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SCANNED JUL 1 5 2015

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 1545-0047

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 and its instructions is at www.irs.gov/form990.

A F	or the	e 2014 calendar year, or tax year beginning 04/01, 2014,	and endin	g	03	3/31 , 20 15
_		C Name of organization		D Employ	er identifica	ation number
В 0	heck if app	ROANORE LODGE 197 BPO ELKS		54-	013869	4
L	Addres change					
	Name	change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number	
	Initial r	eturn 1147 PERSINGER ROAD, SW		(540)	344-6	5140
	Final re					
	- termina Amend			G Gross	receipts \$	663,486.
	return Applica	F Name and address of principal officer			a group retu	
	pendin	g			dinates? I subordinates i	ncluded? Yes No
_		empt status 501(c)(3) X 501(c) (8) (Insert no) 4947(a)(1) or	r 527			t (see instructions)
		e: N/A	1 1 327		exemption n	
		f organization X Corporation Trust Association Other	I Vear of	formation 192		
$\overline{}$	art I	Summary	L rear or	IOIIIIation 152	o in State	or regardonner vii
						
	1 1	Briefly describe the organization's mission or most significant activities THE ROANOKE LODGE NO. 197 B.P.O. ELKS IS A NONPR	OFTT OP	CANTZATIO		
2				GANIZATIO	·	
Activities & Governance	1 -	WHOSE EXEMPT PURPOSES ARE CHARITABLE AND FRATERN	-	·		-
Š.		Check this box F if the organization discontinued its operations or disposed			1 1	E
ق مع		Number of voting members of the governing body (Part VI, line 1a) $\dots \dots$				<u> </u>
Se		Number of independent voting members of the governing body (Part VI, line 1b)				
Ę		Total number of individuals employed in calendar year 2014 (Part V, line 2a)				46.
Ę		Total number of volunteers (estimate if necessary)				
⋖		Total unrelated business revenue from Part VIII, column (C), line 12				0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>			0
				Prior Ye		Current Year
ā	8	Contributions and grants (Part VIII, line 1h)			,756.	214,459.
en	9	Program service revenue (Part VIII, line 2g)			,515.	75,121.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,039.	175,808.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>.</u> .		,310.	465,388.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			,615.	2,773.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			.0	0
ģ	15	Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)		157	,723.	165,524.
Expenses	16a	Professional fundraising fees (Part\(\hat{X}\), column (A), line 11e)			0	0
×	b	Total fundraising expenses (₽art IX, column (D), line 25) ▶	0			
ш	17	Other expenses (Part IX, column (A) IIII) 16 21 6 1 120 15 1-24e)			3,355.	288,225.
	18	Total expenses Add lines 13-47 (must equal Part IX, column (A), line 25)		427	,693.	456,522.
	19	Revenue less expenses Subtract line 18 from line 12			3,383.	8,866.
Assets or		-1		Beginning of Cu		End of Year
seta	20	Total assets (Part X, line 16)		503	3,513.	544,437.
ASS	21	Total liabilities (Part X, line 26)		133	3,221.	165,279.
Net /	22_	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	370	,292.	379,158.
Pa	art II	Signature Block				
Un	der pen	nalties of perjury, I declare that I have examined this return, including accompanying schedul	les and staten	ments, and to the	est of my	knowledge and belief, it is
- tru	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whice	in preparer na	s any knowledge		
		wall fel				
Sig	-	Signature of officer		Da		
He	re	William & Chase Secretary	_	6	-10-	15
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Chec	(If	PTIN
Pai		RICHARD A GARBEE, CPA	5/2/	_	mployed	P00041307
	parer	Firm's name ▶SALYER, GARBEE & CO., CPAS, PC		Firm's EIN	▶ 54-	1569238
US1	Only	Firm's address ▶209 BOULEVARD SALEM, VA 24153	_	Phone no	540	387 0229
Ма	y the If	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	<u></u>	. X Yes No
Foi	Paper	rwork Reduction Act Notice, see the separate instructions.		120	1	Form 990 (2014)
	-	·		$U \mid A$		6 17
JSA 4E1	010 1 00	00			1	- 17
				~		1 _L _

_	n 990 (2014)	Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission	
	THE ROANOKE LODGE NO. 197 B.P.O. ELKS (ORGANIZATION) IS A NONPROFIT	
	ORGANIZATION WHOSE EXEMPT PURPOSES ARE CHARITABLE AND FRATERNAL. THE	
	ORGANIZATION RECEIVES ITS SUPPORT AND REVENUE PRIMARILY FROM DUES AND	
	FUNDRAISING ACTIVITIES.	
2	• • • • • • • • • • • • • • • • • • • •	X No
	If "Yes," describe these new services on Schedule O	
		X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 349,207. Including grants of \$) (Revenue \$)	
	ROANOKE ELKS LODGE IS AFFILIATED WITH THE BENEVOLENT AND	
	PROTECTIVE ORDER OF ELKS NATIONAL FOUNDATION. THE ORGANIZATION	
	PROMOTES AND PRACTICES COMMUNITY ACTIVISM AND FELLOWSHIP THROUGH	
	FAMILY ACTIVITIES AND PROGRAMS, SCHOLARSHIPS, SCOUTING, SWIM TEAM,	
	VETERANS PROGRAMS AND DRUG AWARENESS PROGRAMS. ELKS INVESTS IN	
	THE COMMUNITY THROUGH PROGRAMS THAT HELP CHILDREN GROW UP HEALTHY	
	AND DRUG-FREE.	
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
_		
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
	· ·	
4d	Other program services (Describe in Schedule O)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 349,207.	

