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Form 990-EZ

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)

OMB No 1545-1150 2013

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

	artment of t	the Treasury	► Information about Form 990-EZ and its instructions is at www.irs.	gov/form990.		Inspection
_			r year, or tax year beginning 04-01 , 2013, and ending	 	03-31	, 2014
_	Check if ap	1	C Name of organization			fication number
		•	BPO ELKS NO 297	•	-013598	
	Name chan				one numbe	
		nitial return				•
=	Terminated		DO DOY 1662	/5/	53) 583-	5708
\equiv		_	PO BOX 1662 City or town, state or province, country, and ZIP or foreign postal code	F Group		
\equiv	Amended r			Numbe		1156
=	Application	·	DUBUQUE, IA 52004-1662 ☐ Cash ☒ Accrual Other (specify) ▶			organization is not
G		iting Method	Cash M Accidal Other (specify)	required to		=
١.	Website		heck only one) - ☐ 501(c)(3) 🛛 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990,		
_				(FOIII 990,	990-EZ, 0	390-FF)
		organization	Corporation Trust Association Other	tal assets		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to			104 604
_			are \$500,000 or more, file Form 990 instead of Form 990-EZ			104,684
L	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			
_			e organization used Schedule O to respond to any question in this Part I			
	1		s, gifts, grants, and similar amounts received		1	34,747
	2	_	vice revenue including government fees and contracts		2	
	3	-	dues and assessments		3	12,109
	4	Investment in			4	927
	5a		nt from sale of assets other than inventory			
	1		other basis and sales expenses			
	C) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	6	Gaming and				
\mathbb{Q}	а	Gross incom				
CRAWANA CAR		\$15,000)				
\$	b	Gross incom	e from fundraising events (not including \$ of contribu	ıtions		
₩.		from fundras	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) · · · · · · · 6b		1	
\equiv	C	Less direct	expenses from gaming and fundraising events]	
	d	Net income of				
€		line 6c) -		6d		
•	7a	Gross sales	of inventory, less returns and allowances	56,901]	
•	b	Less: cost of	goods sold	40,971] _	
5	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	15,930
	8	Other revenu	ie (describe in Schedule O)		8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	9	63,713
	10	Grants and s	imilar amounts paid (list in Schedule O)	• • • • • • •	10	
	11	Benefits paid	to or for members	• • • • • • •	11	
(A)	12		er compensation, and employee benefits		12	
Se	13	Professional	fees and other payments to independent contractors RECEIVED · · · · ·		13	310
Expenses	14		rent, utilities, and maintenance		14	_47,819
Ĕ	15	Printing, pub	lications, postage, and shipping · · · · · 🔂 · · · · i i i i i i i i i i i i i i i		15	2,710
	16	Other expen	ses (describe in Schedule O) · · · · · · · [65] · JUN · · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	16	26,232
_	17_	Total expen	ses. Add lines 10 through 16	.	17	77,071
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	(13,358
ets	19	Net assets o	r fund balances at beginning of year (from line 27, column-(A))-(must agree with			
\SS		end-of-year		19	81,414	
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)		20	
Ž	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20	<u></u>	21	68,056
Fo	r Paperv		on Act Notice, see the separate instructions.			Form 990-EZ (2013)
EE/	Α .					

			_	_			
	n 990-EZ (2013) . BPO ELKS NO 297				42-0	135	980 Page
Pa	Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to respond to	any question in this Pa	rt II •	• • • •			· · · · · · · · · · · · · · · · · · ·
				(A) Beg	inning of year	 	(B) End of year
	Cash, savings, and investments	• • • • • • • • • • • • • • • • • • • •			29,234	22	19,322
	Land and buildings	• • • • • • • • • • • • • • • • • • • •	• • • • • •		50,974	23	47,640
	Other assets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •			2,299	24	2,156
	Total assets	• • • • • • • • • • • • • • • • • • • •			82,507	25	69,118
	Total liabilities (describe in Schedule O)	• • • • • • • • • • •			1,093	26	1,062
	Net assets or fund balances (line 27 of column (B) must agree w		• • • • • •		81,414	27	68,056
Pa	art III Statement of Program Service Accomplis	•		Part III)	_		Expenses
	Check if the organization used Schedule O to respond to		art III -	· · · ·	· · · · · · <u> </u>	(Red	quired for section
Wha	at is the organization's primary exempt purpose? TO PROMOTE	WELL-BEING				501	(c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishments for each	of its three largest pro	aram service:	S.		orga	inizations and section
	neasured by expenses. In a clear and concise manner, describe the	•		- 1		494	7(a)(1) trusts, optional
pers	ons benefited, and other relevant information for each program title	ee				for c	others)
28	TO PROMOTE WELL-BEING THROUGH NUMEROUS SEI	RVICE					
	ACTIVITIES, CHARITABLE PROGRAMS, TRAINING	CENTERS,					
;	RECREATIONAL AND LEADERSHIP PROGRAMS FOR Y	YOUTHS.					
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	28a	
29							
	7/1					1	
						l	
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	29a	
30							
							
