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# 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 black lung benefit furst or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For the	2011 calenda	ar year, or tax year beginning 04-01 , 2011, and 6	ending _		03-31	, 20 12
В	Check if ap	oplicable	C Name of organization		D Employ	er ider	ntification number
	Address ch	nange	BPO ELKS NO 297		42-	01359	980
	Name char	nge	Number and street (or PO box, if mail is not delivered to street address)	oom/suite	E Telepho	ne num	nber
	Initial retur	n					
	Terminated	ı	PO BOX 1662 '		(5€	3) 583	3-5708
	Amended r	eturn	City or town, state or country, and ZIP + 4		F Group I	Exempti	on
	Application	pending	DUBUQUE, IA 52004-1662		Numbe	r 🕨	1156
G	Accour	nting Method	☐ Cash 💢 Accrual Other (specify) ▶	_ Н	Check ► {	X If th	e organization is <b>not</b>
ı	Websit	te: 🕨			required to	attach S	Schedule B
J	Tax-exe	mpt status (	check only one) - ☐ 501(c) (3) 🔀 501(c) (8 ) ◀ (insert no ) ☐ 4947(a)(1) or	527	(Form 990,	990-EZ	., or 990-PF)
K	Check I	lf the o	rganization is not a section 509(a)(3) supporting organization or section 527	organization	and its gro	ss rece	pts are normally
	not mor	e than \$50,00	$^{10}$ A Form 990-EZ or Form 990 return is not required though Form 990-N ( $\epsilon$	e-postcard) m	nay be requ	red (se	e instructions) But if
	_		ses to file a return, be sure to file a complete return				
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or r				
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				102,665
P	art I		e, Expenses, and Changes in Net Assets or Fund Balance				
			e organization used Schedule O to respond to any question in this Part I				
	1	Contribution	s, gifts, grants, and similar amounts received	· • • • • •		1	32,610
	2	-	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	13,731
	4	Investment i				4	19
	1		nt from sale of assets other than inventory			,	
	i i		r other basis and sales expenses				
	С	-	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		• • • • •	5c	
R	6	•	fundraising events				
<b>e</b>	a		e from gaming (attach Schedule G if greater than				
е	_		6a			- 1	
n u	b			f contribution	s		
е			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b	<u> </u>			
			expenses from gaming and fundraising events 6c				
	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract			
V		•		• • • • • •	56,305	6d	
7107	1		of inventory, less returns and allowances		38,584		
	1		f goods sold			7c	17,721
<b>9</b>	,	•	ue (describe in Schedule O)			8	17,721
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• • • • •	•	9	64,081
ر با—	10		similar amounts paid (list in Schedule @ECEIVED	• • • • • •	••••	10	
	11					11	
ᄓᇎ	12	•				12	
Şρ	13		fees and other payments to independent contractors			13	318
Expens	4.4	Occupancy	rent utilities and maintenance			14	28,192
うs os	15	Printing, pub	dications, postage, and shippingOGDEN: UT			15	2,544
S	16	Other expen	ses (describe in Schedule O)			16	30,776
	17	-	ses. Add lines 10 through 16			17	61,830
_	18		eficit) for the year (Subtract line 17 from line 9)			18	2,251
NS e e t t	19		r fund balances at beginning of year (from line 27, column (A)) (must agree	with		-	
NS e ^			igure reported on prior year's return)			19	71,124
t t	20	•	es in net assets or fund balances (explain in Schedule O)			20	
S	21	•	r fund balances at end of year Combine lines 18 through 20			21	73,375

