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Department of the Treasury

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.

2014 Open to Public

OMB No 1545-0047

Inspection ► Information about Form 990 and its instructions is at www.irs gov/form990 For the 2014 calendar year, or tax year beginning 04/01/14 <u>and ending 03/31/15</u> C Name of organization D Employer identification number Check if applicable B.P.O. ELKS CLUB & LODGE Address change 23-7131531 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 641-228-1257 2111 E CLARK STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code lerminated CHARLES CITY 50616 155,429 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending LARRY MICHEHL 605 PFEIFFER AVENUE H(b) Are all subordinates included? CHARLES CITY IA 50616 If "No." attach a list (see instructions) 527 Tax-exempt status Website 🕨 N/A H(c) Group exemption number X Corporation Other > M State of legal domicile Form of organization Trust Association Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities BENEVOLENT ORGANIZATION PROVIDING ASSISTANCE TO YOUTH AND VETERANS VIA Activities & Governance SCHOLARSHIPS, FUND RAISERS, ETC. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 401 3 Number of voting members of the governing body (Part VI, line 1a) 3 401 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 6 17,545 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 7b -2,821 Prior Year 972 33,514 32 8 Contributions and grants (Part VIII, line 1h) Revenue 82,988 30,386 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,270 83,119 134,247 147,038 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,739 6,656 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 51,938 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5=10) = 0 Expenses 185-03C 16a Professional fundraising fees (Part IX, column (A), line 11e) JUN 0 1 2095 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 64,824 71,073 120,501 137,106 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25 13,746 9,932 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 118,818 125,856 20 Total assets (Part X, line 16) 40,993 38,099 21 Total liabilities (Part X, line 26) 77.825 22 Net assets or fund balances Subtract line 21 from line 20 87,757 Signature Block 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 Sign Here Type or print name and title Date Check Paid Preparer Firm's EIN ▶ **Use Only**

50616

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Yes

| | B.P.O. ELKS CLUB | | 131531 | Page : |
|-------------------------------|--|--|---------------|----------|
| | Statement of Program Servi | ce Accomplishments a response or note to any line in this P | art III | X |
| | cribe the organization's mission. | a response of flote to any line in this i | art III | |
| | | | | |
| prior Form ! If "Yes," de: | 990 or 990-EZ? scribe these new services on Sched | orogram services during the year which were not live O e significant changes in how it conducts, any progr | | Yes X No |
| services? | scribe these changes on Schedule (| | | Yes X No |
| 4 Describe th expenses 3 | e organization's program service ac | complishments for each of its three largest progra nizations are required to report the amount of gra | - | |
| 4a (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | | | | |
| 4b (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | | | | |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| - | am services (Describe in Schedule (| | | |
| (Expenses | | ding grants of \$ 6,656) (R | evenue_\$ | |
| 4e Total progra | am service expenses ▶ | 20,951 | | |

Part 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," | | | •• |
| 2 | complete Schedule A | 1 | | X |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 2 | | |
| • | 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) | | | |
| • | 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, | | _ | |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | İ | |
| | Part III | 5 | ļ | 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 | | | |
| | 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 |
| 10 | 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 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | ļ | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | 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 | | i | |
| | 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 | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | 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 | - | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | \dashv | <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 4.41 | | v |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 13 | 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 | 45 | x | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | ^ | |
| 10 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | _16 | | |
| • • | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | _'' | | |
| . • | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | -" | | <u></u> |
| - | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | | |

| _Pa | art IV Checklist of Required Schedules (continued) | | | |
|-----|--|-------------|-----|----|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | İ |
| | Part IX, column (A), line 27 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 | | | |
| | 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 | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25a | 24 <u>a</u> | | 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 | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| 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 | | | |
| | 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 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | : | 1 |
| 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 | 28c | | 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, Parts II, III, | | | |
| | or IV, and Part V, line 1 | 34 | į | 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 | | 1 |
| 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, | | | 1 |
| | Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | | X. |

| Part V | Statements | Regarding | Other IRS | Filings and | Tax Compliance |
|--------|-------------------|-----------|-----------|-------------|----------------|

