2949319511804 2091 05/2¹2018 5 03 PM MB No 1545-0047 Return of Organization Exempt From Income Tax 2017 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. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 04/01/17, and ending 03/31/18 C Name of organization BENEVOLENT AND PROTECTIVE ORDER OF D Employer identification number Check if applicable ELKS SO SAN FRANCISCO LODGE NO 2091 Address change Doing business as 94-6108872 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 920 STONEGATE DRIVE 650-589-4030 initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SOUTH SAN FRANCISCO CA 94080 558,132 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending KIMBERLEY COLLINS 920 STONEGATE DRIVE H(b) Are all subordinates included? SOUTH SAN FRANCISCO 94080 If "No," attach a list (see instructions) X 501(c) Tax-exempt status NA Website > 1156 H(c) Group exemption number ▶ X Other ▶ FRATERNAL Year of formation 1958 Form of organization Corporation Association M State of legal domicile ₃Part Iം₃ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O SCAMMED AllG 2 0 2018
Revenue Activities & Governance 2 Check this box ▶ I If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 3 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) 6 27,930 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED 7b Prior Year **Current Year** 0 8 Contributions and grants (Part VIII, line 1h) 10 Investment income (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A) lines 5 0 1 JUN 1 1 2018 81,557 89,169 254 647 320,064 359,249 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 401,875 449,065 12 Total revenue – add lines 8 through 11 (must equal Part VIII) colu 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 43,450 42,489 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 351,922 296,228 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 395,372 338,717 110,348 19 Revenue less expenses Subtract line 18 from line 12 6.503 Assets or Balances Beginning of Current Year End of Year 659,368 20 Total assets (Part X, line 16) 569,394 67,037 21 Total liabilities (Part X, line 26) 46,663 Net assets or fund balances Subtract line 21 from line 20 502,357 612,705 Signature Block Pařt II 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 beclaration of preparer (other than officer) based on all information of which preparer has any knowledge Sign Here KIMBERLEY COLLINS Type or print name and title Print/Type preparer's name Preparer's signature Paid WILLIAM A. HOLT, EA WILLIAM A. Preparer A J HOLT INC Firm's name **Use Only** 4209 W MAGNOLIA BLVD BURBANK, CA 91505-2726 May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions

	BENEVOLENT AND PRO		5108872	Page 2
	tatement of Program Service		Part III	X
	ribe the organization's mission	a response or note to any line in this l	ait III	
SEE SCH	=			
		ogram services during the year which were not	listed on the	
	990 or 990-EZ? cribe these new services on Schedu	lo O		Yes X No
		ie O significant changes in how it conducts, any pro	gram	
services?	3,		•	Yes X No
	cribe these changes on Schedule O	and the second of the second o		
		omplishments for each of its three largest prog nizations are required to report the amount of g		
	penses, and revenue, if any, for each			
4a (Code OPERATE) (Expenses \$ S UNDER THE LODGE	including grants of \$ SYSTEM FOR THE EXCLUSIV) (Revenue \$ F BENEFIT)
	MEMBERS.			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
.0 (0000) (Ziponiou V	moduling grants of \$) (November ψ	,
	am services (Describe in Schedule (
(Expenses	\$ inclu am service expenses ▶	ding grants of \$) (Revenue \$)
DAA				Form 990 (2017)

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Pa	art.IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	j	i	ĺ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 1		1
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	1 1		ł
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	\		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			{
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	, ,		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	[[
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ĺ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	[[
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u> </u>	*	
	VII, VIII, IX, or X as applicable	è		ľ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"]]		ĺ
	complete Schedule D, Part VI	11a	_X_	L
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1 1		ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1 1		1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	L
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	[[,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	[[l
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or]]		
	for any foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other) [
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1 1		

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X

X

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017) BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872 Part IV Checklist of Required Schedules (continued)

`		1	_Yes]	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
11	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- {	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- 1	- {	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	[- {	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì	Ì	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	j	ì	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	. [
	to defease any tax-exempt bonds?	24c	أحصما	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	,		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	İ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	When the agreement on a party to a business transaction with one of the fallowing waster (and Cabadial)	Ţ	*%	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	š, s	~	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28¢		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
_	19? Note. All Form 990 filers are required to complete Schedule O	38		x
			000	

Form **990** (2017)

