

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 04-01-2015, and ending 03-31-2016

- 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 1608. Address: 1001 Lilly Hill Drive, Needles, CA 92363.

D Employer identification number: 23-7213396. Telephone number: (760) 326-1608. F Group Exemption Number: []

G Accounting Method: [] Cash [x] Accrual Other (specify) _____

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

I Website: [x] elkslodge1608@frontier.com

J Tax-exempt status (check only one) [] 501(c)(3) [x] 501(c)(8) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [x] 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. Total: \$140,537

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 [x]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 22,498, 99,685, 49,600, 50,085, 18,354, 90,937, 39,019, 1,825, 36,845, 884, 124,735, 203,308, -112,371, 280,016, 200,000, 367,645.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	230,817	22	124,108
23 Land and buildings	60,462	23	255,368
24 Other assets (describe in Schedule O)	15,651	24	14,750
25 Total assets	306,930	25	394,226
26 Total liabilities (describe in Schedule O)	26,914	26	26,581
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	280,016	27	367,645

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

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

What is the organization's primary exempt purpose?
NEEDLES ELKS LODGE IS A FRATERNAL ORGANIZATION WHICH PROVIDES ACTIVITES TO ITS MEMBERS AND GUESTS ALLOWING THE ORGANIZATION TO PROVIDE FUNDS FOR LOCAL YOUTH SCHOLARSHIPS AND THE OTHER COMMUNITY CHARITIES

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

28 NEEDLES ELKS LODGE WAS FORMED TO PROVIDE ACTIVITES FOR A FRATERNAL ORGANIZATION AND THIER GUESTS TO PROVIDE FUNDS FOR THE COMMUNITY LOCAL YOUTHS AND OTHER COMMUNITY NONPROFIT ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32

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
William Clemmer Exhalted Ruler	0	0		
Adela Owensby Secretary	3 00	4,800		
Nita Brewer Treasurer	2 00	4,500		
Fred Wasserman Trustee	0	0		
Sally Clemmer Trustee	0	0		
William Warner Trustee	0	0		
Owen Long Trustee	0	0		

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 No
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 34 No
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 No
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 No
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 No
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 No
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 No
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 No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9 39a 0
b Gross receipts, included on line 9, for public use of club facilities 39b 0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955
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
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
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 No
41 List the states with which a copy of this return is filed
42a The organization's books are in care of William Clemmer Telephone no (760) 326-1608 Located at 1001 LILLY HILL DRIVE Needles, CA ZIP + 4 92363
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)? 42b No
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c No
If "Yes," enter the name of the foreign country
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 No
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 No
c Did the organization receive any payments for indoor tanning services during the year? 44c No
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 No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No
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 No

Yes 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

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

Yes No

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?

b 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 \$10

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) 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 taxpayer).

Sign Here ***** Signature of officer William Clemmer Exhaulted Ruler Type or print name and title

Paid Preparer Use Only Prnt/Type preparer's name Linda A Burger EA Preparer's signature Firm's name Michael P Burger CPA Firm's address 121 F Street Ste 1 Needles, CA 92363

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
Benevolent & Protective Order of Elks
1608

Employer identification number

23-7213396

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	RV Rental/Club Rental \$18354
Other Expenses 1001	Advertising and Promotion \$928
Other Expenses 1002	Office Expenses \$8116
Other Expenses 1007	Conferences, Conventions, and Meetings \$3341
Other Expenses 1009	Depreciation \$7359
Other Expenses 1012	Insurance \$8907
Other Expenses 1	Miscellaneous \$73318
Other Expenses 2	Supplies \$11622
Other Expenses 3	Repair/Maintenance \$6029
Other Expenses 4	Repair/Maintenance \$5115
Other Assets 1003	Machinery and Equipment - Beginning \$10497 Machinery and Equipment - Ending \$8232
Other Assets 1010	Inventories - Beginning \$5154 Inventories - Ending \$6518
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$3369 Accounts Payable and Accrued Expenses - Ending \$5917
Total Liabilities 1003	Deferred Revenue - Beginning \$23545 Deferred Revenue - Ending \$20664
Prior Period Adjustments	In 2013 This Nonprofit Organization sold an investment property (BOA) building and received another building in trade worth \$200,000 Not recorded on tax return Making Prior period adjustment of \$200,000