	<u> </u>	1		
15	Royalties	40770			
16	Occupancy Travel	49770. 642.)		
17 18	Payments of travel or entertainment expenses	042.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6180.	,		
20	Interest	0100.	<u> </u>		
21	Payments to affiliates	13494.			
22	Depreciation, depletion, and amortization	16402.		-	
23	Insurance	19458.			
24	Other expenses Itemize expenses not covered	adimenta. Tolkinin againin Wiliye	alimation of Cristal and an interpretation of the community		
	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)	7.00 A. C.	A STATE OF THE STA		
а	SEE STMT	130337.			
b					
C 					
d	All other expenses		<u> </u>		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	383033.			
25 26	Joint costs. Complete this line only if the				
20	organization reported in column (B) joint costs				
	from a combined educational campaign and	,			
	fundraising solicitation. Check here	/m	/	symptomite in the first of the man	11 m 27 m 1 m 1 m 1 m
	following SOP 98-2 (ASC 958-720)	"外域是增"			

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1,	Cash—non-interest-bearing .	76429.	1	27766.
	2	Savings and temporary cash investments .	552227.	2	473115.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	Troubout paydor broads pro-		
	1	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	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	TOUT SEE THE SECOND SEC		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	Silver State 1972		5-100 T
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net .		7	
⋖	8	Inventories for sale or use .	11223.	8	10811.
	9	Prepaid expenses and deferred charges	25156.	- 9	2201.
	10a	Land, buildings, and equipment cost or	- 7/40		
		other basis Complete Part VI of Schedule D 10a 572468.			white the same of
	b	Less accumulated depreciation 10b 112828.	475047.	10c	459640.
	11	Investments—publicly traded securities .	•	11	
	12	Investments—other securities See Part IV, line 11		12	1
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11	3028.	15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	1143110.	16	973533.
	17	Accounts payable and accrued expenses	79347.	17	25370.
	18	Grants payable		18	
	19	Deferred revenue	50945.	19	55521.
	20 21	Tax-exempt bond liabilities		20	
w	22	Escrow or custodial account liability Complete Part IV of Schedule D	155.	21	Part, Auf. or Section 2014, 1924
tie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		Art Spice	
Liabilities		disqualified persons Complete Part II of Schedule L		22	
E:	23	Secured mortgages and notes payable to unrelated third parties .	<u> </u>	22	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	130292.	26	80891.
,		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets		27	
Sale	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC958), check here	8.7	W 48	A TOP OF THE STREET
7		complete lines 30 through 34.			14 ± 2
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		32.00	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds.	1010010	31	000040
<u>ĕ</u>	33	Total net assets or fund balances	1012818.	32 33	892642.
-	34	Total liabilities and net assets/fund balances	1012818. 1143110.	34	892642. 973533.
ļ		rotal habilities and het assets/fund palatiles	1143110.	34	9/3333.

Part	Xi Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2776	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3830	33.
3	Revenue less expenses Subtract line 2 from line 1	3	-	1053	394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	0128	318.
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		-147	82.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	;	3926	342.
Part	XII Financial Statements and Reporting	\		_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	
1 2a b	Accounting method used to prepare the Form 990		2a 2b 2c 2c	Yes X	X
3a b	Schedule O 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		Х
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	s ¹	3b		
	,		Form	990/	2018)

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.

Open to Public Inspection

Employer identification number

Name of the organization 44-0304955 BENEVOLENT & PROTECTIVE ORDER ELKS Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? 6 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?. Yes 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 3 the tax year 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 5 violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 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) 8 and section 170(h)(4)(B)(ii)? Yes 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 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 b Assets included in Form 990, Part X