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	30a	
31	Other program services (describe in Schedule O)						
(Grants \$) If this amount includes foreign grants, check here · · · · · · · ▶ □							
32						32	<u> </u>
Pa	Irt IV List of Officers, Directors, Trustees, and Key Employ	rees (list each one ever	n if not compe	nsated	(see the instructi	ons f	or Part IV)
	Check if the organization used Schedule O to respond to	any question in this Pa	art IV		·		· · · · · · · · · · · · · · · · · · ·
		(b) Average	(c) Reportal	ole	(d) Health benefits	. T	
	(a) Name and title	hours per week	compensati		contributions to empl	- 1	(e) Estimated amount of
		devoted to position	(Form W-2/1099		benefit plans, and deferred compensa		other compensation
KEV	IN AHLERS		<u> </u>		20.07.02 0077.00	1	
EXA	LTED RULER	10	ļ	0		اه	0
	ES BETZNER						
	AL KNIGHT	5		0		0	0
	DRA BERRYMAN			<u>_</u>			
	TURING KNIGHT	5		0		o	0
	LMA J ROBERTS					┪	
	RETARY	10		0		٥	0
	IN VAUGHN		· · · · · · · · · · · · · · · · · · ·			 	
	STEE REPRESENTATIVE	5		0		٥	0
1110	OID ROLLOGUMINITY	<u> </u>				-	
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						-	
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						\dashv	
							
					Ī		

BPO ELKS NO 297 42-0135980 Page 3 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 Yes No 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 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file Form 1120-POL for this year? 37b X 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 Х b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , 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 c 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, d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed 42 a The organization's books are in care of ► THELMA J ROBERTS Telephone no. 563-583-5708 Located at ▶ PO BOX 1662, DUBUQUE, IA_____ 52004-1662 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial 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 the U.S.? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt chantable 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 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

Х

44d

explanation in Schedule O

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

Form 9	90-EZ (20	13) • BPO ELKS NO 297				42-01	35980	F	age 4
								Yes	No
46		organization engage, directly or indirectly, in	· · · · · · · · · · · · · · · · · · ·						
_		didates for public office? If "Yes," complete S		• • • • • • • • • • • • • • • • • • • •	• • • • • •	<u> </u>	. 46	<u> </u>	X
Par		Section 501(c)(3) organizations of All section 501(c)(3) organizations 50 and 51.		ions 47-49b and 52	, and com	plete the ta	bles for	lines	
		Check if the organization used Sch	adula O ta raspana	to any guastian in	thic Bort \	/i			
		Check if the organization used Sci	redule O to respond	to any question in	uiis Fait v		• • • • • •	· · ·	· 📙
47	Did the	organization engage in lobbying activities or	have a section 501/h) als	ortion in officet during the	tav			res	NO
47		f "Yes," complete Schedule C, Part II	• •		lax		. 47		
48	-	organization a school as described in section							
49a		organization make any transfers to an exem		•				 -	
b		was the related organization a section 527 of					-		
50		ete this table for the organization's five highes	-	es (other than officers, du	ectors truste	es and key	400	L	
•		rees) who each received more than \$100,000				-			
	Citipioy	accy mile dad rescribed more than \$100,000			(d) Health		•		
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	- •		
		(a) Name and the oreact employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, compe	and deferred nsation	other co	mpensa	tion
			,	,,		-			
									
							_		
						j			
	Total a	umbar of other ampleyees paid eyes \$100.00	<u> </u>		<u> </u>				
51		umber of other employees paid over \$100,00		ant contractors who as a	-	an than			
31		ete this table for the organization's five highes 00 of compensation from the organization If	•		received mo	ore man			
	\$100,0	oo of compensation from the organization.	there is none, enter Mon	<u> </u>					
	(a)	Name and business address of each independent contra	actor	(b) Type of service	е	(c)	Compensatio	ก	
		· · · · · · · · · · · · · · · · · · ·							
		···							
		· · · · · · · · · · · · · · · · · · ·							
							te the tables for lines Yes No		
							_ .		
	Total n	umber of other independent contractors each	receiving over \$100,000						
52 52		organization complete Schedule A? Note: Al	3	zations and 4947/a\/1\					
J2		empt charitable trusts must attach a complete					□ voc	₩	No
		_ ` 					162	<u> </u>	NO
	•	of perjury, I declare that I have examined this return, include		·	my knowledge a	na bellet, it is			
true, co	orrect, and	complete Declaration of preparer (other than officer) is b	ased on all information of which	preparer has any knowledge	1//	2 [[]			
Sigr	,	signature of officer	10		Date	2/17_	-		
Her	I		E. IA. I	DI	Date				
пен		, OFFICER Kevin Ahl	ers, Exalted	Nuler	 .				
			Preparer's signature	Date			DTIN		
د دم						-16			
Paid			ON THEISEN	D5-23-20	<u> </u>		P012031	.25	
Prepa			PING & TAX SERVI	<u> </u>	Firm's E	IN P			
Use (Unly	Firm's address 1950 JOHN F KENN							
		DUBUQUE IA 52002			Phone r			_	
	ne IRS	discuss this return with the preparer shown a	bove? See instructions		• • • • • •	<u> ▶</u>			
EEA							Form 99	0-EZ	(2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2013

