DLN: 93492203003135

OMB No 1545-1150

## 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  $\underline{www.irs.gov/form990}$ .

**Open to Public** 

		2014 calendar year, or tax year beginning 04-01-2014 , and ending 03-31-2015 applicable C Name of organization D E	mplove	er ide	entification number
		change Benevolent & Protective Order of Elks	4-1584		
$\square_{N}$	lame cl	nange Number and street (or P O box, if mail is not delivered to street address) Room/suite	elephon		nber
_ I	nıtıal re	turn 1680 Martın Ave		108)	823-6964
F retur	inal n/term	inated City or town, state or province, country, and ZIP or foreign postal code F G	roup Ex		
_		G	umber	empt <b>►</b>	ЮП
$\Gamma_{\scriptscriptstyle A}$	pplicati	on pending			
I W	ebsite	ting Method Cash Accrual Other (specify) ►	tach S	che	dule B
		organization Corporation Trust Association Other			
		organization   Corporation   Trust   Association   Other s 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota	l acco	tc /[	Part II column
			⊩ \$ 56	-	· · · · · · · · · · · · · · · · · · ·
Pa	art I				
		Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	. [	1	0
	2	Program service revenue including government fees and contracts	. [	2	0
Revenue	3	Membership dues and assessments	. [	3	0
	4	Investment income	. [	4	0
	5a	Gross amount from sale of assets other than inventory 5a			
	ь	Less cost or other basis and sales expenses	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			_
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	0		
	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		
	c	Less direct expenses from gaming and fundraising events 6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold	0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)	.	8	56,778
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>-</b>	9	56,778
	10	Grants and similar amounts paid (list in Schedule O)	.	10	
	11	Benefits paid to or for members	H	11	
	12	Salaries, other compensation, and employee benefits	- H	12	
ا ي	13	Professional fees and other payments to independent contractors	F	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	H	14	
<u>x</u>	15	Printing, publications, postage, and shipping	⊢	15	
ш	16	Other expenses (describe in Schedule O)	<b>H</b>	16	6,571
	17	Total expenses. Add lines 10 through 16	. +	17	6,571
			<u> </u>	$\dashv$	
ssets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	.  -	18	50,207
A 55	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		_	02.042
Net A		end-of-year figure reported on prior year's return)	H	19	83,842
_	20	Other changes in net assets or fund balances (explain in Schedule O)	▃	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	_	21	134,049

Check if the organization used	Schedule O to respond to	any question in tr	iis Par			<u> </u>
		Γ	(A) E	Beginning of year		(B) End of year
22 Cash, savings, and investments .				3,027,036	22	134,04
23 Land and buildings					23	
24 Other assets (describe in Schedule O				50,257	24	
25 Total assets		[		3,077,293	25	134,04
26 Total liabilities (describe in Schedule	0)	[		2,993,451	26	
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree w	th line 21) [		83,842	27	134,04
Check if the organization uses What is the organization's primary exempt Operates under the Lodge System for the Describe the organization's program service	d Schedule O to respond to purpose? Exclusive benefit of It's me ce accomplishments for eac	any question in the mbers th of its three larg	est pro	gram services, as	(c)(	Expenses quired for section 50: 3) and 501(c)(4) anizations, optional fo
measured by expenses In a clear and con benefited, and other relevant information for	or each program title					
<b>28</b> THE LODGE IS IS SHOUT DOWN MOI (Grants \$ ) If th	DE AND IT NATIONAL CH is amount includes foreign				28a	
29						
(Grants \$ ) If th	is amount includes foreign	grants, check here	• •	▶┌	29a	
30						
(Grants \$ ) If th	ıs amount ıncludes foreıgn	grants, check here	· .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$ ) If th	hedule O ) is amount includes foreign	grants, check here	<u>.</u>	. ▶┌	31a	
32 Total program service expenses (add lin					32	
Part IV List of Officers, Directors, Tru	stees, and Key Employees	(list each one even if	not com	pensated — see the ins		
Check if the organization used	d Schedule O to respond to	any question in th	nis Par	t IV		
(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensatio (Forms W-2/10 MISC) (if not p enter -0-)	n 99-	(d) Health benefi contributions to employee benefit p and deferred compensation	o lans,	(e) Estimated amount of other compensation
HERVA BUD JOBE Trustee	0 00		0			

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>/</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 CA			
42a	The organization's books are in care of ▶ CHARLES DOUBLEDAY	<b>►</b> <u>(40</u>	8)823	-6964
	Located at 🕨 1657 Triona Way San Jose, CA ZIP + 4	9	5125	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			•
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Г
	43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	ı		i
	Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

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

Mountain View, CA 94043

Firm's address > 709 Emily Drive

Use Only

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492203003135

OMB No 1545-0047

2014

Open to Public Inspection

## 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.

Name of the organization
Benevolent & Protective Order of Elks
94-1584661

## 990 Schedule O, Supplemental Information

•	••
Return Reference	Explanation
Form 990EZ, Part I, Line 8	INSURANCE CANCELATION REFUND 2034 IRS PENALTY CANCELATION 19999 NET CLOSING ADJUSTMENTS 34745
Form 990EZ, Part I, Line 16	ACCOUNTING 945 BANK CHARGES 110 LEGAL EXPENSES 2598 MISCELLANEOUS 261 OFFICE EXPENSES 253 OUTSIDE SERVICES 2250 BANK CHARGES 154
Form 990EZ, Part II, Line 24	ON DEPOSIT W/ CHEMPI 50257 0
Form 990EZ, Part II, Line 26	ESCROW ACCOUNT LG BUILDERS CORP 2993451 0