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### 990

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For th	e 2014 calend	lar year, or tax year beginning 04-01, 2014, and e	nding		3-31 ,2015	
В	Check if	applicable	C Name of organization B.P.O. Petersburg Elks Lodge 1615			D Employer identification no.	
	Address	change	Doing business as			92-0005608	
$\Box$	Name cl	nange	Number and street (or PO box if mail is not delivered to street address)	Room/suite		E Telephone number	
$\overline{}$	Initial re	_	(907) 772-2332				
一		um/terminated	Box 609  City or town, state or province country, and ZIP or foreign postal code	<u> </u>		243,508	
Ħ		d return	Petersburg, AK 99833			G Gross receipts\$	
一		on pending	F Name and address of principal officer Sid Bacom	1		d Gross receipts 5	
	тырпсал	ion pending	Same as C above	H(a) Is this	a group linates?	return for Yes X No	
_						= =	
		mpt status	501(c)(3) X 501(c) ( 8 ) ◀ (insert no ) 4947(a)(1) or 527	H(D) Are all	"No," a	inates included? Yes No ttach a list (see instructions) ion number 1156	
	rt			994 M S	tate of	egal domicile AK	
<u> </u>	╌	Summai					
	1	-				to function as a	
ce			nited States of				
المرادية ال		America.	The purposes are entirely benevolent, fraternal, char	ıtable, s	001	al and	
Je.		non-prof					
Ó	2		ox I if the organization discontinued its operations or disposed of more than 25% of			1	
∞5	3		oting members of the governing body (Part VI, line 1a)			3 10	
es	4	Number of I	ndependent voting members of the governing body (Part VI, line 1b)			4 10	
( <b>F</b>	5	Total numbe	r of individuals employed in calendar year 2014 (Part V, line 2a)		• _	5 12	
رد	6	Total numbe	r of volunteers (estimate if necessary)		· L	6 25	
/ <b>\</b>	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·			7a 0	
22	t	Net unrelate	d business taxable income from Form 990-T, line 34	· · · · · ·	. 7	7b 0	
t				Prior Yea	ır	Current Year	
į	8	Contribution	s and grants (Part VIII, line 1h)			38 46,158	
Ë	9	Program ser	rvice revenue (Part VIII, line 2g)		49,7	26 2,630	
Revenue	10	Investment i	15 1				
, é	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,1	20 44,408	
,	12		e - add lines 8 through 11 (must equal Part VIII, column (A), lipe 12)		94,8		
	13		similar amounts paid (Part IX, column (A), lines 1-3)		2,4		
•	14	Benefits paid	-		0		
_	15	•	05 12,858				
Expenses	168		ner compensation, employee benefits (Part IX, column (A) lines 5-10)		= -/-	0	
ē			ising expenses (Part IX, column (D), line 23.				
X	17		ises (Part IX, column (A), lines 11a-11d, 11124e)		69,6	36 48,769	
	18		ses Add lines 13-17 (must equal Part IX column A), line 25)		90,0	·	
	19		ss expenses Subtract line 18 from line 12		4,8		
		TCVCTIGC ICS	S expenses Subtract file 10 from file(12)	Beginning of Cu		· 1	
ş	20 Balances 21 22	Total accete	(Part X, line 16)		64,2	_+	
988	21		es (Part X, line 26)		17,3	·	
4 101	22		or fund balances Subtract line 21 from line 20		46,9		
	art II		ire Block		40,9	26 188,034	
_			clare that I have examined this return, including accompanying schedules and statements, and to the best of my	rowledge and hel	ef it is		
			daration of preparer (other than officer) is based on all information of which preparer has any knowledge				
		T				7-1-15	
Sig	ın		by Flint re of officer				
He			<i>(</i>				
110	16		ey Flint, Audit Chairman point name and title				
		<del>┸┩┈┈</del> ╌	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T_:	П		
p-	id		eparer's realite	Check	<u></u> П	f PTIN	
Pa			rd F James 07-06-2015	self-em	ployed	P00838046	
	epare	. ——	CF James CPA PC	Firm's EIN			
US	e On	ly Firm's addre		Phone no			
Petersburg AK 99833 907-772-2332							
			return with the preparer shown above? (see instructions)	· · · · · ·	· · ·	· · · · · X Yes No	
For	Paper	rwork Reduct	ion Act Notice, see the separate instructions.			Form 990 (2014)	