| | Check if Schedule O contains a response or note to any line in this Part | V | | | | | |
|--------|---|-----------|----------|-----------|------------------|---------|-------------|
| | • | | | | _ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | (|) | | 1 | 1 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | | 7 | | ŧ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | 7 | | Ī |
| | reportable gaming (gambling) winnings to prize winners? | | | | _1c | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | 1 | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | : | L3 | | | l |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retuin | rns? | | | 2b_ | X | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | 1 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | 0 | | | 3b_ | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | authority | у | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | ancial | | | | | |
| | account)? | | | | 4a | ļ | X |
| b | If "Yes," enter the name of the foreign country ▶ | | | | | | Ī |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accounts | s | | | | I |
| | (FBAR) | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | _5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | tion? | | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ie | | | | | l |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | | _6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | | |
| _ | gifts were not tax deductible? | | | | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | • |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | goods | | | _ | | ĺ |
| h. | and services provided to the payor? | | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 15 | | | 70 | | i |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | ı | | 7c | | <u> </u> |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | , | | 7e | • | f |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | | 7f | | |
| g g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 9 as | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | • | 7 <u>9</u> 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | , | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | - | | |
| 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 | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | ĺ |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | Ė |
| 11 | Section 501(c)(12) organizations. Enter | | | | | | Ė |
| а | Gross income from members or shareholders | 11a | | | _ | | É |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | : | | | | | ĺ |
| | against amounts due or received from them) | 11b | <u> </u> | | _ [| | ŀ |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | n 1041? | , | | 12a | | ļ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> </u> | | _ | | İ |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | | 13a | ļ | ļ, |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | | Ė |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | , , | ı | | | | Ė |
| | the organization is licensed to issue qualified health plans | 13b | _ | <u> </u> | - | | É |
| С | Enter the amount of reserves on hand | 13c | <u> </u> | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | _ | | | 14a | | X |
| b_ | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | O | | | 14b | | i _ |

Form 990 (2014) B.P.O. ELKS CLUB & LODGE

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.

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

| Sec | tion A. Governing Body and Management | | | |
|-------------------|--|-------|-----|--------------|
| 000 | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 401 | | | |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | Ė |
| | If the governing body delegated broad authority to an executive committee or similar | | | ĺ |
| | committee, explain in Schedule O | | | į |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 401 | | | Ė |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 7 | | ĺ |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 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 X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | , | _ |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | ode.) | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | f |
| I2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | _X_ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | <u> </u> |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | 77 | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | Į. | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 1 1 | 1 | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | } | | i |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 10- | | x |
| L | with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | | |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | <u>:</u> |
| | organization's exempt status with respect to such arrangements? | 16b | 1 | <u>:</u> |
| 500 | tion C. Disclosure | 100 | | |
| 3e <u>c</u> 17 | List the states with which a copy of this Form 990 is required to be filed None | _ | | |
| 17 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 X 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 | | | |
| | ERALD W JOERGER 617 1ST AVENUE | | | |
| | | 1-22 | 8-6 | 251 |
| | | | | |

| Form 990 (2014) E | . P | . O . | ELKS | CLUB | £ | LODGE |
|--------------------------|-----|-------|------|------|---|-------|
|--------------------------|-----|-------|------|------|---|-------|