	1 990 (2017) BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872		P	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	}	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	. *		İ
b		² 2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a	<u></u>	X
b	If "Yes," enter the name of the foreign country ▶	*		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		£,2	
	(FBAR)	K	20	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c_		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a_	<u> </u>	X
p			1	1
	gifts were not tax deductible?	6b	<u> </u>	↓ —
7	Organizations that may receive deductible contributions under section 170(c).	, ,		
а		 }*_	*	}
	and services provided to the payor?	7a		├ —
b	, , , , , , , , , , , , , , , , , , , ,	7b		}
С		_		
_	required to file Form 8282?	7c	<u> </u>	\vdash
d	· · · · · · · · · · · · · · · · · · ·	₇₀ '		1
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	 	├─
g h		7 <u>g</u> 7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		75	_
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	 ~		\vdash
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	2,1		
а	Initiation fees and capital contributions included on Part VIII, line 12		-	٠,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	, . * <i>*</i>	, ;	" . "
11	Section 501(c)(12) organizations. Enter			,
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		, 3 00	*
	against amounts due or received from them)		` '	1
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		«·^ .	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	<i>i</i> . 2	1, 2	
b	, , , , , , , , , , , , , , , , , , , ,	1	× 1.	*
	the organization is licensed to issue qualified health plans	\$ ^ ₁ ,	***	
С	Enter the amount of reserves on hand		-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	<u> </u>

Form 990 (2017) BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872 Page 6 Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions $\bar{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 9 b 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X а The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records > 920 STONEGATE DRIVE SECRETARY

CA 94080

650-589-4030

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos heck ass pe ad a d	rson	than one is both ar or/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SYLVIA WARNES	=								,	
MD-LAMES	5.00	3,					-	^		
TRUSTEE (2) TAMMY KELLER	0.00	X				+	\rightarrow	0	0	0
(2) TAMMI KELLER	5.00	1				\ \	- {			
TRUSTEE	0.00	x					- 1	0	0	0
(3) MIKE CHANDRA	0.00	^	-			+	+			<u> </u>
(3)MIKE CHANDRA	5.00	1				1 1	ı			
TRUSTEE	0.00	x						0	0	o
(4) JIM ASSOLINO	0.00	<u> </u>	 	-	-	 	+			
(4) 0 111 1100011110	5.00						-			
TRUSTEE	0.00	x			i	1 1	1	0	0	0
(5) JOSEPH REILLY	0.00	 	 	-		\vdash	\dashv	<u>~</u>		<u> </u>
(5,5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5.00									
TRUSTEE	0.00	X	•			1		0	o	o
(6) JERE WILLIAMS			-				\dashv		<u>-</u> <u>-</u> <u>-</u>	
• •	10.00						ı			
EXALTED RULER	0.00			X			- }	0	0	0
(7) JOSEPH TICE							\neg			
	10.00					 	- 1			
LEADING KNIGHT	0.00			X				0	0	0
(8) BRIAN ROGERS										
	10.00				1	1				
LOYAL KNIGHT	0.00			X			\perp	0	0	0
(9) JOHN JUNIER										
	10.00		1]		- [
LECTURING KNIGHT	0.00			X			\perp	0	0	0
(10) KIMBERLEY COLLIN					ĺ					
	20.00									
SECRETARY_	0.00	<u> </u>	<u> </u>	X	<u> </u>		4	0	0	0
(11) SATISH CHANDRA										
	20.00		1	l i	1					_
TREASURER	0.00	<u></u>		X	<u> </u>			0	0	0
DAA										Form 990 (2017)

,	(A) Name and title	(B) (C) Average Position hours per (do not check more box, unless person officer and a director)					than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relations organizations organizations	ion ed	
				1										
											ļ 	<u> </u>		
	Sub-total													
c d	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in					a lieti		>) who received more than	\$100,000 of				
	reportable compensation from					- 1150			who received more than s				Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	complete Schede 1a, is the sum	<i>ule J</i> of rep	for : orta	such ble d	<i>indi</i> comp	vidua censa	a/ atior	and other compensation f	rom the		3	`	x
5	Individual Did any person listed on line 1 for services rendered to the or	rganization? <i>If "</i> Y								ındıvıdual		4 .~\si^ 5_		<u>x</u>
1	complete this table for your five compensation from the organi	ve highest compe	ensat	ed ir	idep	ende	ent co	ontra	actors that received more th	nan \$100,000 of				
		(A) d business address			10111					(B) stion of services		Com	(C) pensati	ion
					-			-						
		· · · · · · · · · · · · · · · · · · ·												
2	Total number of independent received more than \$100,000								e listed above) who	0		* ,		
DAA												Form	990	(2017)