Form	1990 (2014) B.P.O. Petersburg Elks Lodge 1615	92-000560	8 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u></u>
1	Briefly describe the organization's mission		· · · · · · · · · · · · · · · · · · ·
	The Corporation is organized to function as a lodge affiliated with the Bene	volent and	1
	Protective order of Elks of The United States of America. The purposes are		
	benevolent, fraternal, charitable, social and non-profit.		
2	Did the organization undertake any significant program services during the year which were not listed on the		<u> </u>
	pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	TYes	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 measured	d bv	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	,	
4a	(Code ) (Expenses \$ 61,627 including grants of \$ ) (Revenue	\$ 4	7,866)
	Other exempt purpose expenditures.	<u> </u>	7,000
	Other exempt purpose expenditures.		<del></del>
			·····
		<del></del>	
			<del></del>
4b	(Code) (Expenses \$4,500 including grants of \$) (Revenue	\$	)
	Contributions and monetary support to various charitable activities and non	profit	
	organizations.		<del></del>
			<del></del>
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	Student Scholorships		
			_
			_
			· · · · ·
	<del></del>		
4d	Other program services (Describe in Schedule O )		
-7-3	(Expenses \$ including grants of \$ ) (Revenue \$	1	
40			
	Total program service expenses 66,127		orm 000 (2044)
EEA		FC	orm <b>990</b> (2014)

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4) B.P.O. Petersburg Elks Lodge 1615 Checklist of Required Schedules 92-0005608

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did 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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III · · · · · · · · · · · · · · · · ·	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ_
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ.
f	,	448		v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a		42-		<sub>V</sub>
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	404		Ų.
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	12b 13	<del></del>	X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		├^
b			ŀ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F. Parts I and IV	14b		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		_
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- <del> 3</del>	<u></u>	├^
.0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <del>''</del>	<del>                                     </del>	$\vdash$
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├ <del>ॱ</del>	$\vdash$	^ <u>`</u>
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del>."</del>	<del>                                     </del>	<u> </u>
	If "Yes," complete Schedule G, Part III	19	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	X
b		20b	<del> </del>	<del>  ^`</del>

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Form 990 (2014)

Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X through 24d and complete Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) Χ a 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 Χ С An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 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 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV. and Part V. line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 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-chantable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 ........... Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Χ_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 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	4-		v
h	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ا ؞ ا		
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
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			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 10 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 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Own website Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records SUE SHORT (907)772-2332, Box 609, Petersburg, AK 99833 FFA

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-01111	990	120141	

B.P.O. Petersburg Elks Lodge 1615

92-0005608

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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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Po: eck m ss pe:	son i	han one s both a r/trustee	n )	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	ille)	rustee	trustee		yee	Highest compensated employee				Organizations
(1) Mike_Boggs		Х						 	0	0
(2) JAMES CARIELLO Trustee		Х						0	0	0
(3) ROBERT LUHR Trustee Chair		Х						0	0	0_
(4) SUE SHORT Secretary	15.00			Х				o	0	0
(5) Mike Luhr Treasurer				Х				0	0	0
(6) Laurie Miller Leading Knight				Х				0	0	0
(7) Sid Bacom Exalted Ruler				Х				0		0
(8) Scott Fredrickson Loyal Knight				Х				0	0	0
(9) Sonja Ewing Lecturing Knight				Х				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)							-		<del></del>	
EEA								=		-Form 990 (2014)=