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. Section 501(c)(1) 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. 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, Part II. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part IV. Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, or quise-rendownents, or quise-rendownent		00 (2014)		P	age 3
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part I, 4 Section 501(c)(3) organizations. Did the organization engage in lobying activities, or have a section 501(h) election in effect during the tax year II "Yes," complete Schedule C, Part I, 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or armillar amounts as defined in Revenue Procedure 98-197 II" "Yes," complete Schedule C, Part II, 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of the part of the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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 Did the organization directly or though a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," accomplete Schedule D, Part V. 10 Did the organization services II" "Yes," complete Schedule D, Part V. 11 If 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 V. 12 Did the organization or pert of a minount for investments-other securities in Part X, line 13 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	Part	Checklist of Required Schedules	-	Yes	No
2 Is the organization required to complete Schedule of Contributors (see instructions)? 2 Is the organization engage in detect or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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," organized Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P, Part II. 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hastonic land areas, or histonic structures? If "Yes," complete Schedule P, Part III. 5 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule P, Part III. 5 Did the organization proort 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 V. 6 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 6 Did the organization report an amount for Investments-other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15° If "Yes," complete Schedule P, Part VIII. 6 Did the organization repor	1 ,		1		
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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. e Did the organization report an amount for other liabilities 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. 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 \ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If 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. 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization and an office, employees, or agents outside of the United States? b Did the organization and infinity or agents outside of the United States? 13 Is the organization in an another, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III a		complete Schedule D, Part VI	11a	Х	
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		If "Yes," complete Schedule G, Part III			X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			$\overline{}$		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2011

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 1º 10º 1º	Part	Checklist of Required Schedules (continued)			
domestic government on Part IX. column (A), line 17 if "Yes," complete Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization are at as-exempt bond seve 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 II "No." go to him 25a. b Did the organization invest any proceeds of take-exempt bonds beyond a temporary pend exception". 24b Did the organization invest any proceeds of take-exempt bonds beyond a temporary pend exception". 24c Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year. 25d Did the organization may be the organizations. Did the organization is proof the state of the assistance on with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore year. 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		•		Yes	No
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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. 24a Did the organization have a tax-exempt bond issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer interes 242 through 24d and complete Schedule K If Yio," go to line 25a. 25b Did the organization mentain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ingoing an an excess benefit transaction with a disqualified person unity of year, and that the transaction has not been reported on any of the organization proper or 990-E27 (1" Yes," complete Schedula L, Part I. 27b Did the organization provide a grant or other assistance to an officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedula L, Part II. 27c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any city or family member of any of these persons? If "Yes," complete Schedula L, Part II. 28c Was the organization applicable filting thresholds, conditions, and exceptions. 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A current of organization applicable filting thresholds, conditions, and exceptions? 28d A current of organization as party to a business transaction with one of the following parties (see Schedule L, Part IV. 28d A current of former officer, directo	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			.,
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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				
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 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) 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Inne 2 36 Did the organization organizations. Did the organization make any transfers to an exempt non-charitable related organization? Office Schedule R, Part V, Inne 2 37 Did the organization organization more tax purposes? If "Yes," complete Schedule R, Part V, Inne 2 38 Did the organization complete Schedule O and provide explanations in Schedule					
Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 II. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 34 Did the organization? If "Yes," complete Schedule R, Part V, line 2. 35 Did the organization? If "Yes," complete Schedule R, Part V, l			27		X
Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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 director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or developed of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 17701-3? If "Yes," complete Schedule R, Part I. 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 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	28				
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	а		28a		Х
Schedule L, Part IV c 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 II. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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, Part VI, line 2 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 11b and 19? Note. All Form 990 filers are required to complete Schedule	b				
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. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 II. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.		•	28b		Х
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. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 II. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			28c		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		29		X
conservation contributions? If "Yes," complete Schedule M					
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			30		X
Part I	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	•		31		Х
complete Schedule N, Part II	32				
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	V -		32		Х
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	00		33		Х
or IV, and Part V, line 1	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	04		34		Х
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	35.2		35a		Х
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					
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	-		35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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, Part VI	33		36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI	91			1	
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		·	37		х
19? Note. All Form 990 filers are required to complete Schedule O	3.5		-		
Form 990 (201	30			x	
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Form 990 (2014)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · - ;		
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			!
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			İ
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	E	~ -	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	-		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			,
11	Section 501(c)(12) organizations. Enter			;
_	Gross income from members or shareholders			:
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			ļJ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 ,
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	· · ·	
<u>Seci</u>	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year		169	-
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent			
_	Little the humber of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	_
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	/ a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	х	
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		х	1
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD		
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
Saati	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the internal revenue	Cour	Yes	No
	D. 14	10a	X	
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	I I a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		x
12a		120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120	l	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14	-	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	130		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		16a		x
	with a taxable entity during the year?	100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	:		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	465		
Soci	cion C. Disclosure	16b	·	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
			1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year	la b		
20	State the name, address, and telephone number of the person who possesses the organization's books and record organization's officers 1147 persinger road, SW ROANOKE, VA 24015 540-344-6140	io P		

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 have finalther the organization per any related organization companies and any current officer director, or trustee

Check this box if neither the organization nor	any related	orga	nıza	tion	cor	npen	sate	ed any current office	er, director, or trus	tee	_
				(0	•						
(A)	(B)	Ì		Pos				(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated	
	hours per					is both		compensation	compensation from	amount of	
	week (list any	office	rand		irect	or/trust	<u> </u>	from	related	other compensation	
	hours for	익克	'n	앜	6	em Hig	F	the	organizations	from the	
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ples	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	below dotted	ct a	tion		큧	ee /ee		(**-2/1033-141100)		and related	
	line)	_ <u>\$</u>	al tr		ě	ğ				organizations	
		tee	uste		"	ens					
			ě			Highest compensated employee					
DAN CAUNDEDC											-
_(1)DAN SAUNDERS	 	х		х				ر ا	0		0
PRESIDENT			<u> </u>	^	<u> </u>		<u> </u>		<u> </u>	.	-
(2)WILLIAM R CHASE				:							_
SECRETARY		Х		X				12,000.	_0		_0
(3)WAYNE G HALL	L										
TREASURER		Х		Х				[C	0		0
(4)BRAD SNEED								,			-
BOARD CHAIRMAN	T	Х	İ					i c	0		0
(5)VINCE BRANDTNER			1				<u> </u>				-
DIRECTOR	†	x							l o		0
(6)JIM BATEY											-
DIRECTOR	 	x		İ				(О		0
(7)CHUCK JORDAN	 	- · ·	<u> </u>				-				-
DIRECTOR	+	x	ŀ						o		0
	 	^	-	_	_		_		0		-
(8)KATHY COOK	L	٠.,									_
DIRECTOR		X	ــــ	<u> </u>			_	C	_0		0_
_(9)		-									
(10)	<u> </u>			 			 				-
] _									_
(11)											-
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(12)											
(13)	ļ		-				<u> </u>				-
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(14)	+ -	1									
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Form 990 (2014)

