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From 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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2014 calendar year, or tax year beginning 04-01 , 2014, and ending 03-31 , 2015 B Check if applicable C Name of organization D Employer identification number Address change BPO ELKS NO 297 42-0135980 Name change Number and street for P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/terminated PO BOX 1662 (563) 583 - 5708 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption DUBUQUE, IA 52004-1662 Application pending Number ▶ G Accounting Method ☐ Cash X Accrual Other (specify) ► H Check ► X if the organization is not Website: required to attach Schedule B ∑ 501(c)(8) **(**insert no) 4947(a)(1) or Tax-exempt status (check only one) - 501(c)(3) (Form 990, 990-EZ, or 990-PF) 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 91,439 Part | 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 X Contributions, gifts, grants, and similar amounts received 25,198 2 Program service revenue including government fees and contracts 2 12,212 3 Investment income 11 . . | 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than SCANNED SEP OF SPRENGE \$15.000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 12,313 Other revenue (describe in Schedule O) 8 49,734 10 11 11 Professional fees and other payments to independent contractors 13 310 13 Occupancy, rent, utilities, and maintenance 28,896 14 15 15 27,341 Other expenses (describe in Schedule O) 16 17 56,547 17 Total expenses. Add lines 10 through 16 (6,813)Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 68,056 end-of-year figure reported on prior year's return)

For Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (explain in Schedule O)

Form 990-EZ (2014)

61,243

Form 990-EZ (2014)	BPO ELKS NO 297		42-0	01359	80 Page 2
Part II Balance	Sheets (see the instructions for Part II)				
Check if the	organization used Schedule O to respond to	any question in this Part II .	<u> </u>		
			(A) Beginning of year		(B) End of year
22 Cash, savings, and ir	vestments		19,322	22	16,196
23 Land and buildings			47,640	23	44,286
	e in Schedule O)			24	2,356

Į.		L.	(D) = 10 01) Car
22 Cash, savings, and investments	19,322	22	16,196
23 Land and buildings	47,640	23	44,286
24 Other assets (describe in Schedule O)	2,156	24	2,356
25 Total assets	69,118	25	62,838
26 Total liabilities (describe in Schedule O)	1,062	26	1,595
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,056	27	61,243
Part III Statement of Program Service Accomplishments (see the instructions for	Part III)	T	
Check if the organization used Schedule O to respond to any question in this Part III	<u> </u>	1	Expenses
What is the organization's primary exempt purpose? TO PROMOTE WELL-BEING		, ,	uired for section
Describe the assessment of a second laboratory of the three learnest arrange of the second laboratory of the second labor		1	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each of its three largest program service as measured by expenses. In a clear and concise manner, describe the services provided, the number of	S,	-	nizations, optional for
persons benefited, and other relevant information for each program title		for ot	hers)
28 TO PROMOTE WELL-BEING THROUGH NUMEROUS SERVICE			
ACTIVITIES, CHARITABLE PROGRAMS, TRAINING CENTERS,			
RECREATIONAL AND LEADERSHIP PROGRAMS FOR YOUTHS.		l	
(Grants \$) If this amount includes foreign grants, check here .		28a	
29			
			,
(Grants \$) If this amount includes foreign grants, check here .	▶ 🗍	29a	
30			
(Grants \$) If this amount includes foreign grants, check here .	▶ 🗍	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here .		31a	
32 Total program service expenses (add lines 28a through 31a)		32	
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compe		ions fo	or Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week other compensation (Forms W-2/1099-MISC) benefit plans, and devoted to position (if not paid, enter -0-) deferred compensation J MICHAEL HOWARD EXALTED RULER 10.00 JAMES BETZNER 5.00 LOYAL KNIGHT COREY LAWLER LECTURING KNIGHT 5.00 0 THELMA J ROBERTS 10.00 0 SECRETARY DENNIS BARRY 5.00 TRUSTEE REPRESENTATIVE