	Check if Schedule O contains a response or note to any line in this Part VIII										
	` ^ ^		2.2	, , , , ,	* * * *	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue		
ķ.			Aè :			l otal revenue	exempt	business	excluded from tax		
3	- 10°			**			function revenue	revenue	under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
Sra	b	Membership dues	1b								
A, (С	Fundraising events	1c								
즱	d	Related organizations	1d					7 %			
ξ, <u>E</u>	е	Government grants (contributions)	1e						***,		
i S	f	All other contributions, gifts, grants,	1						,		
혈		and similar amounts not included above	1f		 	* ;; ; ;					
눌임	g	Noncash contributions included in lines 1a-	1f \$						1 24 ° 1		
	h	Total. Add lines 1a-1f			•						
ane					Busn. Code	Man to the A			. (. %) -		
Ş	2a	DUES & FEES			<u></u>	77,316	77,316		!		
8	b	RENTALS			532000	11,853		11,853			
Š	С										
Ser	d										
E E	е										
Program Service Revenue	f	All other program service rever	nue								
4	g	Total. Add lines 2a-2f				89,169			1 1/4		
	3	Investment income (including of	dividends	, intere	st,						
		and other similar amounts)			•	647	647				
	4	Income from investment of tax-	exempt b	ond pr	oceeds 🕨						
	5	Royalties						·			
ļ		(ı) Real		(n) F	Personal				, m 34.		
	6a	Gross rents						1	, , ,		
	b	Less rental exps							* * * * * * * * * * * * * * * * * * * *		
1	С	Rental inc or (loss)							*		
	d 7a	Net rental income or (loss) Gross amount from (i) Securities				10 10 N					
	7.0	sales of assets (i) Securities		(11)	Other						
-		her than inventory						**			
ļ	b	Less cost or other									
		basis & sales exps							*,		
		Gain or (loss))	* *.		
		Net gain or (loss)				· 3. · 3	* * i à * * *				
e R	8a	Gross income from fundraising ever	its						Season Se		
le le		(not including \$	- 1								
Ş.		of contributions reported on line 1c)									
Other Revenu		See Part IV, line 18	a								
₹		Less direct expenses	b[_					*	×		
		Net income or (loss) from fund Gross income from gaming activities	·	enis		* * *	1	\$ \$	* ,		
	9a	See Part IV, line 19						l i i	*		
	h		a b						* * * * * * * * * * * * * * * * * * * *		
		Less direct expenses Net income or (loss) from gam	~				\$ \$ \$ '	. Š	*		
			ing activit	ies		. 4. 2. 2. 2. 4.	* * * * * *				
	Tua	Gross sales of inventory, less returns and allowances	_ [237,435	l bs 1 89 3					
	L		a b		109,067	Sto 12 . 4					
		Less cost of goods sold	~	tor:	109,001	128,368	112,291	16,077	* ,		
}	<u> </u>	Net income or (loss) from sales Miscellaneous Revenue	o inven	LUTY	Busn Code	126,366	112,291	16,077	* **		
ł	11a	MEMBER RENTS			22311 0008	106,673	106,673		A2 '		
	b	LODGE ACTIVITIES				86,229					
	c	RV RENTS			<u> </u>	26,800					
		***				11,179					
		Total. Add lines 11a-11d				230,881			· **		
	12	Total revenue. See instruction	ıs		•	449,065		27,930	0		
		The state of the s							Form 990 (2017)		

	990 (2017) BENEVOLENT AND E		ER OF 94-61	L08872	Page 10
	irt IX Statement of Functional Ex				
Sect	ion 501(c)(3) and 501(c)(4) organizations must c			nplete column (A)	
	Check if Schedule O contains a resp		 _	(C)	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic				,
-	individuals See Part IV, line 22				1
3	Grants and other assistance to foreign	\			×
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		li .		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,032			<u> </u>
8	Pension plan accruals and contributions (include				1
_	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits	457		 	
10	Payroll taxes	457		 	
11	Fees for services (non-employees)				
a b	Management Legal			 	
C	Accounting	2,000		 	
d		2/000			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	<u> </u>	v		
g					
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	19,982			
14	Information technology				
15	Royalties				
16	Occupancy	131,141		<u> </u>	
17	Travel			ļ	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 104			
19	Conferences, conventions, and meetings	7,124			
20	Interest			 	
21 22	Payments to affiliates				
23	Depreciation, depletion, and amortization Insurance			 	
24	Other expenses Itemize expenses not covered				
~~	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	LODGE ACTIVITIES	53,944		* *************************************	<u> </u>
b	GYM OPERATIONS	13,362		<u> </u>	
C	WORK CREWS	12,826			
d	PER CAPITA GL/STATE	11,684		<u> </u>	
е	All other expenses	44,165			
25	Total functional expenses. Add lines 1 through 24e	338,717	C	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 392,501 416,291 Cash-non-interest bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section Ś 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and ₩, sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 21,104 20,915 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,217,027 10a other basis Complete Part VI of Schedule D 1,178,584 38,443 b Less accumulated depreciation 10b 10c 38,443 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 183,719 Other assets See Part IV, line 11 117,346 15 659,368 569,394 Total assets. Add lines 1 through 15 (must equal line 34) 16 -2,152 2,299 17 Accounts payable and accrued expenses 17 18 Grants payable 18 37,933 46,922 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 17,816 10,882 Total liabilities. Add lines 17 through 25 037 26 46,663 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 502,357 32 Retained earnings, endowment, accumulated income, or other funds 32 612,705 33 502,357 612,705 Total net assets or fund balances 33 569,394 659,368 Total liabilities and net assets/fund balances