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	ot ch	Pos neck is pe	ition more	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	ole in from	Es am	(F) timated ount o other pensati	f
	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-I		orga and	om the anization in the	on d
	 -										··		
		<u> </u>											
1b Sub-total continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	· · ·	· ·	 		· · ·	> >	12,000.		0			(
2 Total number of individuals (including but not reportable compensation from the organization)			liste O	d a	bov	e) wh	o re	eceived more than	\$100,000 c	of 			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ind	tru Iivid	uste ual	ee, •••	key (emp	oloyee, or highes	t compens	ated	3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater thar	n \$15	50,0	001	? /	f "Ye	s, "	nd other compen complete Schedu	sation from lile J for s	the such	4	_	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper ete Sci	satı hedu	on .le .	fror J fo	n any r such	un per	related organizati	on or indivi	dual	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year.	npensated compensat	indepo ion fo	ende r the	ent e ca	cor alen	tracto dar ye	ear e	that received more ending with or wit	e than \$100 hin the orga	,000 o inizatioi	f n's tax		
(A) Name and business add	dress							(B) Description of s	ervices	C	(C) ompen		
		-							-				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors than \$100,000 in compensation from the contractors are contractors.)				nıte	ed t	o tho	se !	listed above) who	received				

Par	t VIII	Statement of Revenue Check if Schedule O contain	ns a respon	se or note to an	/ line in this Part V	····		X
-	•		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु रु	1a	Federated campaigns	1a					
e a	b	Membership dues		149,827.				
s, G	c	Fundraising events						1
Gift	d	Related organizations	1 1					i
ns,	е	Government grants (contribution	F . 1					
utio er S	f	All other contributions, gifts, grant	s,					i
ribi		and similar amounts not included abor	ve . 1f	64,632.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f \$					
	h	Total. Add lines 1a-1f			214,459.			
une				Business Code				<u> </u>
eve	2a	POOL PASSES			53,726.	53,726.		<u> </u>
ë K	b	SWIM TEAM			6,745.	6,745.		<u> </u>
Program Service Revenue	С	MISCELLANEOUS INCOME	<u> </u>		14,650.	14,650.		
Se	d							
Гап	е				-			
rog	f	All other program service revenue	: l		95 101	-		
	g	Total. Add lines 2a-2f			75,121.			<u> </u>
	3	Investment income (includi	•		0			
		and other similar amounts)			0			
	4 5	Income from investment of tax-e		. 1	0			
	3	Royalties	(ı) Real	(ii) Personal				
			8,805.	(.,,				į
	6a	Gross rents	0,000.					
	b	Less rental expenses	8,805.					,
	d	Rental income or (loss) L			8,805.			
	7a) Securities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		▶	0			
ē	8a	Gross income from fundraising	3					
eur		events (not including \$						
Š		of contributions reported on line	1c)					
ď	•	See Part IV, line 18	а	42,633.				
Other Revenue	b	Less direct expenses	b	26,460.				
ŏ	С	Net income or (loss) from fundra	ising events.	'\io	16,173.			+
	9a	. .						
		See Part IV, line 19						
	b	Less direct expenses	b		0			
	C	Net income or (loss) from gamin						
	10a	Gross sales of inventory, returns and allowances		322,468.				
	١.	Less cost of goods sold AT						
	b	Net income or (loss) from sales of	of inventory	111,0501	150,830.		-	
	<u> </u>	Miscellaneous Revenue	, , , ,	Business Code				
	11a				=			
	ь							
	6							
	ď	All other revenue						
	e	Total. Add lines 11a-11d · · ·		. .	0			
	12	Total revenue. See instructions			465,388.	75,121		<u> </u>

Part IX Statement of Functional Expenses

Section 5	01(c)(3) and 501(c)(4) organizat	ions must complete all columns	All other organizations must complete column (A)
	Check if Schedule O contains	a response or note to any line i	n this Part IX

o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic				
individuals See Part IV, line 22	2,773.	2,773.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	oļ			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	12,000.	12,000.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	ol			
7 Other salaries and wages	139,412.	94,199.	45,213.	
		,	· · · · · ·	
8 Pension plan accruals and contributions (include	ol			
section 401(k) and 403(b) employer contributions)	n			· · · · ·
9 Other employee benefits	14,112.	10,690.	3,422.	
D Payroll taxes	17/1120	10,000.	3,122.	
1 Fees for services (non-employees)	d			
a Management	3,306.	1,653.	1,653.	
b Legal	14,450.	7,225.	7,225.	
c Accounting	14,450.	1,223.	1,223.	
d Lobbying	0	-		
e Professional fundraising services See Part IV, line 17.	- 0			
f Investment management fees				
9 Other (If line 11g amount exceeds 10% of line 25 column				
(A) amount, list line 11g expenses on Schedule O)	0			
2 Advertising and promotion	60.	60.		
3 Office expenses	4,249.	1,402.	2,847.	
4 Information technology	0			
5 Royalties	0			
6 Occupancy	72,398.	54,298.	18,100.	
7 Travel	3,300.	1,650.	1,650.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	0			
0 Interest	4,775.	3,581.	1,194.	
1 Payments to affiliates	18,884.	18,884.		
2 Depreciation, depletion, and amortization	29,638.	22,229.	7,409.	
3 Insurance	7,813.	3,907.	3,906.	
4 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)				
a POOL OPERATION	18,786.	18,786.		
bREPAIRS AND MAINTENANCE	43,612.	37,070.	6,542.	
cSUPPLIES	27,685.	23,532.	4,153.	 <u>.</u>
	6,155.	5,232.	923.	
dTAXES AND LICENSES	33,114.	30,036.	3,078.	
e All other expenses				
Total functional expenses Add lines 1 through 24e	456,522.	349,207.	107,315.	
26 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)	O			