Page 3

42-0135980

P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u>′</u>		<u>. 🛮</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		}	
	detailed description of each activity in Schedule O	33	├	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		1)
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			١.,
	change on Schedule O (see instructions)	34	<u> </u>	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1 25-	v	ĺ
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	$\frac{X}{X}$	├—
	of f"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,	250	l	1
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		v
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			v
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		X
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	300		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<u> </u>
39	Section 501(c)(7) organizations. Enter	1		ĺ
а				İ
b	_	1]		į
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	1		į
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	1 1	· 1	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	1 1		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed IA			
42 a	The organization's books are in care of ▶ THELMA J ROBERTS Telephone no ▶ 563-5	83-57	708	
	Located at ► PO BOX 1662, DUBUQUE, IA ZIP+4 ► 52004	-1662	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	\	res	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	 i	. ▶	L_
	and enter the amount of tax-exempt interest received or accrued during the tax year	L		
	D. 14	 	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ا نیا		v
_	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	446	1	v
_	completed instead of Form 990-EZ	44b	-+	$\frac{X}{X}$
	Did the organization receive any payments for indoor tanning services during the year?	44c		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	. : .	1.	•
	explanation in Schedule O	44d	 -	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	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)	45b		х
	Form 990-EZ (see instructions)	730		4.5

Form 9	990-EZ (2014) BPO ELKS NO 297				42-01359	980	F	Page 4
							Yes	No
46	Did the organization engage, directly or indirectly, i		ties on behalf of or in opp	position				
	to candidates for public office? If "Yes," complete			<u></u>	<u></u>	46	<u> </u>	X
Par	t VI Section 501(c)(3) organizations							
	All section 501(c)(3) organizations	must answer quest	ions 47-49b and 52	, and complet	e the tables	for li	nes	
	50 and 51							
	Check if the organization used Sci	hedule O to respond	I to any question in	this Part VI	<u> </u>	<u></u> ,	· · ·	<u>. 🛛</u>
							Yes	No
47	Did the organization engage in lobbying activities o	• •	~					
	year? If "Yes," complete Schedule C, Part II					47		
48	Is the organization a school as described in section					48		
49 a	Did the organization make any transfers to an exen	npt non-charitable related	organization?			49a		
b	If "Yes," was the related organization a section 527	organization? .				49b		
50	Complete this table for the organization's five higher							
	employees) who each received more than \$100,000	O of compensation from the	e organization If there is	none, enter "No	ne "			
		(b) Average	(c) Reportable	(d) Health bene			4	
	(a) Name and little of each employee	hours per week	compensation	contributions to en benefit plans, and o		stimated ther con		
		devoted to position	(Forms W-2/1099-MISC)	compensation			<u>. </u>	
						-		
					1			
					}			
f	Total number of other employees paid over \$100,00	0						
	Complete this table for the organization's five highes		ent contractors who each	received more t	han			
	\$100,000 of compensation from the organization If	•						
	(a) Name and business address of each independent contra	ctor	(b) Type of service	•	(c) Compe	ensation		
			-					
_								
								_
				ĺ				
d	Total number of other independent contractors each	receiving over \$100.000	▶				-	
	Did the organization complete Schedule A? Note. Al	•	zations must attach a					
	completed Schedule A				▶ □	Yes	X N	lo
	enalties of penury, I declare that I have examined this return, including							
	rect, and complete. Decleration/of preparer (other than officer) is be			. •				
20, 30,1	VI below 1 V R	hestal do	sator.	8-11	-15			
Sign	Signature of officer		- Company	Date				
Here	OFFICER The ma	1. Kahoute	Secretar	. J				
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·	-coreiar	y				
		reparer's signature	Date	Check	X if PTIN			
3-1-4		// ¥ /	06-10-20			2031:	5	
Paid		N THEISEN			F012	.0314		
repar			<u> </u>	Firm's EIN ▶				
Jse Oi		EDY RD						
	DUBUQUE IA 52002			Phone no	563-583-3			
lay the	e IRS discuss this return with the preparer shown at	ove? See instructions	<u> </u>	<u> </u>		Yes	<u> </u>	
FΔ					For	m 990	-EZ (2)	014)

