

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-1150  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020**

- 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) ▶ \_\_\_\_\_

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

**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

**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. ▶ \$ 81,067

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	22,990
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	19,575
	<b>4</b> Investment income . . . . .	<b>4</b>	4,192
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	34,310	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	81,067	

Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	47,325
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	6,600
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	26,114
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	80,039	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	1,028	
Net Assets	<b>19</b> 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) . . . . .	<b>19</b>	253,615
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	-1,010
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	253,633

**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
<b>22</b> Cash, savings, and investments . . . . .	269,234	<b>22</b> 275,326
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	269,234	<b>25</b> 275,326
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	15,619	<b>26</b> 21,693
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	253,615	<b>27</b> 253,633

**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 )

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	80,039

**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
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				
HENRY DAIGLE	2 00	0		
TRUSTEE				
BEULAH RODRIGUE	2 00	0		
TRUSTEE				
ARMAND BUUCK	12 00	0		5,000
PRESIDENT				
JIM CADE	3 00	0		
VICE PRESIDE				
SAM ECHOLS	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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of RICHARD M JONES Telephone no (318) 746-0983
Located at 5018 ROSEDOWN LN BOSSIER CITY, LA ZIP + 4 711124590

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b, 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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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 . . . . .

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

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 "

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 . . . . .

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 Date 2020-06-03 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 2020-06-03 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 . . . . .

# 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><b>28</b> 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</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b>                      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 \$ 22,700)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p style="text-align: right;">22,700</p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30 VETERANS HOSPITAL &amp; HOMES</b> (Grants \$ 24,625)</p> <p>If this amount includes foreign grants, check here . . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	<p>24,625</p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p>ELKS VAVS (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		<p>32,714</p>

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

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	VETERANS PROGRAM SUPPORT 12,600 ELKS NATIONAL VETERANS SERVIC 12,025 REGISTRATIONS 6,664 PROGRAM ADS 1,200 FRIDAY NIGHT SOCIAL 792 PINS, LODGES 659 MISCELLANEOUS 300 CONVENTION - OTHER 70 TOTAL 34,310

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 10	NAME SCHOLARSHIP PROGRAM CASH CONTRIBUTION 22,700 NAME LA VETERAN HOMES AND OTHERS CASH CONTRIBUTION 12,600 NAME ELKS VAVS CASH CONTRIBUTION 12,025

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16	EXPENSES ACCOUNTING 1,145 CONTINGENCIES 1,778 ANNUAL MEETING 7,861 INSURANCE D & O 657 TRAVEL SECRETARY GRAND LO 1,853 COMMITTEES & PLAQUES 282 TRAVEL-PRESIDENT 3,853 WEB SITE DEVELOP & MAINTA 205 OFFICE EXPENSE - OTHER 1,571 AMERICANISM 600 ENF DONATION 1,000 HOOP SHOOT 287 INSURANCE PROP PLUS/FIDEL 199 FRIDAY SOCIAL PAYMENT 792 INSURNACE GENERAL LIABILI 150 PUBLICATIONS/PRINTING 1,167 TRADING PINS 1,209 DRUG AWARE PROGRAM 200 ANNUAL MEETING SUPPLEMENT 1,000 MID SEASON 305 TOTAL 26,114

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT -1,010 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 15,619 21,693

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 31	ELKS VAVS