Page 8

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(C Posi								
	(A) Name and title	(B)			ck m	ore th	an one	1	(D)	(E)		(F)	
	hours per officer and a director/trustee) compensation compensation from								am	timated ount of			
	week (list any from related										other pensatio	en .	
	hours for P in s									fr	om the		
	hours for related organizations below dotted line)  hours for related organizations below dotted line)  hours for related organizations below dotted line)  hours for related organizations or director related organizations linustee  Officer  Offic								and	anızatıor d related	i		
		line)	stee	ustee		٩	bensa				orga	nızatıor	15
							ē						
											İ		
(15)													
					-	$\dashv$					<b> </b>		
(10)													
(17)													
(18)													
(19)		<b></b>	·			$\dashv$							
1.5/		<b> </b>											
(20)													
(21)													
(22)					_								
	(22)												
(23)	23)												
											ļ		
(24)													
(25)													
					الل			L					
1b	Sub-total							-					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							-	0	0			0
2	Total number of individuals (including but not limited						-			<u> </u>	L,		
	reportable compensation from the organization									0			
_												Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		•	-		_			ensated 		3		Х
4	For any individual listed on line 1a, is the sum of rep												Λ
	organization and related organizations greater than						-						
	${\it individual} \ \cdot \ $										4		X
5	Did any person listed on line 1a receive or accrue co			-			-				_		v
Secti	for services rendered to the organization? If "Yes," con B. Independent Contractors	omplete Sch	edule .	tor	suci	n pe	rson			<del> </del>	5		Χ_
1	Complete this table for your five highest compensate	ed independe	ent con	tract	tors	that	receiv	ed n	nore than \$100,000	O of			
	compensation from the organization Report compensation												
	year												
	(A)								(B)			C)	
	Name and business address								Description of	services	Comp	ensation	<u> </u>
									<del> </del>				
	Total number of independent contractors (including t	hut not limito	d to the	190	ietor	l ahr	ove)		1				
4	received more than \$100,000 of compensation from				131 <b>5</b> 1	. aut	-ve) w		=				

		Check if Schedule O contains a response or n	ote to any line in this	Part VIII			<u></u> ∏
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
פֿב	Ь	Membership dues 1b	45,956				
ΩĔ	C	Fundraising events 1c	13,330				
ifs r	ď	Related organizations 1d	<u> </u>				
ତ୍ୱି	e	<u> </u>	<del> </del>		İ		
Sir		<b>5</b> · · · (· · · · · · · · · · · · · · · ·					
흕声	f	All other contributions, gifts, grants,					
<sup></sup>		and similar amounts not included above 1f	202				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f \$					
_8≅_	h	Total. Add lines 1a-1f	T	46,158			
9			Business Code				
Service Revenue	I	Lodge Activities	713990	2,630	2,630		
æ	b				· · ·		
Ž	C						
Ser	d						
īa E	е						
Program	1	All other program service revenue · · · · · ·					
	g	Total. Add lines 2a-2f		2,630			
	3	Investment income (including dividends, interest, and other similar amounts)		1	1		
	4	Income from investment of tax-exempt bond produced	eeds · · · ▶		_		
		Royalties	,				
		(ı) Real	(ii) Personal				
	6a	Gross rents · · · · · · 1,265	<del> </del>				
	1	Less rental expenses · · · ·	<u> </u>				
	1	Rental income or (loss) · · · 1,265					
	l	Net rental income or (loss)		1,265	1,265		
	1	` ′ [	T	1,265	1,205	<del></del>	
	/a	Gross amount from sales of assets other than inventory	(ii) Other				
	١.	·	<del>                                     </del>				
	b	Less cost or other basis and sales expenses					
	_	'		+			
	l	Gain or (loss)					
Ð	1	Net gain or (loss)					
eune	oa	Gross income from fundraising					
		events (not including \$					
Other Rev	1	of contributions reported on line 1c)	1				
Ę.	١.	See Part IV, line 18 · · · · · · · a					
Ò	l	Less. direct expenses · · · · · · b	827				
	l .			(827)			(827)
	9a	Gross income from gaming activities	i i				
		See Part IV, line 19 · · · · · · · · a	11,281		i		
	b	Less direct expenses $\cdots \cdots b$	7,501		1		
	С	Net income or (loss) from gaming activities	<u> ▶</u>	3,780	3,780		
	10a	Gross sales of inventory, less					
		returns and allowances $\ \cdot \ a$	182,173				
	b	Less cost of goods sold $ \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \mathbf{b}$	141,983				
	С	Net income or (loss) from sales of inventory · ·	<del>.</del>	40,190	40,190		
		Miscellaneous Revenue	Business Code			· · ·	
	11a						
	ь						
	С						
	d	All other revenue					
	ө	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		93,197	47,866	0	(827