Part	Ill Organizations Maintaining Co	ollections of A	t, Histor	ical Trea	asures, or O	ther S	Similar Assets	(continu	ıed)	
3	Using the organization's acquisition, ac	cession, and othe	er records,	check a	ny of the follow	ving th	at are a significan	t use of	ıts	
	collection items (check all that apply)									
а	Public exhibition		d []	Loan or	exchange pro	grams	3			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organizatio		d explain	how thev	further the ord	ganiza	tion's exempt puri	oose in F	art	
•	XIII.			,						
5	During the year, did the organization so	licit or receive do	nations of	art, histo	rical treasures	s, or ot	her sımılar			
	assets to be sold to raise funds rather t							Yes Yes		No
Part	IV Escrow and Custodial Arrang	ements.								
	Complete if the organization an	swered "Yes" or	n Form 99	90, Part	IV, line 9, or	report	ted an amount o	n Form		
	990, Part X, line 21	<u>.</u>								
1a	Is the organization an agent, trustee, cu	istodian or other	ntermedia	ry for cor	ntributions or c	other a	ssets not		_	
	included on Form 990, Part X?						•	Yes	;	No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the follo	wing tab	le		1 .			
						<u> </u>	· · · · · · · · · · · · · · · · · · ·	nount		
C	Beginning balance					10				
d	Additions during the year	`-	•	•	-	10			_	
e	Distributions during the year					1e				
f	Ending balance				•			<u> </u>	177	
2a	Did the organization include an amount							Yes	: [X	No
b	If "Yes," explain the arrangement in Par	t XIII Check here	e if the exp	lanation	has been prov	/ided c	on Part XIII			
Part										
	Complete if the organization an				V .			г		
	_	(a) Current year	(b) Prid	or year	(c) Two years b	oack	(d) Three years back	(e) Foui	r years	back
1a	—	401,240.				\rightarrow				
b	Contributions					-				
С	Net investment earnings, gains,									
_	and losses			-						
d	Grants or scholarships	 .				-				
е	Other expenditures for facilities	84,696.								
	and programs	04,090.			-	-				
T	Administrative expenses	316,544.	<u> </u>							
g	End of year balance Provide the estimated percentage of the		d halance	/line 1a	column (a)) he	ald as				
a	Board designated or quasi-endowment		00%	(iiiic ig,	column (a)) ne	ciu as				
b	Permanent endowment	7.00%	3-3-70)					
c	Temporarily restricted endowment									
, •	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the p			on that a	re held and ad	dminis	tered for the			
	organization by		•						Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as require	ed on Sch	nedule R?			3b		
4	Describe in Part XIII the intended uses	of the organization	n's endov	ment fur	nds					
Part										
	Complete if the organization an	swered "Yes" o	n Form 9	90, Part	IV, line 11a	See F	orm 990, Part X	, line 10)	
	Description of property	(a) Cost or o			or other basis	٠,	Accumulated	(d) Boo	k valu	е
		(investr		(other)	d	lepreciation			
1a	Land		305.						, 30	
b	Buildings .	508,	893.				82,897.	425	, 99	16.
С	Leasehold improvements		070				00 001			
d	Equipment	33,	270.				29,931.	3	, 33	9.
e	Other 100 to 100		000 0-1	V t	- /D\ /:== 40=	1	1 . 6	450	· E 1	0
Total	. Add lines 1a through 1e '(Column (d) i	nust_egual Form	990, Part	x, colum	п (в), Iine 10c	<u>) </u>	• • • • •	459	, 04	· U •

Pai	Reconciliation of Revenue per Audited Financial Statements		Return.
4	Complete if the organization answered "Yes" on Form 990, Part I	V, IIIle 12a	
1	Total revenue, gains, and other support per audited financial statements	•	1 X. A. C. Card
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants .	2c	
d	Other (Describe in Part XIII)	2d	
е	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		50 May 100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	No. 36
b	Other (Describe in Part XIII) .	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Par	XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		\\(\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\tex
а	Donated services and use of facilities.	2a	
b	Prior year adjustments .	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d	24	2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	Para Salah ()
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
_	Other (Describe in Part XIII)	4b	
b	Add lines 4a and 4b	<u>+b</u>	140
_		0)	4c 5
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	0)	_ [3]
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional inf	formation
<u>SCH</u>	D, PART V, LINE 4	,	
_			
Гhе	se funds are restricted by the Lodge for cha	arity expenses	;
and	for building & equipment expenses.		
			/
		•••••••	
	•		

