

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 OF ELKS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 646

City or town, state or province, country, and ZIP or foreign postal code
 WILLOWS, CA 95988

D Employer identification number
 94-1167549

E Telephone number
 (530) 934-4321

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 ▶ \$ 121,926

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

Table with 2 columns: (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

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? TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE, AND FIDELITY AND TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Table for program service accomplishments with rows 28-32. Includes fields for amount, foreign grants, and expenses.

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

Table with 5 columns: (a) Name and title, (b) Average hours per week, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation.

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. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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**

Yes	No
	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

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**

Yes	No

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

Yes	No

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

Yes	No

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

(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 **f** _____

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 **d** _____

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

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, and I believe that the return and all information furnished to me 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
 DARREN DICHARRY EXALTED RULER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name TWYLA M BUZARELLOS	Preparer's signature
Firm's name Patrick & Buzarellos LLP	
Firm's address 1900 Point West Way 102 Sacramento, CA 95815	

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

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 94-1167549
Name: BENEVOLENT & PROTECTIVE ORDER OF 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.)	
28 OPERATES UNDER THE GRAND LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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
DARREN DICHARRY EXALTED RULER	5 00	0		
NATHAN LONG LEADING KNIGHT	1 00	0		
DAVID VODDEN LOYAL KNIGHT	1 00	0		
ELISA IMMOOS LECTURE KNIGHT	1 00	0		
BRUCE MCLEOD Secretary	1 00	0		
RAY CRABTREE Treasurer	1 00	0		
KYLE ENOS ESQUIRE	1 00	0		
DAN SCHULLER CHAPLAIN	1 00	0		
ROB TORRES TILER	1 00	0		
MIKE BUTLER Trustee	1 00	0		
TODD JAMES Trustee	1 00	0		
JENNIFER POZZI Trustee	1 00	0		
BOB SAINT EVENS JR Trustee	1 00	0		
ED OWENS Trustee	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
BENEVOLENT & PROTECTIVE ORDER OF ELKS**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

2016**Open to Public
Inspection****Employer identification number**

94-1167549

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	RENTS \$4696

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	MISCELLANEOUS \$132

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$3618

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest \$1480

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$7666

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$7867

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	NET RESTRICTED FUNDS EXPENSE \$7289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	REPAIRS AND MAINTENANCE \$4785

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BAR SUPPLIES \$3490

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	PROPERTY TAXES \$3476

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	OFFICERS' EXPENSE \$3197

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	TELEPHONE \$2770

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MISCELLANEOUS \$2509

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	LICENSES & FEES \$1518

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	CABLE \$998

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	PEST CONTROL \$980

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	KITCHEN SUPPLIES \$534

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	ENTERTAINMENT \$94

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$1198 Furniture and Fixtures - Ending \$3351

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1010	Inventories - Beginning \$14691 Inventories - Ending \$14691

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$494

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	HATS & SHIRTS - Beginning \$4910 HATS & SHIRTS - Ending \$5658

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$4079 Accounts Payable and Accrued Expenses - Ending \$1810

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$15616 Deferred Revenue - Ending \$13335

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1008	Unsecured Notes and Loans Payable - Beginning \$24678 Unsecured Notes and Loans Payable - Ending \$19037