rm 990				Page 11
art X	Check if Schedule O contains a response or note to any line in this	Part Y		
	Check if Schedule O contains a response or note to any line in this	(A)		(B)
•		Beginning of year		End of year
1	Cash - non-interest-bearing	167 003	1	175,923
2	Savings and temporary cash investments			
3	Pledges and grants receivable, net	·	3	•
4	Accounts receivable, net	·	4	
5	Loans and other receivables from current and former officers, directors	•		
•	trustees, key employees, and highest compensated employees	·)		
		1	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section)	n'		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer	s		
1	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	y C	6	
2 7	Notes and loans receivable, net		7	
7 8		•	_	5,507
9	Inventories for sale or use Prepaid expenses and deferred charges	1,801.		1,720
1	Land, buildings, and equipment cost or	•		
102	other basis Complete Part VI of Schedule D 1,438,69	1.		
,	Less accumulated depreciation	326,523.	100	361,287
11	Investments - publicly traded securities	C	11	
12	Investments - other securities See Part IV, line 11	•	12	
13	Investments - program-related See Part IV, line 11	•	13	
14	Intangible assets	•	14	
15	Other assets See Part IV, line 11	•	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	•		544,437
17	Accounts payable and accrued expenses			6,297
18	Grants payable	•	18	-,
19	Deferred revenue ATÇH 4	• — — — — — — — — — — — — — — — — — — —		41,725
20	Tax-exempt bond liabilities	•		
1 _ 1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors			
21 22	trustees, key employees, highest compensated employees, an			
<u> </u>	disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	•	23	
24	Unsecured notes and loans payable to unrelated third parties	•		117,257
25	Other liabilities (including federal income tax, payables to related thir	•		· · · · · · · · · · · · · · · · · · ·
	parties, and other liabilities not included on lines 17-24) Complete Part 2			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	165,279
	Organizations that follow SFAS 117 (ASC 958), check here X an			· · · · · · · · · · · · · · · · · · ·
S S	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	370,292.	27	379,158
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Net Assets of Fund Balances 0 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	d		
ဖွာ 30	Capital stock or trust principal, or current funds		30	
ອ ທີ່ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	_	32	
33	Total net assets or fund balances		33	379,158
34	Total liabilities and net assets/fund balances	503,513.	34	544,437

Form 990 (2014)

orm 99	0 (2014)				Pag	ge 12
Part	XI Reconciliation of Net Assets					
	` Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,3	
2 `	Total expenses (must equal Part IX, column (A), line 25)	2		4		522.
3	Revenue less expenses Subtract line 2 from line 1	3				366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	70,2	292.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			_	0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	79,	158.
Part	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," e	xplair	n in		į	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both	•		1		
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?			2b	1	Х
a	If "Yes," check a box below to indicate whether the financial statements for the year were aud			- 		
	separate basis, consolidated basis, or both	ieu o	11 0			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent act					
	If the organization changed either its oversight process or selection process during the tax year, e	expiaii	n in			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in	3-		
	the Single Audit Act and OMB Circular A-133?		41	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as		tne	3h		

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

Open to Public Inspection Employer identification number

Nam	e of the organization		Employer identification number
RO	ANOKE LODGE 197 BPO ELKS		54-0138694
Pa	Organizations Maintaining Donor Adv Complete if the organization answered		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
Ū	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
P:	art II Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or termin	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspec	
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, if	nspecting, and enforcing conservation eas	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easeme	nts during the year
	▶ \$		
8	Does each conservation easement reported on lin	ie 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		cial statements that describes the
	organization's accounting for conservation easement III Organizations Maintaining Collections		r Similar Assots
	art III Organizations Maintaining Collections Complete if the organization answered	'Yes" to Form 990. Part IV, line 8	of Jillian Assets.
		The state of the s	revenue statement and halance shee
ıa	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ar assets held for public exhibition, edu	ucation, or research in furtherance of scribes these items
b	If the organization elected, as permitted under		
J	works of art, historical treasures, or other simil public service, provide the following amounts related	ar assets held for public exhibition, edu ting to these items	ucation, or research in furtherance o
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a		
	following amounts required to be reported under \$		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u></u>	<u></u>

_	•
Page	4

Par	t III Organizations Maintaining Collect	ctions of Art, Histo	orical Treasure	es, or Oth	ner Similar	Assets (cont	inued)
							_
3	Using the organization's acquisition, access	sion, and other record	ds, check any of	the follow	ring that are	a significant u	se of its
	collection items (check all that apply)	_	1				
a	Public exhibition	d [Loan or excha				
b	Scholarly research	e [Other				
¢	Preservation for future generations						
4	Provide a description of the organization's	collections and expla	in how they furt	her the or	ganization's e	exempt purpose	e in Part
_	XIII						
5	During the year, did the organization solicit o						
	assets to be sold to raise funds rather than to						No
Par	t IV Escrow and Custodial Arrangeme		e organization a	answered	res to For	m 990, Part N	v, ime 9,
	or reported an amount on Form 99	90, Part A, line 21.	· · · · · · · · · · · · · · · · · · ·		-		
15	Is the organization an agent, trustee, custod	ian or other intermed	iany for contributi	one or other	r assets not		
ı et	included on Form 990, Part X?		•			Yes	No
h	If "Yes," explain the arrangement in Part XIII					163	
J	in res, explain the arrangement in rare xiii	and complete the lon	[[Amo	ount	
С	Beginning balance		-	10			
	Additions during the year					· · · · · · · · · · · · · · · · · · ·	
	Distributions during the year				<u></u>		
f	Ending balance				·· ·	 -	
2 a	Did the organization include an amount on F	orm 990 Part X line	21 for escrow o	r custodial	account liabili	tv? Yes	No
	If "Yes," explain the arrangement in Part XIII						$H^{\prime\prime}$
	t V Endowment Funds. Complete if the	he organization ans	wered "Yes" to	Form 990	. Part IV. line	e 10	
	(a) Curr			years back	(d) Three years		years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains,						
	and laccas						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs		<u> </u>				
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr		(line 1g, column	(a)) held as			
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
C	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c show						
3 a	Are there endowment funds not in the posse	ession of the organiza	ition that are held	l and admir	nistered for the	_	
	organization by					-	es No
	(i) unrelated organizations						
	(ii) related organizations						
b	If "Yes" to 3a(II), are the related organization	•				<u>3b</u>	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds				
Pai	rt VI Land, Buildings, and Equipment. Complete if the organization answ	vered "Yes" to Form	n 990. Part IV. li	ne 11a Se	ee Form 990). Part X. line	10
	Description of property	(a) Cost or other basis	(b) Cost or other bas	sis (C) Acc	cumulated	(d) Book valu	
1 <u>a</u>	Land	(investment)	(other) 101,47	 _	eciation	10	1,475.
b	Buildings		946,29		26,943		9,350.
	Leasehold improvements		3.0,23				-,
d	Equipment		294,83	8. 2	58,641.		6,197.
	Other		96,08		91,820		4,265.
	al. Add lines 1a through 1e (Column (d) must	equal Form 990. Part				36	1,287.
	The state of the s		<u> </u>			Schedule D (For	