23-7131531

Page 7

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

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

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

- 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

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 | box | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (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 related organizations |
| (1) LARRY MICHEHL | | | | | <u> </u> | | | | | |
| | 20.00 | | | | |] [| | | | |
| SECRETARY | 0.00 | | | X | <u> </u> | | | 0 | 0 | 0 |
| (2) G W JOERGER | 1000 | | | i | | | | · | | |
| | 10.00 | | | | | | | | _ | |
| TREASURER | 0.00 | \vdash | | X | <u> </u> | \vdash | | 0 | 0 | 0 |
| (3) MARILYN DETTMER | 0.00 | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | ├ | _ | X | _ | \vdash | | 0 | 0 | <u>_</u> |
| (4) TOMMY SOSACK | 2.00 | | | | | | | | | |
| DDE CTDENIII | 0.00 | | | x | | | | o | 0 | o |
| PRESIDENT (5) ERIC WHIPPLE | 0.00 | Н | | ^ | | | | <u> </u> | 0 | <u>_</u> |
| (5) ERIC WHIFFIE | 2.00 | | | | | | | | | |
| LEADING KNIGHT | 0.00 | | | x | | | | o | 0 | 0 |
| (6) BARRY SWEET | 0.00 | H | | 1 | | | | | | |
| (0)222412 311222 | 2.00 | | | | | | | | | |
| LOYAL KNIGHT | 0.00 | | | x | | | | o | 0 | 0 |
| (7) GENE HEITZ | - 0.00 | \vdash | | | | \Box | | | | |
| (,, | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | | | x | | | | o | 0 | 0 |
| (8) JASON WEBSTER | | П | | | | | | | | |
| ` , | 2.00 | | | | | li | | | | |
| TRUSTEE | 0.00 | | | X | | | | o | 0 | 0 |
| (9) DENNIS DONOVAN | - | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | | | X | | | | 0 | 0 | 0 |
| (10) STEPHEN SHANNON | | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | | | X | L | | | 0 | 0 | 0 |
| (11) STEVEN HANSON | | | | | | | | | | |
| | 2.00 | | | | | | | | | |
| LECTURING KNIGHT | 0.00 | | | X | | | | 0 | 0 | 0 |

| Pa | rt VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | ind Highest Compensated | d Employees (continued) | | | | |
|-----------|---|--|--------------------------------|-----------------------|------------------------|--------------|--|-------------|--------------------------------------|--|---|--|--------------------|---------|
| | (A) Name and title | (B) Average hours per week (list any | bo | x, unl | Pos check ess pe | erson | than one of the state of the st | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (| (F) Estimat amount other | t of r ation | |
| | | 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 th organiza and rela organizat | ition ited | |
| (12) | | | | | | | | | | | - | | | |
| (13) | - | | | | | | | | | | | | _ | |
| (14) | | | | | | | | | | | | | | _ |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | _ | | | | | | | _ | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | _ | |
| 1b c | Sub-total Total from continuation she | l ets to Part VII, S | l Secti | ion A | <u> </u> | <u> </u> | 1 | > | | | | | | |
| 2 | Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from | cluding but not li the organization | mite | d to 1 | those | e list | ed at | oove | e) who received more than \$ | \$100,000 of | | | | |
| 3 | Did the organization list any fo employee on line 1a? If "Yes," | complete Sched | lule J | l for | such | ındı | vidua | al | · | | | 3 | Yes | No X |
| 4 | For any individual listed on line organization and related organ individual | izations greater | than | \$15 | 0,00 | 0? If | "Yes | s," cc | omplete Schedule J for such | h | : | 4 | | х |
| 5 Sect | Did any person listed on line 1 for services rendered to the or ion B. Independent Contractor | ganization? If "Y | | | | | | | | ındıvıdual | | 5 | | X |
| 1 | Complete this table for your five compensation from the organization | e highest compe | | | | | | | | | | | | |
| | | (A) business address | | | | | | | | (B) tion of services | | Con | (C) npensat | ion |
| | | | | <u>-</u> | | | | | | | | | | |
| | | | | _ | | | | _ | | | | | | |
| | | | | | | | | _ | <u> </u> | · | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent of received more than \$100,000 | contractors (inclu | ding fron | but the | not li orga | mite | d to | thos | e listed above) who | 0 | | | | |