# Form 990 (2014) B.P.O. Petersburg Elks Lodge 1615 Part IX | Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B)  7 Other salanes and wages  9 Other employee benefits  10 Payroll taxes  2,531  2,531  2,531	
8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22	
and domestic governments See Part IV, line 21  2 Grants and other assistance to domestic individuals See Part IV, line 22 4,500	
and domestic governments See Part IV, line 21  2 Grants and other assistance to domestic individuals See Part IV, line 22 4,500	
Individuals See Part IV, line 22	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	
individuals See Part IV, lines 15 and 16	
4 Benefits paid to or for members	
5 Compensation of current officers, directors, trustees, and key employees · · · · · · · · · · · · · · · · · ·	
trustees, and key employees	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages · · · · · · · · · 10,327  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) · ·  9 Other employee benefits · · · · · · · · · · · · · · · · · · ·	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	
section 401(k) and 403(b) employer contributions)         9       Other employee benefits          10       Payroll taxes          2,531       2,531         11       Fees for services (non-employees)	
9 Other employee benefits	
10 Payroll taxes       2,531       2,531         11 Fees for services (non-employees)       2,531	
11 Fees for services (non-employees)	
a Management · · · · · · · · · · · · · · · · · · ·	
b Legal · · · · · · · · · · 2,784 2,784	
c Accounting	
d Lobbying · · · · · · · · · · · · · · · · · · ·	
e Professional fundraising services See Part IV, line 17 ·	
f Investment management fees · · · · · · · · · · · · · · · · · ·	
g Other (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule O ) · ·	
12 Advertising and promotion · · · · · · · · · · · · · · · · · · ·	
13 Office expenses	
14 Information technology · · · · · · · · · · · · · · · · · · ·	
15 Royalties · · · · · · · · · · · · · · · · · · ·	
16 Occupancy · · · · · · · · · · · · · · · · · 14,403 14,403 17 Travel · · · · · · · · · · · · · · · · · · ·	
18 Payments of travel or entertainment expenses  for any federal, state, or local public officials	
	<del></del>
23 Insurance	
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 Property taxes 3,928 3,928	
b Bank and Visa fees 142 142	
c Grand Lodge Supplies/Reconci 1,791 1,791	
d Alarm services 2,752 2,752	
e All other expenses 2,045 2,045	
25 Total functional expenses. Add lines 1 through 24e	0
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	
fundraising solicitation Check here Liff	

Form 990 (2014)

Part X B Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u>	
		(A)		(B)
		Beginning of year	$\sqcup \bot$	End of year
1	Cash - non-interest-bearing	21,481	1	28,298
2	Savings and temporary cash investments	20,599	2	28,364
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		1 1	
	trustees, key employees, and highest compensated employees		1 1	
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section	······································		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		}	
	organizations (see instructions) Complete Part II of Schedule L		6	
. 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	7,135	8	16,159
Assets 6 8 9	Prepaid expenses and deferred charges	7,133	9	10,133
10a	1 1		<del>                                     </del>	
100				
	· · · · · · · · · · · · · · · · · · ·	115 006	10c	110 741
	· · · · · · · · · · · · · · · · · · ·	115,026	+ +	118,741
11	Investments - publicly traded securities		11	··
12	Investments - other securities See Part IV, line 11		12	<u>-</u>
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)	164,241	16	191,562
17	Accounts payable and accrued expenses	15,187	17	3,395
18	Grants payable		18	
19	Deferred revenue	2,128	19	133
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors,		1 1	
	trustees, key employees, highest compensated employees, and			
Clabilities 22	disqualified persons Complete Part II of Schedule L		22	
<b>-</b> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
ļ	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	17,315	26	3,528
	Organizations that follow SFAS 117 (ASC 958), check here ► X and	·		<del></del>
S S	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	125,689	27	159,670
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Temporanily restricted net assets	21,237	28	28,364
29	Permanently restricted net assets		29	20,000
∄   ¯	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		†	
<u> </u>	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund	=	31	<del></del>
E 22	· · · · · · · · · · · · · · · · · · ·	<del></del>	32	
32 2 32	Retained earnings, endowment, accumulated income, or other funds	146 000	33	100 00
33	Total net assets or fund balances	146,926	++	188,034
34	Total liabilities and net assets/fund balances	164,241	34	191,562

Form	990 (2014) B.P.O. Petersburg Elks Lodge 1615 92-00056	38	Pa	age <b>12</b>
Pa	t 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>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)		93,1	L97
2	Total expenses (must equal Part IX, column (A), line 25)		66,1	L27
3	Revenue less expenses Subtract line 2 from line 1		27,0	070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	46,9	926
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		14,0	38
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	1	.88,0	34
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	- 2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in		i	
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b	<u> </u>	
EEA		Form	990 (	2014)