Part VII	Investments - Other Securities.	l "Yes" to Form 990	, Part IV, line 11b See Form 990, Part X, line 1	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
<u>(B)</u>				
(C)				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u> (G)				
(<u>G)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12)			····-
Part VIII				
I WIL VIII		d "Yes" to Form 990.	, Part IV, line 11c. See Form 990, Part X, line 1	3
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
_(4)				
(5)				
_(6)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		<u></u>	···
raitin		d "Yes" to Form 990	, Part IV, line 11d See Form 990, Part X, line 1	5.
		escription	(b) Book va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)				_
(9)	(1)	In - 45 \		
Part X	umn (b) must equal Form 990, Part X, col. (B) of Other Liabilities. Complete if the organization answered line 25.		, Part IV, line 11e or 11f. See Form 990, Part X	ζ,
1.	(a) Description of liability	(b) Book valu	ue l	
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
_(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25)			
			the organization's financial statements that reports the if the text of the footnote has been provided in Part XIII	<u>. </u>

	e D (Form 990) 2014	Page 4
Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	n.
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	
b	Donated services and use of facilities	
C	Recoveries of prior year grants 2c	<u> </u>
d	Other (Describe in Part XIII)	-
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	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4b	-
b	Add tree As and Ab	4c
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part		
rait	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	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
C	Other losses 2c	4
ď	Other (Describe in Part XIII) 2d	-
e	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b		
	A 1 1 1 A 1 4 1	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5
	XIII Supplemental Information.	·l
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
		
-		
		·
JSA		Schedule D (Form 990) 2014
JON		

Part XIII Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number 54-0138694 ROANOKE LODGE 197 BPO ELKS Fundraising Activities. Complete If the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations е b Solicitation of government grants Internet and email solicitations f Special fundraising events C Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gros			
	,	g. ass receptor g. carter man \$6,0	(a) Event #1 RAFFLE	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
a			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	42,633.			42,633
_	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	42,633.			42,633
	4	Cash prizes	15,149.			15,149
	5	Noncash prizes				
suses	6	Rent/facility costs				
Orrect Expenses	7	Food and beverages				
<u>D</u>	8	Entertainment				
	9	Other direct expenses	11,311.			11,311
	10	Direct expense summary Add lines	4 through 9 in column (d))	▶	26,460
	11					16,173
Pa	ru <u>.</u>	Gaming. Complete if the org than \$15,000 on Form 990-E		res to Form 990, Par	tiv, line 19, or repo	rtea more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	_1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes		-	· 	
Direct 6	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary. Subtr	act line 7 from line 1, col	lumn (d)		
	a Is	Enter the state(s) in which the organiza s the organization licensed to conduct f "No," explain		of these states?		. Yes No
		Vere any of the organization's gaming f "Yes," explain	licenses revoked, suspe			. Yes No
	-			· · · · · · · · · · · · · · · · · · ·		G (Form 990 or 990-EZ) 2014

Sched	dule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gaming activities with nonmembers?	∕es L	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
		∕es L	No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	_	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		¬
	levelide: , , , , ,	res _	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	The second of th	_	
	retain the state gaming license?	Yes 📗	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	ind on	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ROANOKE LODGE 197 BPO ELKS

Employer identification number 54-0138694

SECTION C. DISCLOSURE QUESTION 19 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST ARE HANDLE BY THE TRUSTEES OF THE BOARD. FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST. THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S OFFICERS WITH THE CPA THAT PREPARES THE FORM 990. THE TAX RETURN IS THEN PRESENTED TO THE BOARD

FORM 990, PART VIII - FUNDRAISING EVENTS

ATTACHMENT 1

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GAMING	42,633.	26,460.	16,173.
TOTALS	42,633.	26,460.	16,173.

	ATTACHMENT 2
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	322,468.
INVENTORY AT BEGINNING OF YEAR	8,106.
	160,020
PURCHASES	169,039.
SALARIES AND WAGES	
SALARIES AND WAGES	• •
OTHER COSTS	••
SUBTOTAL	177,145.
MINUS ENDING INVENTORY	5,507.
COST OF GOODS SOLD	171,638.

TOTALS

8,813. 29,638 29,638 1,281. 1,885. Current-year depreciation Current-year amortization Current-year 179 expense MA CRS class ACRS class 10.000 3.000 5.000 5.000 5.000 10.000 10.000 10.000 40.000 10.000 10.000 10.000 10.000 5.000 5.000 5.000 5.000 5.000 Life Lfe Beginning Ending Accumulated Medepreciation depreciation thought Accumulated Accumulated amortization Code SISL $_{
m SI}$ SL SISI995. SL 2,080. SI 613,358. SL 35,848. SL 36,210. SL 37,893. SL 1,040. SL 3,947. SL 6,523. SL 4,261. SL 1,853. SL 6,912. SL 1,400. 2,108 1,077,404. 73,283. 1,077,404. 45,988 31,102 ATTACHMENT 7,500. 29,217. 35,848. 1,040. 3,947. 995. 6,523. 4,261. 1,853. 6,912. 2,080. 1,337,217. | 1,047,766. 1,047,766. 44,707. 36,210. 73,283. 37,893. 1,400. 2,108. 604,545. 1,337,217. 3,947. 75,389. 35,848. 36,210. 73,283. 1,040. 4,261. 2,080. Basis for depreciation 7,500. 37,893. 1,400. 2,108. 995. 6,523. 1,853. 6,912. 613,358. 51,250. Basis Reduction 179 exp reduction in basis 100.000 2,108. 100.000 75,389. 100.000 35,848. 100.000 36,210. 100.000 100.000 1,400. 100.000 1,040. 100.000 100.000 6, 523. 100.000 1,853. 100.000 6,912. 100.000 2,080. 100.000 613,358. 100.000 51,250. 100.000 3,947. 100.000 4,261. 100.000 101,475. 100 000 100.000 Bus % Unadjusted Cost or basis 37,893. 995 1,438,692. 73,283 1,438,692. 7,500 Cost or basis Date placed in service Date placed in service 01/01/1990 01/01/1998 01/01/1998 01/01/1999 01/01/1999 01/01/2000 01/01/2000 01/01/2000 01/01/1976 06/01/1998 01/01/1976 01/01/1999 01/01/1999 01/01/1995 01/01/2001 01/01/1996 01/01/2001 01/01/2001 01/01/2001 Less Retired Assets Asset description Asset description Description of Property **AMORTIZATION** BUILDING IMPROVEM. BUILDING IMPROVEM DEPRECIATION SWIMMING POOL IMP SWIMMING POOL IMP Less Retired Assets Subtotals. Listed Property FURNITURE & FIX FURNITURE & FIX LODGE EQUIPMENT LODGE EQUIPMENT POOL EQUIPMENT POOL EQUIPMENT SWIMMING POOL PARKING LOT Subtotals. . TOTALS . EQUI PMENT **EQUIPMENT EQUIPMENT EQUIPMENT** BUILDING COMPUTER TOTALS LAND