Form 990 (2014) B.P.O. ELKS CLUB & LODGE
Part VIII Statement of Revenue

| | | Check if Schedule | O contains | a response or | note to any line in (A) Total revenue | this Part VIII (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
|---------------------------|---------|---|------------------|---------------|---|--|---|--|
| <u> 1</u> | | <u> </u> | , , , | | | revenue | revenue | 512-514 |
| and Other Similar Amounts | 1a | Federated campaigns | 1a | | 1 | | I I | |
| ᅙ | b | Membership dues | 1b | 33,514 | 1 | | | |
| ξĘ | C | Fundraising events | 1c | | \$ | | | |
| <u> </u> | d | Related organizations | 1d | | ‡ | | | |
| <u> </u> | е | Government grants (contributions) | 1e | | - | | I | |
| 2 2 | f | All other contributions, gifts, grants, | | | 1 | | | |
| 到 | | and similar amounts not included above | 1f | | 1 | | | |
| | g | Noncash contributions included in lines 1a- | -1f \$ | | • | | I | |
| ام د | h | Total. Add lines 1a-1f | | • | 33,514 | | | |
| a | | | | Busn Code | | | # | |
| š l | 2a | MISC INCOME | | | 18,472 | 18,472 | | |
| <u>8</u> | b | RESERVATION INCOME | | | 7,914 | 7,914 | | |
| 울 | C | GRANT INCOME | | | 4,000 | 4,000 | | |
| S | d | | | | | | | |
| ᇤᅵ | е | | | | | | | |
| Program Service Revenue | f | All other program service reve | nue | | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | | | 30,386 | | ······································ | |
| | 3 | Investment income (including of | dividends, inte | erest, | | | | |
| | | and other similar amounts) | | . ⊢ | 19 | 19 | | |
| | 4 | Income from investment of tax | -exempt bond | proceeds - | | | | |
| | 5 | Royalties | | • | | | | |
| | | (ı) Real | | (II) Personal | ‡ | | [| |
| | 6a | Gross rents | | 7,131 | 1 | | 1 | |
| | b | Less rental exps | | - 101 | 1 | | 1 | |
| | С | Rental inc or (loss) | | 7,131 | | | | |
| | d 7a | Net rental income or (loss) Gross amount from | | > | 7,131 | | 7,131 | 11-1 |
| | , a | sales of assets (i) Securities | 1 | (II) Other | • | | 1 | |
| | | other than inventory | | | 1 | | # | |
| | b | Less cost or other | 1 | | 1 | | 1 | |
| | | basis & sales exps | | | | | | |
| | | Gain or (loss) | i | | 1 | | ‡ | |
| | | Net gain or (loss) | | • | | | | |
| 9 | 8a | Gross income from fundraising ever | nts | | 1 | | # | |
| en | | (not including \$ | | | Ī | | | |
| ا ۾ | | of contributions reported on line 1c) | | | ļ | | į | |
| <u>-</u> | | See Part IV, line 18 | a | | | | # | |
| Other Revenue | | Less direct expenses | b | | 1 | | 1 | |
| _ | | Net income or (loss) from fund | | <u> </u> | | ··· ···· | ± | |
| | 9a | Gross income from gaming activities | S | | 1 | | # | |
| | | See Part IV, line 19 | a | | ŧ | | 1 | |
| | | Less direct expenses | ь | | ŧ | | 1 | |
| | | Net income or (loss) from gam | ing activities | > | | | | |
| | 10a | Gross sales of inventory, less | | | | | 1 | |
| | | returns and allowances | a | 77,816 | 1 | | # | |
| | | Less cost of goods sold | b | 8,391 | | | . | |
| - | С | Net income or (loss) from sale | s of inventory | | 69,425 | 59,011 | 10,414 | |
| - | | Miscellaneous Revenue | | Busn Code | | | # | |
| | 11a | DISHWASHER | | - | 3,667 | 3,667 | | |
| ı | b | LINEN INCOME | | | 1,916 | 1,916 | | |
| | C | INITIATION INCOME | | | 980 | 980 | | |
| | d | All other revenue | | L | | | | |
| | е | Total. Add lines 11a–11d | | <u> </u> | 6,563 | 95 979 | 17 545 | |
| | 17 | Total revenue See instruction | 10 | P | 14/ DIX | uh u701 | 17 545 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 6,656 6,656 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,680 1,680 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 53,340 53,340 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 4,357 4,357 10 Payroll taxes Fees for services (non-employees) Management b Legal 3,025 3,025 Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 277 277 12 Advertising and promotion 2,628 2,628 Office expenses 13 224 224 14 Information technology Royalties 15 19,245 19,245 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,199 2,199 19 Conferences, conventions, and meetings 8 8 20 Interest 7,267 7,267 21 Payments to affiliates 1,874 1,874 Depreciation, depletion, and amortization 22 5,977 5,977 23 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) 11,882 11,882 REPAIR & MAINT 11,056 11,056 OTHER 2,680 RE TAXES 2,680 C 2,670 d YOUTH ACTIVITIES 2,670 61 61 All other expenses 20,951 116,155 0 137,106 25 Total functional expenses. Add lines 1 through 24e 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 3,386 2,471 1 · Cash-non-interest bearing 28,331 36,328 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 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 7 Notes and loans receivable, net 1,600 1,600 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 469,286 other basis Complete Part VI of Schedule D 10a 10b 384,744 86,416 10c 84,542 b Less accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 118,818 125,856 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,993 38,099 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities 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 25 40,993 38,099 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Net Assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 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 87,75777,825 Retained earnings, endowment, accumulated income, or other funds 32 32 77,825 33 87,757 33 Total net assets or fund balances 118,818 125,856 Total liabilities and net assets/fund balances

