

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. Address: PO BOX 646, WILLOWS, CA 95988

D Employer identification number: 94-1167549. Telephone number: (530) 934-4321. F Group Exemption Number: 1156

G Accounting Method: Cash

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

I Website: N/A

J Tax-exempt status: 501(c)(8)

K Form of organization: Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$121,758

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (Total: 90,605), Expenses (Total: 95,952), and Net Assets (Total: 265,946).

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	128,925	22	121,451
23 Land and buildings	178,117	23	169,267
24 Other assets (describe in Schedule O)	17,860	24	19,601
25 Total assets	324,902	25	310,319
26 Total liabilities (describe in Schedule O)	53,609	26	44,373
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,293	27	265,946

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?

FRATERNAL

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 OPERATES UNDER LODGE SYSTEM FOR EXCLUSIVE BENEFIT OF ITS MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
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
HAROLD WHITE EXALTED RULER	0 00	0	0	0
JEFF COBB LEADING KNIGHT	0 00	0	0	0
MIKE BUTLER LOYAL KNIGHT	0 00	0	0	0
ANDRES TOVAR LECTURING KNIGHT	0 00	0	0	0
JOSH BRAZZI ESQUIRE	0 00	0	0	0
LECIA QUINN CHAPLAIN	0 00	0	0	0
RODNEY POZZI INNER GUARD	0 00	0	0	0
BRUCE MCLEOD SECRETARY	10 00	0	0	0
PAUL NIEHUES TREASURER	0 00	0	0	0
RALPH SMITH TILER	0 00	0	0	0
RAY CRABTREE CHAIRMAN TRUSTEE	6 00	0	0	0
LARRY OLSEN SECRETARY TRUSTEE	0 00	0	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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of VERLENE SCHULLER-BOOKKEEPER Telephone no (530) 934-4321
Located at 150 SHASTA AVE WILLOWS, CA ZIP +4 95988

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 columns for question number, question text, and Yes/No response columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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

Table with 2 columns: Yes, No. Row 46: Yes, 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

Table with 2 columns: Yes, No. Row 47: Yes, No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes, No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes, No

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 SHIRLEY LEWIS EXALTED RULER Type or print name and title

Paid Preparer Use Only Preparer's name: JEANNE M PHILLIPS, Firm's name: KCOE ISOM LLP, Firm's address: 3013 CERES AVENUE, CHICO, CA 95973

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

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: BENEVOLENT & PROTECTIVE ORDER OF ELKS

EIN: 94-1167549

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

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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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BENEVOLENT & PROTECTIVE ORDER OF ELKS

Employer identification number

94-1167549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AND DIVIDENDS AMOUNT 93
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 0 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 31,153 GROSS PROFIT -31,153 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 12,972 MERCHANDISE PURCHASED 37,782 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 19,601 COST OF GOODS SOLD 31,153
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION BAR AND DINNER SALES AMOUNT 77,254 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 1,151 TOTAL TO FORM 990-EZ, LINE 8 78,405
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 8,850 DESCRIPTION OTHER EXPENSES AMOUNT 3,180 TOTAL TO FORM 990-EZ, LINE 14 12,030
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 598 DESCRIPTION INSURANCE AMOUNT 8,934 DESCRIPTION INTEREST AMOUNT 1,800 DESCRIPTION JANITORIAL AMOUNT 1,409 DESCRIPTION LICENSES-PERMITS AMOUNT 1,957 DESCRIPTION LODGE PROGRAM EXPENSE AMOUNT 8,227 DESCRIPTION MISCELLANEOUS OFFICER'S EXPENSE AMOUNT 2,368 DESCRIPTION SUPPLIES CLUB AMOUNT 3,428 DESCRIPTION SUPPLIES LODGE AMOUNT 193 DESCRIPTION TELEPHONE AMOUNT 2,370 DESCRIPTION TV COSTS AMOUNT 876 DESCRIPTION UTILITIES CLUB AMOUNT 5,270 DESCRIPTION UTILITIES LODGE AMOUNT 894 DESCRIPTION PAYROLL TAXES AMOUNT 2,026 DESCRIPTION PROPERTY AND REAL ESTATE TAXES AMOUNT 3,449 DESCRIPTION BADGES/PINS AMOUNT 706 TOTAL TO FORM 990-EZ, LINE 16 46,722
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVENTORIES BEG OF YEAR AMOUNT 12,972 END OF YEAR AMOUNT 19,601 DESCRIPTION PHEASANT ASSN CLOTHING BEG OF YEAR AMOUNT 4,910 END OF YEAR AMOUNT 0 DESCRIPTION MISCELLANEOUS ADJUSTMENT BEG OF YEAR AMOUNT -22 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 7,549 END OF YEAR AMOUNT 4,079 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 16,060 END OF YEAR AMOUNT 0 DESCRIPTION SOLAR NOTES PAYABLE BEG OF YEAR AMOUNT 30,000 END OF YEAR AMOUNT 24,678 DESCRIPTION NOTE AND MORTGAGE PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 15,616