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

EEA

Check if the organization used Schedule O to respond	to any question in this	Part II				🛪
Check if the digunization used conceded of to respond	to any quodion in the		A) Beginning o		<del>i i</del>	(B) End of year
22 Cash, savings, and investments		F		,757	22	27,915
23 Land and buildings		<u> </u>	<del> </del>	,894	23	44,098
24 Other assets (describe in Schedule O)		_		,270	24	2,103
25 Total assets		<del> </del>		921	25	74,116
26 Total liabilities (describe in Schedule O)		_	<del></del> .	797	26	741
27 Net assets or fund balances (line 27 of column (B) must agree			71	,124	27	73,375
Part III Statement of Program Service Accompli				<u> </u>		Expenses
Check if the organization used Schedule O to respond				. $\sqcap$	(Red	quired for section
What is the organization's primary exempt purpose? TO PROMOTE			- <u> </u>		<b>Ⅎ</b> ՝	(c)(3) and 501(c)(4)
		<del></del>			1	inizations and section
Describe the organization's program service accomplishments for easimeasured by expenses. In a clear and concise manner, describe					1	7(a)(1) trusts, optiona
persons benefited, and other relevant information for each program		the number of			1	others)
28 TO PROMOTE WELL-BEING THROUGH NUMEROUS SER					1	
ACTIVITIES, CHARITABLE PROGRAMS, TRAINING	CENTERS,		•			
RECREATIONAL AND LEADERSHIP PROGRAMS FOR Y						
(Grants \$ ) If this amount i	ncludes foreign grants,	check here			28a	
29	, and the same of the same,					
						İ
(Grants \$ ) If this amount i	ncludes foreign grants,	check here			29a	
30	nordes foreign grants,	oncon norc .	<del></del>	<u> </u>	1204	
(Grants \$ ) If this amount i	ncludes foreign grants,	check here			30a	
31 Other program services (describe in Schedule O)					30a	
· ·	ncludes foreign grants,			 • m	31a	
					32	<del> </del>
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Empl						one for Bort IV )
Check if the organization used Schedule O to respond	-					•
Check if the organization used Schedule O to respond		(c) Reportable				•••••
(a) Name and address	(b) Title and average	compensation	' '		· .	(e) Estimated amount of
(a) Name and address	hours per week devoted to position	(Form W-2/1099-N	MISC) benefit	plans, an	ď	other compensation
AT TOR TIME		(if not paid, ente	ar -0-) deferred o	compensa	ation	
ALICE WOLF	EXALTED RULER		٦			•
PO BOX 1662, DUBUQUE IA 52004-1662	LEADING KNIGHT	<u></u>	<u> </u>		4	0
KEVIN VAUGHN					ال	•
PO BOX 1662, DUBUQUE IA 52004-1662	5		0		<u>q</u>	0_
BEVERLY REINERT	LECTURING KNIG	T	_			
PO BOX 1662, DUBUQUE IA 52004-1662	5		q		q	0
KENNETH N THILL	ESQUIRE	ŀ				
PO BOX 1662, DUBUQUE IA 52004-1662	5		<u>q</u>		q	0
THELMA J ROBERTS	SECRETARY					
PO BOX 1662, DUBUQUE IA 52004-1662	10		q		q	0
DONALD J SCHUSTER	TREASURER					
PO BOX 1662, DUBUQUE IA 52004-1662	10		q		q	0
	1					

Pa	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		· · ·	<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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		Ì	
	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		X
35 a	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	Х	
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	Х	<u> </u>
С	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		Х
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	]	1	
а	Initiation fees and capital contributions included on line 9	1	1	
b	Gross receipts, included on line 9, for public use of club facilities	1	}	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) 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		į
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			i
	reimbursed by the organization			ĺ
е	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		Х
41	List the states with which a copy of this return is filed IA,			
42 a	The organization's books are in care of ▶ THELMA J ROBERTS  Telephone no ▶ 5	63-58	33-57	708
	Located at ▶ PO BOX 1662 DUBUQUE, IA ZIP+4 ▶ 52004	-166	2	
b	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	Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country	L	· —	
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	1		_
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\Box$		
	completed instead of Form 990-EZ	44a		X
b	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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<b></b>	
J	explanation in Schedule O	44d		-
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750		_^
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ĺ
	Form 990-EZ (see instructions)	AEL	-	٠.
	TOTH SOUTE (SEC INSUBUTION)	45b		, X