#### **SCHEDULE D** (Form 990)

**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. OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

	of the organization	Employer identification number
B.E	O.O. Petersburg Elks Lodge 1615	92-0005608
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
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	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historical	ally important land area
	Protection of natural habitat Preservation of a certified	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the
	tax year 🕨	3
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	the year
	<b>•</b>	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	vear vear
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	i)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	hat describes the
	organization's accounting for conservation easements	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these its	ems
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items	
	(i) 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 art, historical treasures, or other similar assets for financial gair	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
Ь	Assets included in Form 990, Part X	
	. <del></del>	Schedule D (Form 990) 2014

Sched	ule D (Form 990) 2014 B. P.O. Petersby					92-0005		Pag		
Pa	rt lil Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Othe	er Similar Ass	ets (cc	ntinued	I)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its										
collection items (check all that apply)										
а	Public exhibition	d $\Box$ Loa	n or exchange pro	orame						
b	Scholarly research	e Othe		gramo						
c	Preservation for future generations	<b>e</b> □ Otti	=======================================							
4	<del>-</del>		45. 6.41. 41			5				
4	Provide a description of the organization's collection	tions and explain nov	v tney turtner the o	organization's e	kempt pur	pose in Part				
_	XIII									
5	During the year, did the organization solicit or re-		•	•				_		
_	assets to be sold to raise funds rather than to be		of the organization	's collection?	<u> </u>		· · LJ	Yes 📙	No	
Pa	rt IV Escrow and Custodial Arrang									
	Complete if the organization ar	nswered "Yes" to	Form 990, Pa	art IV, line 9,	or repo	orted an amoui	nt on Fo	orm		
	990, Part X, line 21									
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions o	r other assets r	ot					
	ıncluded on Form 990, Part X?	<i>.</i>	<i>.</i>				· · 🗀 ·	Yes	No	
b	If "Yes," explain the arrangement in Part XIII and	complete the follows	ng table				_	_		
	Amount									
С	<del></del>									
d	Additions during the year				1d					
e	Distributions during the year									
f	Ending balance					<del>- </del> -				
2a						<u>.</u>	——————————————————————————————————————	Vac 🗍		
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII										
	Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
	Complete if the organization at						<u> </u>			
4-	Paris and a schola	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Fou	ır years back	(	
1a	Beginning of year balance		_							
Ь	Contributions									
С	Net investment earnings, gains, and				1					
	losses · · · · · · · · · · · · · · · · · ·									
d	Grants or scholarships									
е	Other expenditures for facilities and				1			-		
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a))	held as						
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %									
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should e	<del></del>								
3a	Are there endowment funds not in the possession	•	that are held and	administered fo	r the					
•	organization by	or or the organization	that are nera and	administered to	i dic			Yes N	No.	
	(i) unrelated organizations · · · · · · ·						20(1)	<del></del>	-	
							· 3a(i)	+	—	
	(ii) related organizations						· 3a(ii)	<del>' </del>		
_	If "Yes" to 3a(ıı), are the related organizations list	•					· 3b	<u> </u>		
4	Describe in Part XIII the intended uses of the org		ent funds							
Pai	rt VI Land, Buildings, and Equipm		F 000 D		- 0	F 000 D-		. 40		
	Complete if the organization ar	iswered yes to	Form 990, Pa	art IV, line 11	a See	Form 990, Pa	πX, line	<del>2</del> 10.		
	Description of property	(a) Cost or other	1 ' '	st or other basis	, , ,	Accumulated	(d) Bo	ok value		
		(investme	ent)	(other)	de	preciation				
1a	Land	• • •		40,000				40,000	0	
b	Buildings			481,794		421,548		60,24	6	
C	Leasehold improvements									
d	Equipment	[		129,577		111,082		18,49	 5	
8	Other								_	
Tota	I. Add lines 1a through 1e (Column (d) must equ		column (B), line 10	Oc) · · ·				118,74	<u>-</u>	
CEA		- , ,	<u> </u>					,,4.	<del></del>	

