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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2014**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning April 1, 2014, and ending March 31, 2015

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

C Name of organization
BPOE #2802

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 90007

City or town, state or province, country, and ZIP or foreign postal code
Henderson NV 89009-0007

D Employer identification number
86-0861902

E Telephone number
702-565-9959

F Group Exemption Number ▶ 1156

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶ elks2802.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization. ☐ Corporation ☐ Trust ☐ Association ☒ Other Fraternal Order

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 44699 21

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
Revenue	1	Contributions, gifts, grants, and similar amounts received																	3402	50																	
	2	Program service revenue including government fees and contracts																		0																	
	3	Membership dues and assessments																	11063	50																	
	4	Investment income																	27	57																	
	5a	Gross amount from sale of assets other than inventory																	0																		
	5b	Less: cost or other basis and sales expenses																	0																		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																	0																		
	6	Gaming and fundraising events																																			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																	0																		
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																	0																		
6c	Less: direct expenses from gaming and fundraising events																	0																			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																	0																			
Expenses	7a	Gross sales of inventory, less returns and allowances																	9191	11																	
	7b	Less: cost of goods sold																	2894	05																	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																	6297	06																	
	8	Other revenue (describe in Schedule O)																	21014	53																	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																	41805	16																	
	10	Grants and similar amounts paid (list in Schedule O)																	5708	91																	
	11	Benefits paid to or for members																	0																		
	12	Salaries, other compensation, and employee benefits																	0																		
	13	Professional fees and other payments to independent contractors																	500																		
	14	Occupancy, rent, utilities, and maintenance																	13527	36																	
15	Printing, publications, postage, and shipping																	100	43																		
16	Other expenses (describe in Schedule O)																	27366	04																		
17	Total expenses. Add lines 10 through 16																	47202	74																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																	(5397)	58																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																	288891	12																	
	20	Other changes in net assets or fund balances (explain in Schedule O)																	478	50																	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																	283972	04																	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2014)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	99388 02	22 105381.46
23 Land and buildings	197865 00	23 190424 43
24 Other assets (describe in Schedule O)	6155.71	24 5737 98
25 Total assets	303408 73	25 301543 87
26 Total liabilities (describe in Schedule O)	14517 61	26 17571 83
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	288891 12	27 283972 04

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 The Elks National Foundation - Member donations to assist the foundation is supporting our youth, veterans and community activities Approximately 250 youth and adults supprted within the community for a total of \$1,724 (Grants \$) If this amount includes foreign grants, check here ☐	28a	0
29 Boy Scouts - provide a meeting place and funds for the Cub Pack to carry out their programs Involves approximately 250 youth and adults. For a total of \$450 plus the use of the Lodge (Grants \$) If this amount includes foreign grants, check here ☐	29a	0
30 Holiday Food Baskets - Provide food baskets to a total of 30 families for both Thanksgiving and Christmas Also provide gifts to children at Christmas. We reach approximately 225 youth and adults in the community for a total of \$578 91 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tony Carr Exalted Ruler	15	0	0	0
Warren Halvorson Loyal Knight	4	0	0	0
Ed Parker Lecturing Knight	4	0	0	0
Kate Kubernach Leading Knight	4	0	0	0
Sue Wiseman Secretary	30	0	0	0
Bill Wiseman Treasurer	30	0	0	0
Julie Skinner Trustee	10	0	0	0
Frank Kubernach Trustee	10	0	0	0
Don Bales Esquire	20	0	0	0
Elaine Halvorson Chaplain	15	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ William Wiseman Telephone no. ▶ 702-565-9959 Located at ▶ 631 E Lake Mead Pkwy, Henderson NV ZIP + 4 ▶ 89015-5574		
b 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 account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes	No
	☒

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

Yes	No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

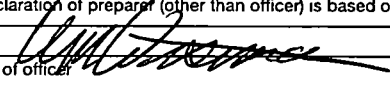
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer 	Date 17 June 2015
William Wiseman, Treasurer	
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014**Open to Public
Inspection**

Name of the organization

BPOE #2802

Employer identification number

86-0861902

Part I, Line 8

Rental Income	\$ 18,041 72
Bulletin Ads	130.76
Elk Paraphernalia	50 91
PER Functions	2,045 17
Community/Lodge Activities	745.97
Total	\$ 21,014 53

Part I, Line 10

Elks National Foundation	\$ 1,274 00
State Major Projects	486 00
Per Capita Assessments	2,920 00
Boy Scouts	450 00
Holiday Food Baskets	578 91
Total	\$ 5,708 91

Part I, Line 16

Convention Expense	\$ 2,620 75
Dignitary Entertainment	595 24
Insurance	4,679 00
Janitorial Expense	149 24
Supplies	83 17
Office Expense	2,695 97
Taxes	3 41
Telephone	1,005 03
Depreciation	11,468 00

Name of the organization

Employer identification number

BPOE #2802

86-0861902

Part I, Line 16 Continued

Bank Fees	60.97
Lodge Activities	219.04
Membership Drives	190 07
Lodge Donations	400 00
Permits & Licenses	1,024 00
PER Functions	1,516 59
Alarm Service	266 50
Cash Over/Short	-3 00
Laundry	392 06
Total	\$ 27,366 04

Part II, Line 24

Prepaid Expenses	\$ 892 25
Inventories	4,845 73
Total	\$ 5,737 98

Part II, Line 26

Accounts Payable	\$ 1,810 40
Deferred Dues & Fees	6,866 00
Other Payables	943 74
Deferred Income	3,021.75
Restricted Funds	4,929 94
Total	\$ 17,571 83

Part II, Line 20

Period timing differences between restricted funds being received and disbursed

Part III - Purpose of organization is to benefit community through community service and programs.