Form	990-EZ	(2011)	BPO ELKS NO 297				42-0	135980	F	age 4
	•				•				Yes	No
46		-	gage, directly or indirectly, if					- نـ ا		
Dan			office? If "Yes," complete S c)(3) organizations a	Schedule C, Part I		 oritoblo ti		.   46		<u> </u>
Par			anizations and section							
			complete the tables for		impronantable tract	o maot an	ono. quoo.			
			organization used Scho		to any question in th	ns Part VI				. П
									Yes	No
47	Did the	organization eng	gage in lobbying activities o	r have a section 501(h)	election in effect during t	he tax				
	year? If	f "Yes," complete	Schedule C, Part II					. 47		
48		-	hool as described in section		·			. 48		
49a		-	ike any transfers to an exen					. 49a		<u> </u>
b			l organization a section 527					. 49b	<u> </u>	
50			the organization's five highe					<b>ә</b> у		
	employ	ees) who each i	eceived more than \$100,00		I	(d) Health		•	-	
	(E	a) Name and address	of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimati	ed amoui	nt of
		paid more th	an \$100,000	devoted to position	(Forms W-2/1099-MISC)		and deferred insation	other co	mpensat	ion
	<del></del>			··						
		· · · · · · · · · · · · · · · · · · ·								
		·				ļ				
f	Total nu	ımber of other e	mployees paid over \$100,00	00		l	1			
51			the organization's five highe		ndent contractors who ex	ach received	d more than			
	•		tion from the organization.	•						
(a)	Name and	d address of each inde	ependent contractor paid more than \$	\$100 000	(b) Type of service		(c)	) Compensation		
	- Trainio and		speriodrik dariki dalah para mara kilan k		(2) 1,950 0. 001110.	<u> </u>	, , ,			
		-	<del>-</del>	<del> </del>						
-										
đ			dependent contractors each							
52		-	mplete Schedule A? Note: A							
			usts must attach a complete					Yes	<u>K</u>	No
			t I have examined this return, includii n pf preparer (other than officer) is ba			ny knowledge a	nd belief, it is			
	nieci, and t	Complete Decial attor	To preparer (office trial conicer) is ba	ised on all information of which	preparer rias arry knowledge					
		$\mathbf{X} \times \mathbf{A}$	- / ku N _				06-08-	2012		
Sigr		Signature of off	icer // COV	1		Date				
Here	•	, OFFI	CER Kevin	auchn						
	}	Type or print na	ame and title							
		Print/Type preparer	's name Pr	reparer's signature	17) Date		Check X if	PTIN		
Paid		RON THEISE		N THEISEN	/ hei 06-14-20	12	elf-employed	P01203	125	
Prepa		Firm's name	THEISEN BOOKKEEP:		E	Firm's E	IN ►			
Use (	Only	Firm's address	1950 JOHN F KENNI	EDY RD						
			DUBUQUE IA 52002		· · · · · · · · · · · · · · · · · · ·	Phone	no 5	63-583-		
May t	ne IRS c	discuss this retur	m with the preparer shown a	above? See Instructions	·		<u> •</u>	Yes X		No

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

► See separate instructions.

OMB No 1545-0047 2011

**Open to Public** Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes." to Form 990. Part IV. line 5 (Proxy Tax) or Form 990-EZ, Part V. line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	s Complete Part III		Employer	identification number
	e of organization				
	O ELKS NO 297			42-013	
		ization is exempt under secti			nization.
1	Provide a description of the organization	•			
2	Political expenditures			• \$	
3	Volunteer hours			· · · · · · · ·	
Pa		ization is exempt under secti			
1	Enter the amount of any excise tax incur	· ·			
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955	▶ \$	
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this yea	r <sup>2</sup>		. Yes No
4a	Was a correction made?				. 🗌 Yes 📗 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organi	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3	s).
1	Enter the amount directly expended by the	he filing organization for section 527 ex	cempt function		-
	activities			▶ \$	
2	Enter the amount of the filing organization	on's funds contributed to other organiza	itions for section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add	lines 1 and 2 Enter here and on Form	1120-POL,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120				. Yes No
5	Enter the names, addresses and employ				
	organization made payments. For each				
	the amount of political contributions rece	eived that were promptly and directly de	elivered to a separa	ate political organization, s	such
	as a separate segregated fund or a politi				
			T	i	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
(1)					
(2)					
(3)					
					<u> </u>
(4)					
(5)					
<i>(</i> C)					1