Form **990** (2014)

| orm | 1990 (2014) B.P.O. <u>ELKS CLUB & LODGE</u> 23-7131531 | | | Pa | ıge 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 | 1 | 47, | 038 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 106 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 9, | 932 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 77, | 825 | | |
| 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 | | 37 <u>,</u> | <u>757</u> | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | • | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | - | 1 | | |
| | Schedule O | | | 1 | 1 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | 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 | - | | | ŧ | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | - | | |
| þ | 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 | | | 1 | ŧ | | |
| | separate basis, consolidated basis, or both: | | | | Ī | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ŧ | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | <u> </u> | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | ŧ | | |
| | Schedule O | | | - | ‡ | | |
| За | 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? | | 3a | | <u> </u> | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | İ | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | ı | l | | |

Form **990** (2014)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Inspection

Name of the organization Employer identification number ELKS CLUB & LODGE B.P.O. 23-7131531 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 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" to 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) 2c Number of conservation easements included in (c) acquired after 8/17/06, 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 3 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, 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)(t) and section 170(h)(4)(B)(II)? Yes No 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" to 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) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

Revenue included in Form 990, Part VIII, line 1

\$

Describe in Part XIII the intended uses of the organization's endowment funds

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (other) (investment) depreciation 67,677 1a Land 315,556 315,556 **b** Buildings c Leasehold improvements 86,053 69,188 16,865 d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

| Schedule D (F | Form 990) 2014 B.P.O. ELKS CLUB & | LODGE | 23-7131531 | Page 3 |
|------------------|---|------------------------------------|---------------------------------|----------------|
| Part VII | Investments—Other Securities. | | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, line | e 11b. See Form 990, Pa | rt X, line 12. |
| | (a) Description of security or category | (b) Book value | (c) Method of v | |
| | (including name of security) | | Cost or end-of-year | market value |
| (1) Financial of | denvatives | | | |
| , . | eld equity interests | | | |
| (3) Other | oral oquity into cools | | | |
| • • | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII | Investments—Program Related. | - | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, line | e 11c. See Form 990. Pa | rt X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of v | |
| | (-,, | (-, | Cost or end-of-year | |
| (1) | | · · | | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| _(4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | to Form 990. Part IV. line | e 11d. See Form 990. Pa | rt X. line 15. |
| | (a) Description | | , | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | | | _ | |
| | n (b) must equal Form 990, Part X, col (B) line 15) | | > | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" | ' to Form 990, Part IV, line | e 11e or 11f. See Form 9 | 90, Part X, |
| | line 25 | | | |
| 1. | (a) Description of liability | (b) Book value | 1 | |
| (1) Federal | income taxes | | 1 | |
| (2) | | | 1 | |
| (3) | | | † | |
| | | | ‡ | |
| (4) | | | † | |
| (5) | | | 4 | |
| (6) | | | 1 | |
| _(7) | | | 4 | |
| _(8) | | | 1 | |
| (9) | | | } | |
| Total. (Columi | n (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | |
| 2. Liability for | uncertain tax positions In Part XIII, provide the text of the | footnote to the organization's fir | nancial 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) 2014 B.P.O. ELKS CLUB & LODGE | 2 | 3-7131531 | Page 4 |
|------|---|---------------------|--------------------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial State | ements With Rev | renue per Return. | |
| | Complete if the organization answered "Yes" to Form 990 | , Part 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 | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | _2c | | |
| d | Other (Describe in Part XIII) | _2d | | |
| 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 | | | |
| 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 | Reconciliation of Expenses per Audited Financial State | tements With Ex | penses per Return. | |
| | Complete if the organization answered "Yes" to Form 990 | , Part 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 1 | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |

