

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/form990.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 04-01-2016, and ending 03-31-2017

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

C Name of organization
BENEVOLENT & PROTECTIVE ORDER ELKS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1299

City or town, state or province, country, and ZIP or foreign postal code
SUSANVILLE, CA 96130

D Employer identification number
94-0317341

E Telephone number
(530) 257-3213

F Group Exemption Number ▶ 1156

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

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. ▶ \$ 142,142

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	22	(B) End of year
22 Cash, savings, and investments	30,858	22	37,894
23 Land and buildings	130,355	23	125,465
24 Other assets (describe in Schedule O)	15,532	24	17,946
25 Total assets	176,745	25	181,305
26 Total liabilities (describe in Schedule O).	2,992	26	7,410
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,753	27	173,895

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?
 TO BELIEVE IN THE GOODNESS IN THYSELF AS WELL AS IN OTHERS TO PROTECT CHILDHOOD WITH TENDERNESS,
 OLD AGE WITH RESPECT, AND TO CHERISH WITH REVERENCE THE MEMORY OF THOSE WHO HAVE PASSED TO
 OBSERVE FAITHFULLY THE GOLDEN RULE TO ENJOY THE GOOD THINGS OF EARTH, KEEP WITHIN THEE THE
 GLORIOUS SUNSHINE OF YOUTH, AND REMAIN ALWAYS OF GOOD CHEER

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	28a
(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
See Additional Data Table				

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, Yes, and No. 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

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 that have completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, 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
▶ CONNIE STOVALL SECRETARY
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name CAROL JEAN CURRY CPA	Preparer's signature
Firm's name ▶ CAROL JEAN CURRY CPA	
Firm's address ▶ 30 S ROOP ST SUSANVILLE, CA 96130	

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

Additional Data

Software ID:

Software Version:

EIN: 94-0317341

Name: BENEVOLENT & PROTECTIVE ORDER ELKS

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 PROVIDED WHOLESOME FOOD, DRINK, AND SOCIAL ACTIVITY TO MEMBERS, AND THE COMMUNITY PROVIDED SCHOLARSHIPS AND COMTRIBUTIONS TO LASSEN NUTRITION CENTER, SALVATION ARMY, BOY SCOUTS, CARRY YOUR BLANKET, AND TO STATE PROJECTS</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part IV - List of Officers, 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
JOHN BORING EXALTED RULE	000 00	0		
MARK SOLOMON LEADING KNIG	000 00	0		
JOSH ANDERSON LOYAL KNIGHT	000 00	0		
CRAIG PADLEFORD LECTURING KN	000 00	0		
CONNIE STOVALL SECRETARY	000 00	0		
GEORGANNA BORING TREASURER	000 00	0		
GREG SELLA TRUSTEE-ONE	000 00	0		
DAVE FRENCH TRUSTEE-TWO	000 00	0		
ALBREERT VEGAS TRUSTEE-THRE	000 00	0		
KIM ERB TRUSTEE-FOUR	000 00	0		
WAYNE SNIDER TRUSTEE-FIVE	000 00	0		
JESSIKA KORTUEM TILER	000 00	0		
BOB EIDE ESQUIRE	000 00	0		
DEBBIE BOTTINI CHAPLAIN	000 00	0		
JUSTIN BYERS INNER GUARD	000 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
TONY MALLERY PRESIDING JU	000 00	0		

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BENEVOLENT & PROTECTIVE ORDER ELKS

Employer identification number

94-0317341

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	LODGE RENT 12,027 MISCELLANEOUS INCOME 1,155 BULLETIN ADVERTISING 450 TOTAL 13,632

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	36 SOUTH PINE PROPERTY TAXES 284 UTILITIES 4,637 NON-INVESTMENT DEPRECIATION 1,128 EXPENSE S ADVERTISING 760 BANK CHARGES 8 OFFICE EXPENSE 1,439 GAS 215 11,037 CHARITABLE EXPENSES 6 ,088 FEES 60 REPAIRS & MAINTENANCE 2,064 UTILITIES 17,009 JANITORIAL 1,200 LODGE SUPPLIES 1,039 MISCELLANIOUS 11,744 OFFICERS EXPENSE 13,922 OTHER LODGE EXPENSES 706 CLEANING DEPOS IT REFUNDS 2,100 HOOP SHOOT 375 RECONCILIATION DIFFERENCE 8 TEMP RESTRICTED EXPENSES 1,936 NON-INVESTMENT DEPRECIATION 967 TOTAL 78,726

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	OTHER INCREASES 4,498 ADJUST ASSETS AND ACCUMULATED DEPRECIATION PER BOOKS TO DEPRECIATION SCHEDULE 4,094 ADJUST TEMPORARILY RESTRICTED FUND BALANCE TO ACTUAL 404

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 12,142 12,142 PREPAID EXPENSES AND DEFERRED CHARGES 711 0 FURNITURE & EQUIPMENT 77,542 74,439 LESS ACCUMULATED DEPRECIATION 74,863 68,635 TOTAL 15,532 17,946

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,192 2,641 DEFERRED REVENUE 0 4,769 CLEANING DEPOSITS 800 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO BELIEVE IN THE GOODNESS IN THYSELF AS WELL AS IN OTHERS TO PROTECT CHILDHOOD WITH TENDERNESS, OLD AGE WITH RESPECT, AND TO CHERISH WITH REVERENCE THE MEMORY OF THOSE WHO HAVE PASSED TO OBSERVE FAITHFULLY THE GOLDEN RULE TO ENJOY THE GOOD THINGS OF EARTH, KEEP WITHIN THEE THE GLORIOUS SUNSHINE OF YOUTH, AND REMAIN ALWAYS OF GOOD CHEER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	PROVIDED WHOLESOME FOOD, DRINK, AND SOCIAL ACTIVITY TO MEMBERS, AND THE COMMUNITY PROVIDED SCHOLARSHIPS AND CONTRIBUTIONS TO LASSEN NUTRITION CENTER, SALVATION ARMY, BOY SCOUTS, CARRY YOUR BLANKET, AND TO STATE PROJECTS