

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](http://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

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. ▶ \$ 155,687

**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.

|   | Description   |         | Amount  |
|---|---|---------|---------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received   |         | 15,899  |
|   | <b>2</b> Program service revenue including government fees and contracts  |         |         |
|   | <b>3</b> Membership dues and assessments  |         | 23,813  |
|   | <b>4</b> Investment income  |         | 32      |
|   | <b>5a</b> Gross amount from sale of assets other than inventory   | 5a      |         |
|   | <b>b</b> Less cost or other basis and sales expenses  | 5b      | 0       |
|   | <b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   |         |         |
|   | <b>6</b> Gaming and fundraising events  |         |         |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a      |         |
|   | <b>b</b> 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) | 6b      | 0       |
| <b>c</b> Less direct expenses from gaming and fundraising events  | 6c  | 0       |         |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d  |         |         |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | 7a  | 109,308 |         |
| <b>b</b> Less cost of goods sold  | 7b  | 73,177  |         |
| <b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                    |   | 36,131  |         |
| <b>8</b> Other revenue (describe in Schedule O)   |   | 6,635   |         |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | ▶   | 82,510  |         |
| Expenses  | <b>10</b> Grants and similar amounts paid (list in Schedule O)  |         |         |
|   | <b>11</b> Benefits paid to or for members   |         |         |
|   | <b>12</b> Salaries, other compensation, and employee benefits   |         | 13,626  |
|   | <b>13</b> Professional fees and other payments to independent contractors   |         | 1,500   |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance   |         | 10,556  |
|   | <b>15</b> Printing, publications, postage, and shipping   |         | 2,341   |
|   | <b>16</b> Other expenses (describe in Schedule O)   |         | 57,520  |
|   | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16  | ▶       | 85,543  |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                   |   | -3,033  |         |
| Net Assets  | <b>19</b> 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)  |         | 251,970 |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)  |         |         |
|   | <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20  |         | 248,937 |



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 45b regarding organizational activities, financials, and compliance.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> 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 . . . . . | <b>46</b>  | 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 . . . . .

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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 . . . . . | <b>47</b>  |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |           |

**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 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  
 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:** 17005038

**Software Version:** 2017v2.2

**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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|---|--|--|
| <b>28</b> OPERATES UNDER THE GRAND LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF ITS MEMBERS<br>(Grants \$ )<br>If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>   | <b>28a</b>   |  |

**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. . . . . 

| <b>(a) Name and title</b>     | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|-------------------------------|---|---|--|---|
| 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   |  |   |
| SHAWN WILLIAMS INNER GUARD    | 1 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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

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  |
|------------------|--------------|
| Other Revenue 1  | RENTS \$6295 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---------------------|
| Other Revenue 2         | MISCELLANEOUS \$340 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>     |
|-------------------------|------------------------|
| Other Expenses 1002     | Office Expenses \$1904 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>                          |
|-------------------------|---|
| Other Expenses 1007     | Conferences, Conventions, and Meetings \$23 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 1008     | Interest \$1 142   |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---------------------|
| Other Expenses 1009     | Depreciation \$7809 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 1012     | Insurance \$6572   |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>              |
|-------------------------|---------------------------------|
| Other Expenses 1        | RESTRICTED FUNDS EXPENSE \$9306 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation                    |
|------------------|--------------------------------|
| Other Expenses 2 | REPAIRS AND MAINTENANCE \$8632 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>    |
|-------------------------|-----------------------|
| Other Expenses 3        | PROPERTY TAXES \$3742 |



# 990 Schedule O, Supplemental Information

| Return Reference | Explanation      |
|------------------|------------------|
| Other Expenses 4 | TELEPHONE \$2924 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation         |
|------------------|---------------------|
| Other Expenses 5 | BAR SUPPLIES \$2896 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|----------------------|
| Other Expenses 6        | MISCELLANEOUS \$1710 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>       |
|-------------------------|--------------------------|
| Other Expenses 7        | OFFICERS' EXPENSE \$1659 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 8        | EN F COSTS \$1575  |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation            |
|------------------|------------------------|
| Other Expenses 9 | LICENSES & FEES \$1487 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---------------------|
| Other Expenses 10       | PEST CONTROL \$1216 |

# 990 Schedule O, Supplemental Information

| Return Reference  | Explanation             |
|-------------------|-------------------------|
| Other Expenses 13 | KITCHEN SUPPLIES \$1063 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 14       | CABLE \$1041       |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|----------------------|
| Other Expenses 15       | RITUAL EXPENSE \$953 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---------------------|
| Other Expenses 16       | ENTERTAINMENT \$713 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|----------------------|
| Other Expenses 17       | TUXEDO EXPENSE \$664 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
| Other Expenses 18       | BANK CHARGES \$489 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Other Assets 1002       | Furniture and Fixtures - Beginning \$3351 Furniture and Fixtures - Ending \$4184 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Other Assets 1010       | Inventories - Beginning \$14691 Inventories - Ending \$15795 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Other Assets 1011       | Prepaid Expenses and Deferred Charges - Beginning \$494 Prepaid Expenses and Deferred Charges - Ending \$741 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Other Assets 1          | HATS & SHIRTS - Beginning \$5658 HATS & SHIRTS - Ending \$5555 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Total Liabilities 1001  | Accounts Payable and Accrued Expenses - Beginning \$1810 Accounts Payable and Accrued Expenses - Ending \$1917 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Total Liabilities 1003  | Deferred Revenue - Beginning \$13335 Deferred Revenue - Ending \$10747 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| Total Liabilities 1008  | Unsecured Notes and Loans Payable - Beginning \$19037 Unsecured Notes and Loans Payable - Ending \$13077 |