Form 990 (2017)

<u>orm</u>	990 (2017) BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			065
2	Total expenses (must equal Part IX, column (A), line 25)	2	33	8,'	717
3	Revenue less expenses Subtract line 2 from line 1	3	11	0,:	348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50	2,:	357
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	61	2,	705
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				res	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		* 3		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		;	Ŷ	4
	Schedule O		* *		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			\\$	
	reviewed on a separate basis, consolidated basis, or both		ja j	.	
	X Separate basis Consolidated basis Both consolidated and separate basis		ľ) ,	÷ 4
b	Were the organization's financial statements audited by an independent accountant?		2b /*		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			,	,
	separate basis, consolidated basis, or both		"		\$.
	Separate basis Consolidated basis Both consolidated and separate basis		- 4	. 1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1	ł	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	~
	Schedule O		1 3		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		*		
	the Single Audit Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2017)
			7 01111		. (20)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer Identification number BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872 ELKS SO SAN FRANCISCO LODGE NO 2091 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II -Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			NT AND PROT			94-6108		Page 2
collection fams (check at that apply) Part Par								(continued)
Public exhotion B	3		sion, and other records	s, check any of the fo	flowing that are	a significant us	se of its	
b Scholarly research	а		d 🗍	Loan or exchange o	rograms			
Frower a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part, IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 2.1 1a Is the organization an asyen, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 2.1 1a Is the organization and trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 2.1 1b If "Yes," splan the arrangement in Part XIII and complete the following table C. Beginning balance 1			-	• .	, og, ame			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII			ر_ "					
5 Dump the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to rase funds cather than to be maintained as part of the organization? Part.IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an Error 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1 Ending belance 2 Distributions during the year 1 Ending belance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes No 3 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 2 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Note investment earnings, gains, and losses 3 Other expenditures for facilities and programs. 4 Administrative expenses 4 Grants or scholarships 5 Other expenditures for facilities and programs. 5 Part Y Endowment Funds not in the possession of the organization that are held and administered for the organization of the organization in the possession of the organization that are held and administered for the organization of the organization is an every law of the organization in the possession of the organization that are held and administered for the organization of the organization is and organization and programs. 5 Part Y Endowment Funds not in the possession of the organization is an every law of the organization is not making the programs (e) Part X, line 10 1 Description of progeny 1 Administrative expenses 2 Provide the estimated programs and organizati	4		collections and explain	how they further the	organization's	exempt purpos	e in Part	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII		•				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit	or receive donations of	of art, historical treasi	ures, or other si	mılar		<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Part IV				art of the organizatio	n's collection?			Yes No
990, Part X, Inne 21 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Set Temboranty Form 1990, Part IV, line 10. 1a Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment % c Temporarily restricted endowment % c Temporarily restricted endowment % b Permanent endowment % c Temporarily restricted endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) unit of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization is endowment funds Part VI Land, Buildings, and Equipment (iii) Cost or other basis (iii) (cost or other basis (iv) (cost or other basis	Pa			U F 000 F	N = at 13.4 to = a		J	
Included on Form 990, Part X? Yes No No No No No No No No		•	on answered Yes	on Form 990, F	zaπ IV, IIne 9 	, or reported	a an amount c	
b If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance	1a		dian or other intermed	ary for contributions	or other assets	not		
Amount Company Comp		· ·						Yes No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Trines y	b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table			F	A
d Additions during the year Distributions during the year Ending balance Tending balance Tend							 	Amount
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % c Temporarily restricted endowment ▶ % c Temporarily restricted endowment ▶ % if it is percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) related organizations iii) related organizations								
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance b Contributions Contri		-						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e	• ,						
b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Trivial years back (e) Four years back (o) Four years back (e) Four years back	1 2a	•	Form 000 Part Y line	21 for accrew or cu	stadial account	liability?		Ves No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Phor year (c) Two years back (d) Three years back (d) Flour years back						-		i res i no
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac			il Olleck Here il the ex	planation has been p	orovided on Fai	(7/11)		
(a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e) Fo			on answered "Yes	" on Form 990. F	Part IV. line 1	0.		
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization sendowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (a) Cost or other basis (b) Cost or other basis (c) (b) Cost or other basis (c) (c) (d) (d) Book value) Three years back	(e) Four years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % 7 The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (i) Describe of property (i) Cost or other basis (c) Accumulated (d) Book value depreciation answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (i) Book value depreciation answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (ii) Read organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (iii) Read organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (iii) Read organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (iii) Read organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe of property (d) Book value device of the Part X, line 10 Describe of property (1a	Beginning of year balance		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (in		•						
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(investment) (other) depreciation 1a Land 38,443 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
b Buildings c Leasehold improvements d Equipment e Other		F		, ,		* *		(-) · · · · · · · ·
b Buildings c Leasehold improvements d Equipment e Other		Land			38,443	·	* : 3 * 1	38.443
c Leasehold improvements d Equipment e Other				1.				
d Equipment e Other								
e Other		·						
** ***********************************								
			t equal Form 990, Part	X, column (B), line 1	'0c)		>	38,443