*Assets Retired

PAGE 30 ATTACHMENT 5

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Date Date		179 exp reduction in basis	Basis	1000	Beginning	Foding					
06/01/2001 9,000. 09/30/2001 1,353. 04/30/2001 3,987. 01/31/2002 4,764. 06/15/2001 340. 04/01/2002 1,000. 04/24/2002 1,500. 05/18/2002 1,500. 05/31/2002 1,142. 05/31/2002 1,142. 06/12/2002 1,142. 06/12/2002 1,142. 06/12/2002 1,143. 06/13/2002 1,143. 06/13/2002 1,143. 06/13/2002 1,143. 06/13/2002 1,143. 06/13/2002 1,143. 06/13/2002 1,133. 06/11/2002 1,733. 06/11/2002 1,733. 06/11/2002 1,281. 06/11/2003 1,381.			Reduction	depreciation	Accumulated depreciation	Accumulated Me-	Conv	Life	ACRS CRS class class	A Current-year 3S 179 iss expense	Current-year depreciation
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04/30/2001 3,987. 01/31/2002 4,764. 06/15/2001 340. 04/01/2002 1,000. 04/24/2002 1,500. 05/18/2002 2/9. 05/31/2002 2/95. 06/12/2002 1,142. 06/12/2002 1,142. 06/12/2002 1,142. 06/12/2002 1,142. 06/12/2002 1,143. 10/05/2002 1,044. 10/05/2002 1,733. 09/17/2002 1,281. 09/17/2003 193. 09/17/2003 1,381. 09/17/2003 1,381. 09/17/2003 1,381. 09/17/2003 1,381.	000.000			1,353.	1,353.	1,353. SL		5.000			
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NUTEMENT 06/12/2002 1,142. SRATOR 07/23/2002 365. SATOR 08/13/2002 2,133. SATOR 09/11/2002 1,044. SUIPMENT 10/11/2002 1,733. SHINE 10/05/2002 2,17. SUIPMENT 09/11/2002 1,281. SUIPMENT 03/11/2004 13,611. BLOUPMENT 03/15/2004 13,611. Property 13,611. Prind Assets	000.000			945.	945.	945. SL	-	0.000			
NATOR 07/23/2002 365. NT 08/13/2002 2,133. NT 09/17/2002 1,044. DUIPMENT 10/11/2002 1,733. NITHINE 10/05/2002 217. DUIPMENT 09/17/2002 1,281. A EQUIPMENT 09/17/2004 13,611. PROPERTY 03/15/2004 13,611. PROPERTY 03/15/2004 13,611. PROPERTY 13/15/2004 13,611.	000.000			1,142.	1,142.	1,142. SL		5.000			
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NT 09/17/2002 112. 10/09/2002 1,044. 10/11/2002 1,733. HINE 10/11/2002 217. ULFMENT 09/17/2002 1,281. 02/11/2003 193. 1 EQUIPMENT 03/15/2004 13,611. Property 13,611. Property 13,611.	000.000			2,133.	2,133.	2,133 SL	-	0.000			
10/09/2002 1,044.	000.001			112.	112.	112. SL		5.000			
10/11/2002 1,733. 10/05/2002 217. 10/05/2002 1,281. 09/17/2003 1,93. 14T 03/15/2004 13,611. 15				1,044.	1,044.	1,044. SL	r4	000.0	-		
10/05/2002 217. 09/17/2002 1,281. 02/11/2003 193. 4T 03/15/2004 13,611. IS	100.001			1,733.	1,733.	1,733. SL		5.000	-		
1,281. 02/11/2003 193. 17 03/15/2004 13,611. 18	100.001			217.	217.	217. SL		5.000			
17 02/11/2003 193. 18	100.000			1,281.	1,281.	1,281. SL		5.000			
S	100.000			193.	193.	193. SL		5.000			
	100.000			13,611.	13,611.	13,611. SL		5.000	-		
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ATTACHMENT 5 PAGE 31