	dule C (Form 990 or 990-EZ) 2011 · BPO ELKS NO 2				42-013	
Pa	rt II-A Complete if the organizatio	n is exempt u	nder section 50°	1(c)(3) and filed	Form 5768 (elec	ction under
<u>.</u>	section 501(h)).	651 - 4				
Α	Check If the filing organization belongs t	<del>-</del>	• •	- ,	members	
	name, address, EIN, expenses, a					
<u>B</u>	Check Inf the filing organization checked			рріу	(a) Ellen	(b) Affiliated
	(The term "expenditures"	bying Expenditur			(a) Filing organization's totals	group totals
40	Total lobbying expenditures to influence public	·	<del></del>			<b>3 7</b>
1a b	Total lobbying expenditures to influence a legisl					
c	Total lobbying expenditures (add lines 1a and 1					
d	Other exempt purpose expenditures				<del></del> -	
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount					
•	columns	t iroin the lone	table in both			
	If the amount on line 1e, column (a) or (b) is	: The lobbying	g nontaxable amou	nt is :		
	Not over \$500,000		mount on line 1e		, 7	•
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000	, , , ,	
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess		23 1	
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of		ã	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lii	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	ter -0				
i	Subtract line 1f from line 1c If zero or less, enter	er-0				
j	If there is an amount other than zero on either I	ine 1h or line 1i, di	d the organization file	e Form 4720		
	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that	made a section 5	Period Under Sectio 601(h) election do n ctions for lines 2a t	ot have to complete		
	Lobb	ying Expenditures	s During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					

c Total lobbying expenditures

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

42-0135980 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

•	(election under section 501(h)).	1	a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description					
of th	e lobbying activity.	Yes	No	/ <i>*</i>	Amount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	-	,		,	,
	legislation, including any attempt to influence public opinion on a legislative matter or	ĺ				
	referendum, through the use of					
а	Volunteers?			·	*	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					, ,
C	Media advertisements?	L				
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	<u></u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ				
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L				
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912	1				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sec	ction		
	501(c)(6).				Т	
	NATION AND AND AND AND AND AND AND AND AND AN				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	+	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	+	├─
<u> </u>	Did the organization agree to carry over lobbying and political expenditures from the prior year?					Ь
Га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF				ine 3.	is
	answered "Yes."	- (~, -		, .	,	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and P	art II-B	, line			
1 Als	so, complete this part for any additional information					

#### 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.

OMB No 1545-0047

2011

Open to Public

42-0135980

Department of the Treasury Internal Revenue Service Name of the organization

BPO ELKS NO 297

Inspection Employer identification number

BPO ELKS NO 297		42-0135980	
01. Description of other expenses (Part	: I, line 16)		
Description	Amount		
FEES AND DUES	3,652		
GOODFELLOWS EXPENSE	13,281		
INSURANCE	4,364		
LODGE ACTIVITIES	2,187		
PERMITS AND LICENSES	739		
OPERATING SUPPLIES	1,465		
OFFICE SUPPLIES	1,451	· • · • •	
STATE AND NATIONAL CONVENTIONS	3,637		
02. Description of other assets (Part I	(I, line 24)		
	Beginning		
Category	of Year	End of Year	
INVENTORY	2,270	2,103	
03. Description of total liabilities (E	Part II, line 26)		
	Beginning		
Category	of Year	End of Year	
ACCRUED SALES TAX	797	741	