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III

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

Nam	e of organization			Emp	loyer identification number
В	O ELKS NO 297	te if the organization is exempt under section 501(c) or is a section 527 organization. It is the organization's direct and indirect political campaign activities in Part IV Comparization Comparizatio			
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527	organization.
1					
2					\$
3	Volunteer hours				
Pa					
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5	▶	\$
2					
3					
4a	Was a correction made?				· · · · 🗌 Yes 📗 No
b	If "Yes," describe in Part IV				
Pa				cept section 501	(c)(3).
1					
				▶	\$
2					
					\$
3					
4					
5	•		•		_
	•	_			
	•				
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	rovide information in	Part IV
	(a) Name	(b) Address	(c) EIN	filing organization	's contributions received and promptly and directly delivered to a separate political organization. If
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	art II-A Complete if the organization		nder section 50	1(c)(3) and filed	Form 5768 (elec	
- '	section 501(h)).	in to exempt u		necessity and med	11 01111 01 00 (0100	tion under
A	Check ► ☐ if the filing organization belongs to	an affiliated group	(and list in Part IV ear	ch affiliated group me	mher's	
-	name, address, EIN, expenses, a	= -		• .	mber 5	
В	Check if the filing organization checked b		, , ,	•		
		bying Expenditure		,	(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a					-	
b						
C		• •				
d						··
8	a man aman propagation and particular as					
f						
-	columns.	nom the following te	ibic iii botii		1	
	If the amount on line 1e, column (a) or (b) is:	The Johnying	nontaxable amoun	t ie ·	1	
	Not over \$500,000		nount on line 1e	(13.		
	Over \$500,000 but not over \$1,000,000		s 15% of the excess of	wer \$500 000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess of			
	Over \$1,500,000 but not over \$1,500,000		5 5% of the excess ov			
	Over \$17,000,000	\$1,000,000	3 0 70 OI the excess Ov	er \$1,500,000		
g						
h						
i	Subtract line 1f from line 1c. If zero or less, enter					
i	If there is an amount other than zero on either lin				L	
,	reporting section 4911 tax for this year?	•				☐ Yes ☐ No
	(Some organizations that columns belo	made a section 50 w. See the instruc	tions for lines 2a thi	have to complete a ough 2f on page 4.)		
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
θ	Grassroots ceiling amount (150% of line 2d, column (e))				,	
f	Grassroots lobbying expenditures					

FOI	each "Vee" reshance to lines to through ti below provide in Dort IV a detailed	(a)	(b)
des	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
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			
	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?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i	- 1	١. ١	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-
b	If "Yes," enter the amount of any tax incurred under section 4912		ļ .	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-	
Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? THE III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/51	Or so	ction
ra	501(c)(6).)(J), '	01 36	CHOII
			.	Yes N
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?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c			1 - 1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O			
	answered "Yes."			
1	Dues, assessments and similar amounts from members		1	, <u>,</u>
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	į		
2	political expenses for which the section 527(f) tax was paid).			
2			2a	
2 a	Current year	• •		
	Current year		2b	
a	•		2b 2c	
a b	Carryover from last year			
a b c	Carryover from last year		2c	
a b c	Carryover from last year		2c	
a b c	Carryover from last year		2c 3	
a b c 3 4	Carryover from last year		2c 3	
a b c 3 4	Carryover from last year Total		2c 3 4 5	
a b c 3 4	Carryover from last year Total		2c 3 4 5	
a b c 3 4	Carryover from last year Total		2c 3 4 5	
a b c 3 4	Carryover from last year Total		2c 3 4 5	
a b c 3 4	Carryover from last year Total		2c 3 4 5	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Open to Public

Employer identification number Name of the organization 42-0135980 BPO ELKS NO 297 01. Description of other expenses (Part I, line 16) Amount Description FEES AND DUES 3.322 GOODFELLOWS EXPENSE 12,375 4,445 INSURANCE LODGE ACTIVITIES 939 739 PERMITS AND LICENSES OPERATING SUPPLIES 1,437 OFFICE SUPPLIES 65 2,910 STATE AND NATIONAL CONVENTIONS 02. Description of other assets (Part II, line 24) Beginning of Year End of Year Category 2,299 INVENTORY 2,156 03. Description of total liabilities (Part II, line 26) Category Beginning of Year End of Year 1,093 ACCRUED SALES TAX 1,062