Contraction Contraction	Description of Property												and the	
Part	TOTAL STORY													
Part	DEPRECIATION			ļ				4						
Part Part	Asset description	Date placed in service	Unadjusted Cost or basis		179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	te- lod Conv	Lıfe			Current-year depreciation
	CASH REGISTER	05/23/2003	599.	 			599.	599	599.					
	TABLES	05/29/2003	1,106.	100.000			1,106.	1,106.		_	10.000			
No. 12.1. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	BABY POOL IMPROV.	05/28/2003	6, 500.	100.000			6,500.	6,500.		_	10.000	_		
Septembry 1972/17020 2.1312 100 c00 2.1320 2.132 2.00 c00 2.1320 2.132 2.00 c00 2.1320 2.132 2.00 c00 2.1320 2.1320 2.00 c00 2.1320 2.1320 2.00 c00 2.1320 2.1320 2.00 c00 2.1320	COMPUTER	06/24/2003	2,163.	100.000			2,163.	2,163.	1		5.000	_		
No. 17.42.2013 1.00 1.00 1.232. 1.330. 1.51 1.00 1.232. 1.30 1.50 1.232. 1.30 1.3	KITCHEN EQUIPMENT	09/21/2003		100.000			397.	397.						
Mart	TV	01/14/2003	2,332.	100 000			2,332.	2,330.	330.		5 000			
No. No.	POOL EQUIPMENT	07/23/2003	470.	100.000			470.	470.		_	5.000			
1, 200 1	SWIMMING POOL NATL	04/09/2003	2,294.	100.000				2,294.		_	10.000			
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	CLUB-FOOD WARMER	05/16/2004	1,200.	100.000			1,200.	1,200.		_	5.000			
10 10 10 10 10 10 10 10	CLUB- STL HOOD	07/31/2004	7,519.	100.000			7,519.	7,269.			10.000			250.
10 10 10 10 10 10 10 10	CLUB-TABLES	05/16/2004		100.000			1,005	993.		_	10.000			12.
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	CLUB-CHAIRS	08/31/2004	836.	100.000			836.	805.			10.000			31.
1,750 0,12,2004 1,750 100,000 1,750	LOT PAVED	05/27/2004		100.000			23,000.	22,617.		_	10.000			383.
101 105/08/2004 126, 100, 000 126, 126, 126, 126, 127, 120, 1200 123, 121, 121, 121, 121, 121, 121, 121,	HANDICAP POOL STAI	04/21/2004		100.000			1,790.	1,775.			10.000			15.
National National	CLUB-FOOD EQUIP	05/08/2004	226.	100.000			226.	226.	\neg		5.000			
1, 013 1, 013 100, 000 1, 013	CLUB-REFRIGERATOR	06/15/2004		100.000			523.	523.			2 000			
Name	CLUB-FOOD EQUIP	06/15/2004		100.000			1,013.	1,013.			5.000			
New Park 1997 15/2006 420 100 :000 420 420 420 5 :000 5	CLUB-FOOD EQUIP	06/15/2004	257.	100.001			257.	257.			5.000			
erty	OFFICE EQUIPMENT	09/15/2004	420.	100.000			420.	420.		_	5.000			
ectry Ussels. TION TION Date in or service basis amortization amortization amortization in amortization amortization in amorti	Less Retired Assets	:												
Userls	Subtotals													
Seets	Listed Property													
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TION Date Cost Accumulated Acc												\dashv		
TION Date Cost Ending Accumulated Accumul	Less Retired Assets			I										
Accumulated Accumu	Subtotals			1										
description Service basis Accumulated Accumulated Accumulated amortization Code Life	TOTALS													
description Service basis Accumulated Accumulated Accumulated Accumulated Accumulated amortization Code Life amortization amortization Code Life amortization amortization amortization amortization code Life amortization amortization code Life amortization amortization code Life amortization amortization code Life amortization code Life amortization amortization code Life amortization amortization code Life amortization code Life amortization code Life amortization amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code Life amortization code code code code code code code code	AMORTIZATION													
TOTALS	Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization		0			Current-year amortization
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TOTALS													-	
TOTALS													.	
TOTALS										-	Т			
TOTALS											_			
	TOTALS													

ATTACHMENT 5 PAGE 32

Description of Property

DEPRECIATION														
ption	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Accumulated Medepreciation thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
	05/12/2005		100 000			١,١	838.	932. SL		40 000				94.
	01/10/2007	1,500.	100.000			1,500.	544.	619. SL		20 000				75.
EQUIPMENT	01/11/2007	1,600.	100.000			1,600.	1,600.	1,600. SL		5.000				
CLUB-AUTO CASH REG 03	03/20/2007	3,971.	100.000			3,971.	3,971.	3,971. SL		5.000				
	07/25/2007	6,889.	100.000			6,889.	6,560.	6,889. SL		7.000				329.
AWNING	06/14/2007	378.	100.000			378.	130.	149. SL		20.000				19.
AIR CURTAINS 06	7002/12/90	845.	100.000			845.	573.	658. SL		10.000				85.
	05/20/2008	383.	100.000			383.	222.	260. SL		10.000				38.
	07/01/2008	1,296.	100.000			1,296.	747.	877. SL		10.000				130.
RAIL	06/25/2008	250.	100.000			250.	144.	169. SL	_	10.000				25.
£	10/09/2008	2, 696.	100.000			2,696.	2,696.	2,696. SL		5 000				
S	09/03/2008	1, 600.	100.000			1,600.	893.	1,053. SL		10.000				160.
CLUB-COMPRESSOR 05	09/23/2009	1,156.	100.000			1,156.	1,040.	1,156. SL		2 000				116.
CLUB-RESTR EQUIPME	10/25/2010	1,059.	100.000			1,059.	724.	936. SL		5.000			i	212.
	05/26/2011	1, 525.	100.000			1,525.	864.	1,169. SL		5.000				305.
POOL PUMP	07/26/2011	8, 690.	100.000			8,690.	2,317.	3,186. SL	_	10.000				869.
PMENT	08/09/2011	1,400.	100.000			1,400.	373.	513. SL		10.000				140.
AIR CONDITIONER 01	05/26/2011	101,400.	100.000			101,400.	19, 153.	25,913. SL	_	15.000				6,760.
	07/20/2011	4,267.	100.000			4,267.	2,275.	3,128. SL	_	5.000				853.
Less Retired Assets												L		
Subtotals														
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Less Retired Assets			l									L		
Subtotals														
TOTALS	:													
AMORTIZATION									-	-			}	
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Co	Code Life					Current-year amortization
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TOTALS														
*Assets Retired														

