

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

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150

2017

Open to Public Inspection

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

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

C Name of organization
 Benevolent & Protective Order of Elks
 1608

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 1000 Lilly Hill Dr

City or town, state or province, country, and ZIP or foreign postal code
 Needles, CA 92363

D Employer identification number
 23-7213396

E Telephone number
 (760) 326-1608

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ elkslodge1608@frontier.com

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

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 172,819

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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	96,279	22 126,287
23 Land and buildings	249,425	23 243,482
24 Other assets (describe in Schedule O)	14,750	24 14,750
25 Total assets	360,454	25 384,519
26 Total liabilities (describe in Schedule O).	26,348	26 22,277
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	334,106	27 362,242

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?
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

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

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
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		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
Barbara Earle	0	0		
Exhaulted Ruler				
Adela Owensby	3 00	4,800		
Secretary				
Nita Brewer	2 00	0		
Treasurer				
Fred Wasserman	5 00	4,500		
Treasurer				
Sandy Erickson	0	0		
Trustee				
Sally Clemmer	0	0		
Trustee				
Owen Long	0	0		
Trustee				
Jeff Brunner	0	0		
Leading Knight				
Nancy Larkin	0	0		
Loyal Knight				

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

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

		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	46		No

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

		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	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
NONE				

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
NONE		

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 that have 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
▶ Fred Wasserman Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Michael Burger CPA	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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-7213396
Name: Benevolent & Protective Order of Elks
1608

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 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</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

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Department of the Treasury
Internal Revenue Service

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 \$21349

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$4840

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$4126

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$5943

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$4367

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Other \$19054

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Repair/Maintenance \$7890

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Per Capita \$6368

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Supplies \$1616

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$8232 Machinery and Equipment - Ending \$8232

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1010	Inventories - Beginning \$6518 Inventories - Ending \$6518

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$5512 Accounts Payable and Accrued Expenses - Ending \$7907

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$19012 Deferred Revenue - Ending \$14370

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Charities - Beginning \$1824 Charities - Ending \$0