

Form **990EZ**
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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020

- 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 2002

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 202

City or town, state or province, country, and ZIP or foreign postal code
PONCA CITY, OK 746020202

D Employer identification number
73-0658863

E Telephone number

F Group Exemption Number ▶ 1156

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(8) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ 67,813

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	423
2	Program service revenue including government fees and contracts	2	33,850
3	Membership dues and assessments	3	9,094
4	Investment income	4	2,357
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	21,884
b	Less cost of goods sold	7b	14,909
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,975
8	Other revenue (describe in Schedule O)	8	205
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	52,904

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	1,370
13	Professional fees and other payments to independent contractors	13	915
14	Occupancy, rent, utilities, and maintenance	14	8,070
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	86,582
17	Total expenses. Add lines 10 through 16 ▶	17	96,937
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-44,033
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	329,590
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	285,557

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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of PAUL WHITNEY Telephone no (580) 352-4767
Located at PO BOX 202 PONCA CITY, OK ZIP + 4 74602020

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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 must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2020-08-21 Date
JUDY BRANCH SECRETARY Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JENNIE WADE	Preparer's signature	Date 2020-08-31	Check <input type="checkbox"/> if self-employed	PTIN P00624519
	Firm's name ▶ WYMER BROWNLEE			Firm's EIN ▶ 73-1601859	
	Firm's address ▶ 621 DELAWARE ST PERRY, OK 73077			Phone no (580) 336-9303	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 73-0658863
Name: BENEVOLENT & PROTECTIVE ORDER OF
ELKS 2002

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION AND TO SERVE THE MEMBERS AND THE COMMUNITY THROUGH BENEVOLENT AND CHARITABLE PROGRAMS FOR THE PONCA CITY ELKS LODGE 2002 (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION AND TO SERVE THE MEMBERS AND THE COMMUNITY THROUGH BENEVOLENT AND CHARITABLE PROGRAMS FOR THE PONCA CITY ELKS LODGE 2002 (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM L SIPE EXALTED RULE	000 00	0		
KEN LUTTRELL LEADING KNIG	000 00	0		
LESTER FREEMAN LOYAL KNIGHT	000 00	0		
DAVID SHELTON LECTURING KN	000 00	0		
JUDY BRANCH SECRETARY	000 00	0		
SHERIDAN BENGSTON TREASURER	000 00	0		
WAYNE MITCHELL TRUSTEE	000 00	0		
JASON SHELTON TRUSTEE	000 00	0		
THOMAS OVERTON TRUSTEE	000 00	0		
DELORIS PICKENS TRUSTEE	000 00	0		
KELLY BRANCH-FOSTER TRUSTEE	000 00	0		
CHRIS HENDERSON TRUSTEE	000 00	0		
R L LOCKER JR TILER	000 00	0		
PHILLIP RICE ESQUIRE	000 00	0		
MARLENE MARTIN CHAPLAIN	000 00	0		

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAUL PITTS INNER GUARD	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2019**Open to Public
Inspection**

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.

Department of the Treasury

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF
ELKS 2002

Employer identification number

73-0658863

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	RENT INCOME 205 TOTAL 205

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 492 OFFICE 155 CONFERENCES/MEETINGS 26 ACCOUNT 342-00 2,070 ACCOUNT 342-00 412 CASH SHORT (OVER) -1 DEPRECIATION 6,862 FLOOD EXPENSE - CLUB 892 FLOOD EXPENSES - LODGE 61,080 FUND RAISING EXPENSES 1,351 GROUNDS CARE 545 JANITORIAL EXPENSES 1,081 LICENSES 1,021 LOSS ON DISPOSITION 440 MISCELLANEOUS 704 OFFICER'S EXPENSE 30 PER CAPITA - GRAND LODGE 2,445 PER CAPITA- STATE 1,438 POSTAGE 970 PROPANE 63 RENT 920 SALES AND BEVERAGE TAX 2,153 SECURITY 376 SUPPLIES 250 SUPPLIES-DINING 303 TELEPHONE 504 TOTAL 86,582

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 8,000 TOTAL 0 8,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 24,216 31,986

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION AND TO SERVE THE MEMBERS AND THE COMMUNITY THROUGH BENEVOLENT AND CHARITABLE PROGRAMS FOR THE PONCA CITY ELKS LODGE 2002

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION AND TO SERVE THE MEMBERS AND THE COMMUNITY THROUGH BENEVOLENT AND CHARITABLE PROGRAMS FOR THE PONCA CITY ELKS LODGE 2002

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO PROMOTE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION AND TO SERVE THE MEMBERS AND THE COMMUNITY THROUGH BENEVOLENT AND CHARITABLE PROGRAMS FOR THE PONCA CITY ELKS LODGE 2002