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Secretaria Part P	Secretion Direct Accordance Secretion Secret	DEPRECIATION									}	}			
National	1,197, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	e- od Conv			Ŏ	Current-year depreciation
National National		5	05/31/2012	2, 933.	100.000			2,933.	1,076	1,663.		5.000			587.
Machine 2016/2012 3.200, 100 000 3.200 65.30 3.100 3.2	10.042/2012 3.500 100.000 25.50 3.656 31.451 51.000 100.000	ICE MAKER	04/30/2012	1,997.	100.000			1,997.	547.	\neg	_	7.000	-		285.
	17.71/2012 18.51 100.000 6.350 3147 1.000	PULL TAB MACHINE	10/02/2012	3,200.	100.000			3,200.	.989			7.000	_		457.
Course	1,12,12012 5,120, 100, 100 6,130, 100, 100, 100, 100, 100, 100, 100,	BAR STOOLS	12/31/2012	825.	100.000			825.	147.	1		7.000			118.
Second S	Responsible Record Recor	SMOKE EATERS	02/26/2013	6,350.	100.000				983.	1		7.000			907.
1/17/2012 1.586 100 000 1.587 130 13	11/10/2012 1,546 100 000 1,576 13.2 14.0 14.	TV FOR LOUNGE	05/31/2012	820.	100.000			820.	215.	$\neg \neg$		7.000			117.
National	1,123,7212 1,548 1,00 0.00	SOUND SYSTEM	09/12/2012	576.	100.000			576	130.			7.000			82.
1,10,10,10,10 2,10,10 2,	11/20/2012 21/20/2013 21/2014 21/20/2013 21/2014 21/20/2013 21/20/201	KITCHEN EQUIPMENT	11/13/2012	1,588.	100.001			1,588.	322.		_	7.000			227.
National Particle 1,130,1012 1,000 1,0	1,000 1,00	ROOF	11/30/2012	37,321.	100.000			37,321.	1,276.	\neg		39.000			957.
10 10 10 10 10 10 10 10	1,00 1,00	LODGE FURNITURE	11/30/2012	800.	100.000			800.	152.			7.000			114.
National Bull National Bul	156, 51, 100, 100 252, 100	KITCHEN EQUIPMENT	05/15/2013	2,715.	100.001			2,715.	356.	$\overline{}$		7.000			388.
1,000,2013 2,157, 100,000 2,157, 1	No. 1,000 1,000 1,130 1,000 1,130 1,000 1,130 1,000 1,130 1,000 1,130 1,000 1,130 1,000 1,130	POOL FURNITURE	06/12/2013	597.	100.000			597	71.			7.000	_		85.
September 1,100,1001 2,137, 100,000 2,145. 211, 100,000 2,145. 210, 151, 100,000 2,141, 100,000 2,141, 100,000 2,141, 100,000 2,141, 100,000 2,141, 100,000 2,142, 10,100 2,143, 100,0	Parist 1,000 1,157 100 100 1,157 100 100 1,157 100 1,157 100 1,157 100 1,157 100 1,157 100 1,157 100 1,157	POOL FURNITURE	07/01/2013	828.	100.001			828.	.68	$\overline{}$		7.000	-		118.
EQUITMENT 09/03/2013 2,522, 100,000 2,522, 210, 259, 314 7,000 7,001 7,000 7,0	Page Page	POOL FURNITURE	07/09/2013	2,157.	100.000			2,157.	231.			7.000			308.
SEQUENSENT 1,011/2014 2,441 100.000 1,087 319.8 SE 7.000 1,087 143.8 SE 7.000 1,087	10 10 10 10 10 10 10 10	KITCHEN EQUIPMENT	09/03/2013	2,522.	100.000			2,522.	210.			7.000			360.
Section Sect	No. 100.001 1.087, 100.000 1.087, 142 St. 1.000 1.000 1.087, 142 St. 1.000	KITCHEN EQUIPMENT	03/11/2014	2,441.	100.000			2,441.	29.			7.000			349.
Second 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100 1, 191 100, 100, 100, 100, 100, 100, 100, 1	Name	POOL FURNITURE	04/28/2014	1,087.	100.000			1,087.				7.000			142.
Septimizer 1,091, 100,000 1,091,	1,091, 1	SWIMMING POOL IMPV	05/13/2014	2,434.	100.000			2,434.			_	10.000			223.
Irred Assets. Property Strict Assets. Strict Assets. Section and the placed in or service basis service basis amortization amortiza	erty	POOL FURNITURE	05/13/2014	1,091.	100.000			1,091.		\neg		7.000			143.
Property Irred Assets	erty TION Date Cost placed in or service basis description Service basis	Less Retired Assets													
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Interest Section Sec	Seeks									_					
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set description placed in or service basis set description amortization TION Date Cost Ending Accumulated Accumula			ļ				j								
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Set description service basis Accumulated	Date	AMORTIZATION													
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	*Assets Retired	TOTALS													

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2014

Description of Property														
DEPRECIATION														,
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Lıfe	ACRS class	MA Cul CRS class e	Current-year 179 expense	Current-year depreciation
DECK	06/11/2014		0			15,081.		322	_	39.000				322.
KITCHEN EQUIPMENT	07/12/2014		100 000			1,050.		113. SL		7.000				113.
LODGE EQUIPMENT	12/12/2014	337.	100.000			337.		16. SL		7.000				16.
ROOF	11/30/2014	15,947.	100 000			15,947.		136. SL		39.000				136.
LODGE EQUIPMENT	10/03/2014	632.	100.000			632.		63. SL		5.000				63.
LODGE EQUIPMENT	10/28/2014	684.	100.000			684.		41. SL		7.000				41.
WATER LINE	03/24/2015	26,060.	100.000			26,060.		SL		39.000				
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Less Retired Assets												Į		
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AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code Life				l	Current-year amortization
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TOTALS														
*Assets Retired														

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RENT AND ROYALTY INCOME

Taxpayer's Name ROANOKE LODGE 19	7 BPO ELKS							Identify -013	ing Number 8694
DESCRIPTION OF PROPERTY CLUB AND ROOM RE	NT					-			
Yes No Did you ac	ctively participate in the	e operation of	of the ac	tivity d	luring the tax year?				
TYPE OF PROPERTY:									
REAL RENTAL INCO	ME	-							
OTHER INCOME:							8,80	5.	
					-		5,00	<u> </u>	
TOTAL GROSS INCOME									8,805.
OTHER EXPENSES:					· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	
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DEPRECIATION (SHOWN BELOW)		*** .				·		\neg	
LESS: Beneficiary's Portion					1				
AMORTIZATION					• •				
LESS: Beneficiary's Portion .									
DEPLETION									
LESS: Beneficiary's Portion					1				
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCOM								i	8,805.
Less Amount to	= <u></u>	<u> </u>						1	<u>'</u>
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)									8,805.
Deductible Rental Loss (if Applicabl									·· ····
SCHEDULE FOR DEPRECIAT	ION CLAIMED					_			<u> </u>
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Lıfe or rate	(j) Depreciation for this year
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Totals		t				<u> </u>			
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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

8,805.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
CLUB AND ROOM RENT	8,805.			8,805.
TOTALS	8,805.			8,805.