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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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 04-01-2014, and ending 03-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: BPO ELKS 483
Number and street (or P O box, if mail is not delivered to street address): 3097 SR 32 EAST
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CRAWFORDSVILLE, IN 47933

D Employer identification number: 35-0173300
E Telephone number: (765) 362-0705
F Group Exemption Number: 1156

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website:

J Tax-exempt status (check only one): 501(c)(3), 501(c)(8), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$97,646

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 10,572 to 11,576.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed IN
42a The organization's books are in care of DORIS K HARRISON Telephone no (765) 362-0705
Located at 3097 E SR 32 CRAWFORDSVILLE, IN ZIP +4 47933

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

Yes No

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47 No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a No

b If "Yes," was the related organization a section 527 organization? . . . . . 49b No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

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

Sign Here \*\*\*\*\* Signature of officer 2015-07-29 Date KAY BIRCHFIELD EXALTED RULER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ALEX B MILLIGAN Preparer's signature Date 2015-07-27 Check [X] if self-employed PTIN P00069423 Firm's name ALEX B MILLIGAN-CPA Firm's EIN 35-1519713 Firm's address PO BOX 173 ROCKVILLE, IN 47872 Phone no (765) 569-2091

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

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization  
BPO ELKS 483

**Employer identification number**

35-0173300

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART 1 LINE 8 OTHER REVENUE	ATTACHED IS A LIST OF THE 20679 TOTAL OTHER REVENUE
PART 1 LINE 16 OTHER EXPENSES	ATTACHED IS A LIST OF THE 7318 TOTAL OTHER EXPENSES
PART 1 LINE 10 CONTRIBUTIONS - 6274	NATIONAL FOUNDATION - 2346 - CANCER DRIVE - 1309 BOYS - GIRLS CLUB - 256 - PARADE OF NICKELS - 197 OTHER CONTRIBUTIONS - 2166
PART II LIABILITIES	ACCOUNTS PAYABLE - 955 - DEFERRED PAYABLES - 7835 MISCELLANEOUS PAYABLES - 4617 - MORTGAGE - 71605 TOTAL LIABILITIES - 85012
THE LODGE ALLOWS THE MEMBERSHIP AND THE GENERAL PUBLIC TO	RENT THE LODGE FOR VARIOUS USES WITH THE BOARDS APPROVAL THE TOTAL RENT RECEIVED IN 2014 W AS 8315 WHICH IS LESS THAN 50% OF THE FAIR RENTAL VALUE OF THE LODGE FOR THE YEAR