(d) Total events

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

(b) Event #2

(c) Other events

(a) Event #1

			DANCES	RAFFLES		(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	12,688.	13,964.		26,652.
۳	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)	12,688.	13,964.		26,652.
	4	Cash prizes				
	5	Noncash prizes		21,926.		21,926.
suses	6	Rent/facility costs .				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment .	29,770.			29,770.
	9	Other direct expenses				
	10	Direct expense summary Add	d lines 4 through 9 in co	lumn (d)	•	51,696. (25,044.)
	_11	Net income summary Subtra			•	
Pai	rt III	Gaming. Complete if the than \$15,000 on Form 9	_	ed "Yes" on Form 990,	Part IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
					i	
Re	1	Gross revenue			183,065.	183,065.
\dashv	2	Gross revenue Cash prizes			183,065. 172,714.	183,065. 172,714.
\dashv						,
\dashv	2	Cash prizes				,
Direct Expenses Rev	2	Cash prizes Noncash prizes				,
\dashv	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes 0.0%	Yes 0.0% No		,
\dashv	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No	No	172,714.	,
\dashv	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No d lines 2 through 5 in co	No	172,714. Yes 0.0% No	172,714.
\dashv	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add	No d lines 2 through 5 in co Subtract line 7 from line ganization conducts gan	Iumn (d) e 1, column (d) ning activities MO	172,714. Yes 0.0% No	172,714. 172,714. 10,351.
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary nter the state(s) in which the ord the organization licensed to co	No d lines 2 through 5 in co Subtract line 7 from line ganization conducts gan onduct gaming activities	No lumn (d) e 1, column (d) ning activities MO in each of these states?	172,714. Yes 0.0% No	172,714. 172,714. 10,351. X Yes No
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary nter the state(s) in which the organization licensed to co	No d lines 2 through 5 in co Subtract line 7 from line ganization conducts gan anduct gaming activities	No lumn (d) e 1, column (d) ning activities MO in each of these states?	172,714. Yes 0.0% No	172,714. 172,714. 10,351. X Yes No
Direct Expenses	2 3 4 5 6 7 8 Errals solf'	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add Net gaming income summary nter the state(s) in which the ord the organization licensed to co	No d lines 2 through 5 in co Subtract line 7 from line ganization conducts gan onduct gaming activities aming licenses revoked	No lumn (d) e 1, column (d) ning activities MO in each of these states? suspended, or terminat	172,714. Yes 0.0% No head during the tax year?	172,714. 172,714. 10,351. X Yes No

Schedi	ule G (Form 990 or 990-EZ) 2018 BENEVOLENT & PROTECTIVE ORDER ELKS	44-(<u> </u>	<u>955</u>	Page 3		
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 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?						
13 a	Indicate the percentage of gaming activity conducted in The organization's facility.	13a_		29.	00 %		
b 14	An outside facility	13b and		0.	00 %		
	Name ▶			·			
	Address ▶		. 	. .			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s X	No		
	amount of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address of the third party				- -		
	Name ▶						
16	Address • Gaming manager information			-			
	A KETOU DAND						
	Gaming manager compensation \$						
	Description of services provided ► COMPLY WITH MO LAWS						
	X Director/officer Employee Independent contractor						
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to			s X	l No		
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$	or	··	.3 [.1	110		
Part		ınforr	d (v), a	and			
	;		. .				
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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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

BENEVOLENT & PROTECTIVE ORDER ELKS	44-0304955
FORM 990, PAGE 6, PART VI, SECTION A, LINES 6,7a AND	7b
The club's members vote on trustees and other respect	ive
officers each year. Most all of the governance decis	ions
are voted on by the above governing body.	
FORM 990, PAGE 6, PART VI, SECTION B, LINE 11b	
The Lodge accounting manual_describes this process fu	illy.
In general the independent accountant completes the r	eport
and delivers to the Lodge Accounting Committee whose	job
is to review prior to filing return with IRS.	
FORM 990, PAGE 6, PART VI, SECTION C, LINE 19	
All documents available upon request to the board.	
FORM 990, PAGE 12, PART XI, LINE 9	
This adjustment is due to the differences in accounti	ng
methods used by the Grand Lodge and the IRS measured	by the
change in restricted funds (84,696) plus closing acct	69,914
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