Schedule D (Fo	orm 990) 2017 BENEVOLENT AND PROTEC	TIVE	ORDER O	F	94-6108872	Page
∂Part VII	Investments—Other Securities.					
•	Complete if the organization answered "Yes" or	Form	990, Part IV,	line	11b See Form 990, Pa	art X, line 12
	(a) Description of security or category		(b) Book value		(c) Method of	
	(including name of security)				Cost or end-of-year	r market value
(1) Financial d	erivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)				$_ \bot$		
(B)						
(C)			_			
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related.					
	Complete if the organization answered "Yes" or	Form	990, Part IV,	line	11c See Form 990, P	art X, line 13
	(a) Description of investment		(b) Book value		(c) Method of	valuation
					Cost or end-of-year	r market value
(1)						
(2)				}		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13) ▶					. *
Part IX	Other Assets.					
	Complete if the organization answered "Yes" or	n Form	990, Part IV,	line	11d See Form 990, P	art X, line 15
	(a) Description		- 			(b) Book value
_(1)	OTHER ASSETS					183,71
(2)						
(3)						
(4)						
(5)			 			
(6)		. <u>. </u>				
(7)						· ·
_(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15)				<u>▶</u>	183,71
Part X 📱	Other Liabilities.					
	Complete if the organization answered "Yes" or	r Form	990, Part IV,	line	11e or 11f See Form	990, Part X,
	line 25					
1.	(a) Description of liability		(b) Book value			
(1) Federal	income taxes					
(2) RESTE	RICTED FUNDS		10,8	82		
(3)						
(4)						ran (
(5)						
(6)]		
(7)						
(8)						
(9)].		· · · · · · · · · · · · · · · · · · ·
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25) ▶	_	10,8	82		, , , , , , ,

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 BENEVOLENT AND PROTECTIVE ORDE	R OF 94-610887	2	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn.	
•	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	Ŀ	
b	Donated services and use of facilities	2b	` * \$	
С	Recoveries of prior year grants	2c],	
d	Other (Describe in Part XIII)	2d	<u> </u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	"	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Retu	n.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. 1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b ')	
С	Other losses	2c	À	
d	Other (Describe in Part XIII)	2d	73,	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		28%	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	*	
b	Other (Describe in Part XIII)	4b	3	
С	Add lines 4a and 4b		4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017 BENEVOLENT AND PROTECTIVE ORDER OF 94-6108872

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE O (Form 990 or 990-EZ) 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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

BENEVOLENT AND PROTECTIVE ORDER OF ELKS SO SAN FRANCISCO LODGE NO 2091 Employer identification number

94-6108872

FORM 990 - ORGANIZATION'S MISSION

TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY; TO RECOGNIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNANCE, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT OPERATES UNDER THE LODGE SYSTEM FOR THE EXCLUSIVE BENEFIT OF THE MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

