

Form 990EZ

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.

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019****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 LODGE 604		D Employer identification number
Number and street (or P O box, if mail is not delivered to street address)		Room/suite	47-0103694
631 S LOCUST ST			E Telephone number
City or town, state or province, country, and ZIP or foreign postal code			(308) 382-8014
GRAND ISLAND, NE 68801			F Group Exemption Number
			► 1156

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWW.NELKS.ORG**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(8) ► (insert no) 4947(a)(1) or 527**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 ► \$ 158,715****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	21,490
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	14,705
	4 Investment income	4	8,000
	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	9,118
	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	24,474
	c Less direct expenses from gaming and fundraising events	6c	18,815
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,777
	7a Gross sales of inventory, less returns and allowances	7a	80,861
	b Less cost of goods sold	7b	42,331
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	38,530
	8 Other revenue (describe in Schedule O)	8	67
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	97,569
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	34,629
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	735
	13 Professional fees and other payments to independent contractors	13	6,130
	14 Occupancy, rent, utilities, and maintenance	14	16,512
	15 Printing, publications, postage, and shipping	15	806
	16 Other expenses (describe in Schedule O)	16	37,641
	17 Total expenses. Add lines 10 through 16 ►	17	96,453
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,116
	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	170,930
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	53,458
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	225,504

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40b

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► 40e

42a The organization's books are in care of ► BPO ELKS 604 Telephone no ► (308) 382-8014

Located at ► 631 S LOCUST ST GRAND ISLAND, NE

ZIP + 4 ► 68801

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a		
37b		No
38a		No
39a		
39b		
40b		
40e		No
42b		
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	
-----	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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"

(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	2019-06-18 Date
WILLIAM T FOSTER TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEPHEN J DOUGLAS	Preparer's signature	Date 2019-06-17	Check <input type="checkbox"/> if self-employed	PTIN P00791934
	Firm's name ► DOUGLAS BOOKKEEPING SVC INC	Firm's EIN ► 47-0542112			
	Firm's address ► 719 W 3RD ST GRAND ISLAND, NE 688015825	Phone no (308) 382-6082			

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

Additional Data

Software ID:
Software Version:
EIN: 47-0103694
Name: BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE 604

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.)
28 PROVIDE BENEFITS & RECREATIONAL OPPORTUNITIES FOR MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

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

<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> <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>29 SUPPORT YOUTH ACTIVITIES SUCH AS HOOP SHOOT, SOCCER SHOOT AND DRUG AWARENESS (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input data-bbox="3508 762 3589 865" type="checkbox"/></p>	<p>29a</p>

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

<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> <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>30 PROVIDE SCHOLARSHIPS FOR DESERVING STUDENTS (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	<p>30a</p>

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

<p>Expenses 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>SUPPORT OF LOCAL CHARITIES (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	

Form 990EZ, 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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES THOMPSON EXALTED RULE	2 00	0		
JANE BERGGREN LEADING KNIG	1 00	0		
TERESA MALOY LOYAL KNIGHT	1 00	0		
LINDA HOPKINS LECTURING KN	1 00	0		
BARRY HOPKINS SECRETARY	2 00	0		
WILLIAM T FOSTER TREASURER	3 00	0		
JEREMY BRANDT TRUSTEE	1 00	0		
CARL MAYHEW TRUSTEE	1 00	0		
WILLIAM CARSTENS TRUSTEE	1 00	0		
KEN WARD TRUSTEE	1 00	0		
STEVEN WOODWARD TRUSTEE	1 00	0		
BOB DEKOK TILER	1 00	0		
KIMBERLY THOMPSON ESQUIRE	1 00	0		
TROY ECKHART CHAPLAIN	1 00	0		
DON TAYLOR INNER GUARD	1 00	0		

Form 990EZ, 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
DENNIS BERGGREN ALTERNATE RE	1 00	0	0	

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE 604

Employer identification number

47-0103694

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II 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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	11,810			11,810
2 Less Contributions				
3 Gross income (line 1 minus line 2)	11,810			11,810
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,075			3,075
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	3,412			3,412
10 Direct expense summary Add lines 4 through 9 in column (d) ►				6,487
11 Net income summary Subtract line 10 from line 3, column (d) ►				5,323

Part III 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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
Direct Expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities NE

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes 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 No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►
 Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►
 Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.

2018**Open to Public
Inspection**

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE 604

Employer identification number

47-0103694

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 67 TOTAL 67

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ELKS GRAND LODGE PER CAPITA ASSESS 4,216 2750 LAKEVIEW AVE CHICAGO IL 60614 NEBRASKA ELKS ASSOC PER CAPITA ASSESS 640 3418 AVENUE E KEARNEY NE 68847

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	CASH CONTRIBUTION 6,200 RELATIONSHIP NONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	NAME ELKS NATIONAL FOUNDATION CASH CONTRIBUTION 11,189 NAME MISCELLANEOUS CASH CONTRIBUTION 10,699

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	RENTAL REAL ESTATE INTEREST 1,381 INSURANCE 443 TAXES AND LICENSES 3,006 INVESTMENT DEPREC IATION 2,392 EXPENSES ADVERTISING & PROMOTION 200 OFFICE 608 BANK CHARGES 53 CREDIT CARD P ROCESSING FEES 1,848 TRAVEL 2,672 CONFERENCES / MEETINGS 773 OFFICERS INSURANCE 385 LAUNDR Y 1,093 LICENSES 1,080 LODGE SUPPLIES 1,377 REPAIRS & MTCE 4,810 MEMORIAL SERVICE 25 TELEP HONE 3,014 YOUTH ACTIVITIES 1,541 VETERANS AID & ENTERTAIN 2,108 VOLUNTEER EXPENSES 1,383 STATE BENEVOLENCE FUND 60 JANITORIAL 214 NON-INVESTMENT DEPRECIATION 7,175 TOTAL 37,641

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	CAPITALIZE PRIOR YEAR SIGNAGE EXPENSES 53,458

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 5,593 8,023 PREPAID EXPENSES AND DEFERRED CHARGES 721 726 BUILDINGS & EQUIPMENT 225,512 262,933 LESS ACCUMULATED DEPRECIATION 122,435 129,610 LOAN ORIGINATION COSTS 1,254 1,254 LESS ACCUMULATED AMORTIZATION 223 306 TOTAL 110,422 143,020

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 7,551 12,044 DEFERRED REVENUE 11,114 9,116 NOTES PAYABLE BANK OF WEST 88,403 77,774

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	FRATERNAL-OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	SUPPORT OF LOCAL CHARITIES