#### Form **4562**

Department of the Treasury Internal Revenue Service (

Name(s) shown on return

# **Depreciation and Amortization**

#### (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No 179

42-0135980 BPO ELKS NO 297 FORM 990 - 1 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions)....... 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . . . 3 4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) 6 (a) Description of property Listed property Enter the amount from line 29 ......... Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . . 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8............ 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 15 Property subject to section 168(f)(1) election ................. 15 2,655 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2011 ...... 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use ff Method vear placed in (e) Convention (a) Depreciation deduction (a) Classification of property only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 3,992 15 HY S/L 133 20-year property 25 yrs S/L g 25-year property Residential rental 27 5 yrs MM S/L MM property 27 5 yrs S/L 39 yrs MM S/L Nonresidential real MM S/L property Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life

b 12-year

40-year

21	Listed property	Enter	amoui	nt from li	ne 28	3.	 		 		 	 	•	 •	 	. ]	2	1

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .
 For assets shown above and placed in service during the current year, enter the

For assets shown above and placed in service during the current year, enter the		
portion of the basis attributable to section 263A costs	23	

12 yrs

40 yrs

MM

S/I

S/L

S/L

22

#### Form . 8868

(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

<b>●</b> 15	films for an Automotic 2 Blanth Eutomoton an	malata aniv	Don't Land shock this hav			▶\\
-	filing for an Automatic 3-Month Extension, co filing for an Additional (Not Automatic) 3-Mon					· · · · X
•	plete Part II unless you have already been gran		· · · · · · · · · · · · · · · · · · ·			
a corporation 8868 to requ Return for Tra	ling (e-file). You can electronically file Form 880 required to file Form 990-T), or an additional (nest an extension of time to file any of the forms ansfers Associated With Certain Personal Beneficor more details on the electronic filing of this	ot automation listed in Part fit Contracts	<ul> <li>3-month extension of time</li> <li>I or Part II with the exception</li> <li>which must be sent to the II</li> </ul>	You can electronicall n of Form 8870, Infor RS in paper format (s	ly file Form mation see	
Part I	Automatic 3-Month Extension of Ti					
	required to file Form 990-T and requesting an a			<del></del>		
						▶ 🗆
All other corp	porations (including 1120-C filers), partnerships,	REMICs, an	d trusts must use Form 7004	to request an extens	sion of time	
to file income	e tax returns					
		—	Ente	r filer's identifying n		
Type or	Name of exempt organization or other filer, s	ee instructio	ns.	Employer identif		er (EIN) or
print	BPO ELKS NO 297			<b>X</b> 42-013598		
File by the due date for filing your	Number, street, and room or suite no If a PO PO BOX 1662	O box, see i	nstructions	Social security r	number (SSN)	)
return See instructions	City, town or post office, state, and ZIP code DUBUQUE, IA 52004-1662	For a foreig	n address, see instructions			
Enter the Re	turn code for the return that this application is fo	r (file a sepa	rate application for each retu	ırn)		<u>d</u> 1
Applicatio		Return	Application	. <u></u>		Return
Is For		Code	ls For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-l	BL .	02	Form 1041-A			08
Form 990-E	EZ .	01	Form 4720			09
Form 990-I	PF	04	Form 5227			10
Form 990-	F (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	(trust other than above)	06	Form 8870			12
Telephone	s are in the care of THELMA J ROBERTS  No 563-583-5708  Initiation does not have an office or place of bus	F/	AX No ▶			▶ጠ
•	or a Group Return, enter the organization's four			1156 If this i		
for the whole	group, check this box ▶ ☐ If	it is for part	of the group, check this box	…▶ and atta	ich	
a list with the	names and EINs of all members the extension	ıs for				
1 I reque	st an automatic 3-month (6 months for a corpora 11-15, 20 12, to file the exempt of	-	-		ension is	
_	organization's return for		otam for the enganteanon he		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	calendar year 20 or					
▶ 🛛	tax year beginning 04-0	01 , 20 11	, and ending	03-31 , 20	0_12	
	ax year entered in line 1 is for less than 12 mont	hs, check re	ason 🗌 Initial return 🗌	Final return		
	nge in accounting period					
	application is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069	, enter the tentative tax, less	any		
	undable credits See instructions			3	3a \$	
	application is for Form 990-PF, 990-T, 4720, or 6		•			
	ted tax payments made Include any prior year				3b   \$	
	e due. Subtract line 3b from line 3a Include you		, ,	•	,	
	(Electronic Federal Tax Payment System) See		·-···		3c   \$	