4b

5

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

3

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Inspection

Name of the organization

B.P.O. ELKS CLUB & LODGE

Employer identification number 23-7131531

| P | | | | tside the United States. Co | omplete if the organization ans | wered "Yes" on |
|------------|----------------------------------|---|--|---|---|--|
| | | Form 990, Part IV, line | | | | |
| 1 | | | | to substantiate the amount of its gra | | |
| | | e, the grantees' eligibility fo ssistance? | r the grants or assistan | ice, and the selection criteria used t | to award the | Yes No |
| 2 | For grant | makers. Describe in Part \ | √ the organization's pro | ocedures for monitoring the use of it | ts grants and other | |
| _ | | outside the United States | | and all the memory and all the | e grante and outer | |
| | | | | | | |
| | | • | | be duplicated if additional space is | , | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | | | | | | _ |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| <u>(7)</u> | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | <u> </u> | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | ļ | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| | Sub-total | | | | | <u> </u> |
| | otal from continua | ation | | | | |
| | heets to Part I | | | | | |
| c T | Fotals (add nes 3a and | 3h) | | | | |
| | nes sa and | | | | <u> </u> | _1 |

Schedule F (Form 990) 2014 B.P.O. ELKS CLUB & LODGE Part III

23-7131531

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, of non-cash assistance (h) Description (g) Amount of non-cash (f) Manner of cash (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

| | (if applicable) | | | disbursement | assistance | appraisar, other) |
|------|-----------------|--|-------|--------------|------------|----------------------|
| (1) | | | 6,656 | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| (i) | | | | | | |
| (8) | | | | | | |
| (6) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014 B.P.O. ELKS CLUB & LODGE

Page 3

23-7131531

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of disbursement (d) Amount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ð 2 ල ₹ (2) 9 9 ⊚ ම 9 (1 (12) (13) (14) (15) (16) (17) 18

| che | dule F (Form 990) 2014 B.P.O. ELKS CLUB & LODGE | 23-7131531 | | Page 4 |
|-----|---|---------------|-----|-------------|
| Pa | rt IV Foreign Forms | | | |
| 1 | Was the organization a U.S transferor of property to a foreign corporation during the tax the organization may be required to file Form 926, Return by a U.S. Transferor of Propert Corporation (see Instructions for Form 926) | • | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the ormay be required to file Form 3520, Annual Return To Report Transactions With Foreign T Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | rusts and | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax yes the organization may be required to file Form 5471, Information Return of U.S. Persons V. Certain Foreign Corporations (see Instructions for Form 5471) | * | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment comqualified electing fund during the tax year? If "Yes," the organization may be required to fi Information Return by a Shareholder of a Passive Foreign Investment Company or Qualification (see Instructions for Form 8621) | le Form 8621, | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax yes the organization may be required to file Form 8865, Return of U.S. Persons With Respect Foreign Partnerships (see Instructions for Form 8865) | • | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during to "Yes," the organization may be required to file Form 5713, International Boycott Report (s for Form 5713, do not file with Form 990) | • | Yes | X No |

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.

2014

2014

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization

B.P.O. ELKS CLUB & LODGE

Employer identification number 23-7131531

Form 990, Part III, Line 4d - All Other Accomplishment Youth and Veteran scholarships and fund raisers

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 19 - Governing Documents Disclosure Explanation No documents available to the public

B.P.O. ELKS CLUB & LODGE 2111 E CLARK STREET CHARLES CITY, IA 50616

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.