ALL MANAGEMENT PRACTICES AND GOVERNANCE ARE CONTAINED IN THE BENEVOLENT AND

PROTECTIVE ORDER OF ELKS ANNOTATED STATUTES AND LOCAL LODGE BY-LAWS

ADMINISTERED BY LODGE OFFICERS SUBJECT TO APPROVAL OF LODGE MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AS OUTLINED IN THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS GRAND LODGE

STATUTES AND LOCAL LODGE BY-LAWS AND HOUSE RULES MONITORED BY LOCAL LODGE

OFFICERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COVERED BY BENEVOLENT AND PROTECTIVE ORDER OF ELKS ANNOTATED STATUTES AND LOCAL LODGE BY-LAWS UNDER INTERNAL REVENUE GROUP EXEMPTION 1156.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COVERED BY BENEVOLENT AND PROTECTIVE ORDER OF ELKS ANNOTATED STATUTES AND

LOCAL LODGE BY-LAWS UNDER INTERNAL REVENUE GROUP EXEMPTION 1156.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	PROGRAM	SERVICE	MGT & GENER	AL	FUNDRAISIN	G		
BAR SUPPLIES								
	\$	5,214	\$	0	\$	0		
SALARIES	SALARIES							
	\$	4,944	\$	0	\$	0		
DONATIONS TO	DONATIONS TO CHARITY							
	\$	4,800	\$	0	\$	0		
BIRTHDAY DINNERS								
	\$	3,906	\$	0	\$	0		
MISCELLANEOUS								
	\$	3,560	\$	0	\$	0		
EQUIPMENT RENTAL								

edule O (Form 990 o e of the organization ENEVOLENT		TECTIVE ORDER	OF		94-61088	
	\$	3,428	\$	0	\$	0
ROPERTY TA	XES					
	\$	1,861	\$	0	\$	0
ICENSES						
	\$	1,806	\$	0	\$	0
ORK CREWS						
	\$	1,509	\$	0	\$	0
MPLOYEE EX	PENSE					
	\$	1,463	\$	0	\$	0
ANITORIAL						
	\$	1,279	\$	0	\$	0
ADGES/PINS						
	\$	1,232	\$	0	\$	0
FFICE EXPE	NSE					
	\$	1,005	\$	0	\$	0
EPAIRS AND	MAINT	ENANCE				
	\$	953	\$	0	\$	0
EPAIRS						
	\$	896	\$	0	\$	0
II SCELLANEO	US CLUI	3				
	\$	873	\$	0	\$	0
ANK CHARGE	s					
	\$	837	\$	0	\$	0
ORK CREWS						
	\$	755	\$	0	\$	0
FFICERS/EM	PLOYER	EXP.				
	\$	730	\$	0	\$	0

Schedule O (Form 990 or 990	0-EZ) (2017)				15	Page 2
Name of the organization BENEVOLENT AN	D PROTECT	TVE ORDER OF			Employer identification number 94-6108872	mber
BENEVOLENT AN	D FROIDCI	ITVE ORDER OF			74-0100072	
BAR SUPPLIES						
	\$	579	\$	0	\$	0
REPAIRS						
	\$	553	\$	0	\$	0
SELF HELP DIN	NER					
	\$	450	\$	0	\$	0
			•		·	
EQUIPMENT REN	TAL					
	\$	380	\$	0	\$	0
PROMOTIONS						
	\$	288	\$	0	\$	0
	*	200	*	V	*	· ·
GLASSES						
	\$	205	\$	0	\$	0
LICENSES						
	\$	200	\$	0	ė	0
	Ą	200	4	U	\$	U
SECURITY						
	\$	112	\$	0	\$	0
BANK CHARGES						
	^	0.0	^	•	•	0
	\$	98	\$	0	\$	0
MISCELLANEOUS	CLUB					
	\$	96	\$	0	\$	0
PAYROLL TAXES						
				_		
	\$	53	\$	0	\$	0
BANK CHARGES						
	\$	46	\$	0	\$	0
PROMOTIONS						
	\$	32	\$	0	\$	0
GLASSES						
					PAGE 3 OF 4	
			·		Schodule O /Form 990 o	r 990-E7) (2017)

Schedule O (Form 990	or 990-E	Z) (2017)				Page 2
Name of the organization						entification number
BENEVOLENT	AND	PROTECTIVE ORDER OF			94-610	08872
	\$	22	\$	o	\$	0
TOTAL						
	\$	44,165	\$	0	\$	0