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organization	s Complete Part III				
Nan	ne of organization			Employe	r identification num	ber
B	PO ELKS NO 297			42-013	15980	
Pa	rt I-A Complete if the orga	nization is exempt under sect	ion 501(c) or	is a section 527 org	anization.	
1		i's direct and indirect political campaign a				
2	Political expenditures	·		> \$		
3	Volunteer hours			· · · · · · · · · · · · · · · ·		
Pa	rt I-B Complete if the organ	nization is exempt under sect	ion 501(c)(3).			
1	Enter the amount of any excise tax incui	rred by the organization under section 49	55			
2	Enter the amount of any excise tax incur	red by organization managers under sec	tion 4955	> \$		
3	If the organization incurred a section 495					No
4a	Was a correction made?				. Yes [□No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the organ	nization is exempt under sect	on 501(c), ex	cept section 501(c)(3).	
1	Enter the amount directly expended by the	ne filing organization for section 527 exer	npt function			
	activities			▶ \$		
2	Enter the amount of the filing organization	•				
	527 exempt function activities			▶ \$		
3	Total exempt function expenditures Add					
	line 17b					
4	Did the filing organization file Form 1120	_				No
5	Enter the names, addresses and employ	· · · · · · · · · · · · · · · · · · ·			-	
	organization made payments. For each of					
	the amount of political contributions received					
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, p	orovide information in Part I	<u> </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of politic contributions received promptly and direct delivered to a separation political organization none, enter -0-	d and tly rate
(1)			··			
(2)						
(3)			··			
(4)						
(5)						
(6)						

Sch	edule C (Form 990,or 990-EZ) 2014 BPO ELKS NO 2				42-0135	
P	art Ii-A Complete if the organization	is exempt u	nder section 50)1(c)(3) and file	d Form 5768 (elec	ction under
	section 501(h)}.			- <u> </u>		
Α	Check ▶ ☐ If the filing organization belongs to a		•		ember's	
_	name, address, EIN, expenses, and					
<u>B</u>	Check ► ☐ If the filing organization checked box			лу	(a) Filing	(b) Affiliated
	Limits on Lobby				organization's totals	group totals
1a	(The term "expenditures" me Total lobbying expenditures to influence public opin					
b	· · ·					
c	Total lobbying expenditures (add lines 1a and 1b)				 	
d						
е	Total exempt purpose expenditures (add lines 1c a					
f	Lobbying nontaxable amount Enter the amount fro					
	columns					···
	If the amount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:	1	
	Not over \$500,000	+	nount on line 1e		1	
	Over \$500,000 but not over \$1,000,000		15% of the excess of		1	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of		1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			<u> </u>	<u> </u>
9	-				<u> </u>	
h :	Subtract line 1g from line 1a If zero or less, enter - Subtract line 1f from line 1c If zero or less, enter -0					
i	If there is an amount other than zero on either line				L.,	
,			~		<u> </u>	Yes No
	(Some organizations that made a sec	tion 501(h) el	ng Period Under ection do not hav	ve to complete al	l of the five colum	ns below.
				nes 2a through 2f	f.) 	
	Lobbyin	g Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))		1			
_ c	Total lobbying expenditures	·				
d	Grassroots nontaxable amount	<u></u>				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
EEA					Schedule C (Forr	n 990 or 990-EZ) 2014

P	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	1 5768
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
	scription 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?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
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	Raflies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
J	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ		
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		- [
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
<u></u>	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 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	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	1	1	
	political expenses for which the section 527(f) tax was paid).		- 1	
а	Current year		2a	
b	Carryover from last year	· }	2b	
С	Total	· }	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	· -	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		- [
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1	
	and political expenditure next year?	-	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5	
rovi	t IV Supplemental Information de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line instructions), and Part II-B, line 1. Also, complete this part for any additional information	es 1 ar	nd	

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

2014

Open to Public Inspection

Name of the organization Employer identification number 42-0135980 BPO ELKS NO 297 01. Description of other expenses (Part I, line 16) Amount Description FEES AND DUES 3,287 GOODFELLOWS EXPENSE 12,828 4,768 INSURANCE LODGE ACTIVITIES 1,299 PERMITS AND LICENSES 763 OPERATING SUPPLIES 1,618 OFFICE SUPPLIES 96 STATE AND NATIONAL CONVENTIONS 2,682 02. Description of other assets (Part II, line 24) Beginning of Year End of Year Category INVENTORY 2,156 2,356 03. Description of total liabilities (Part II, line 26) Beginning of Year End of Year Category ACCRUED SALES TAX 1,062 1,595