	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial de		•	
-	d equity interests	•	<del></del>
Other		-	
A)		-	
B)		_	
C)		-	
D)			
E)	<del></del>		
F)		_	
(G)		_	
H)			
	must equal Form 990, Part X col (B) line 12 )	<u> </u>	
art VIII	Investments - Program Related. Complete if the organization answer	ered "Yes" to Form 990, Pa	rt IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
(8)			
(9)			
Part IX	Must equal Form 990, Part X, col (B) line 13 )  Other Assets.  Complete if the organization answer		l rt IV, line 11d. See Form 990, Part X, line 15.
		a) Description	(b) Book value
			(10) 2001. (2.00
<u> </u>		ay bescription	
		ar bescription	
(2)		- Description	
(1) (2) (3) (4)		, Description	
(2) (3) (4)		, Description	
(2) (3) (4) (5)		, Description	
(2) (3) (4) (5)		, Description	
(2) (3) (4) (5) (6) (7)		, Description	
(2) (3) (4) (5) (6) (7)		у сессирион	
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.		
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line Other Liabilities.	15)	
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answe	15)	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (9)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.	15)	· · · · · · · · · · · · · · · · · · ·
(1) Federal I	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
(1) Federal I	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
2) 3) 4) (5) 6) (7) (8) 9) tal. (Column Part X	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal I (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	
(2) (3) (4) (5) (6) (7) (8) (9) ctal. (Column Part X  (1) Federal (2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability	15)	
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answelline 25.  (a) Description of liability income taxes	15)	

	ule D (Form 990) 2014 B.P.O. Petersburg Elks Lodge 1615		2-0005608	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	-	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments		1 1	
b	Donated services and use of facilities	· ··	1	
С	Recovenes of prior year grants		1 1	
d	Other (Describe in Part XIII )		1 ]	
e	Add lines 2a through 2d		2 <sub>e</sub>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	l	<del>  •    </del>	
	Investment expenses not included on Form 990, Part VIII, line 7b		1 1	
a	Other (Describe in Part XIII )		1	
b	<del></del>		-	
_ C			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement		per Keturn.	
	Complete if the organization answered "Yes" to Form 990, Part I			
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			
b	Prior year adjustments		]	
С	Other losses		1	
d	Other (Describe in Part XIII )		1	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII)		-	
	Add lines 4a and 4b		- I	
C			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a		t X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
			·· -	-
			-	
	<del></del>	· <del></del>		

\_\_\_\_\_\_Schedule D\_(Form 990) 2014 \_\_\_

EEA

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization	Zinpie yer rasmanadasir manadir
B.P.O. Petersburg Elks Lodge 1615	92-0005608
01. Members or stockholder classes and rights (Part	VI, line 6)
The lodge consists entirely of members who maintain their membership	by paying annual
dues.	
02. Member election for additional members (Part VI,	line 7a)
All decisions and expenditures are presented on the Lodge floor and	are voted on by the
members.	
03. Governing body decisions (Part VI, line 7b)	
All decisions and expenditures are presented on the Lodge floor and	are voted on by the
members.	
04. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by the officers prior to filing the form.	-
05. Governing documents, etc, available to public (Pa	art VI, line 19)
All matters involving the Lodge are brought to the Lodge floor for d	liscussion. A new
member receives a copy of the by-laws when they are initiated. All g	overning documents are
available upon request.	
06. Explanation of other changes in net assets or fu	nd balances (Part XI, li
Restricted building funds used for building improvements plus additional additional actions and additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional add	onal contributions
directly to restricted funds.	

(g) Sec 512(b)(13) cntried enbty? Schedule R (Form 990) 2014 Yes No ×  $\bowtie$  $\bowtie$ (f) Direct controlling entity OMB No 1545-0047 Open to Public Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had Inspection **Employer Identification number** Direct controlling entity 92-0005608 End-of-year assets 4/N X A <u>e</u> Public chanty status (if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (e) Total income ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ਉ ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Exempt Code section Related Organizations and Unrelated Partnerships 501 (c) (8) 501 (c) (3) 501 (c) (3) Ð (C) Legal dom (state or foreign country) Legal dom (state or foreign country) ভ Æ 片 ¥ ▶ Attach to Form 990. Primary activity 9 Fraternal/Charıtable Stat Assoc of Lodges Watl Assoc of Lodges Fraternal/Charıtabl Fraternal/Charıtabl Primary activity one or more related tax-exempt organizations during the tax year For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization B.P.O. Petersburg Elks Lodge 1615 (2) AK State Elks Association, Chicago, IL 60614-1188 2750 No Lakeview Ave Petersburg, AK 99833 Soldotna, AK 99669 (3) Emblem Club NO 82, 690 First Street 231 Knoll Circle (1) BPOE of the USA, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) PartII Parti ₹ lΞ 18 | ତ 9 <u>₹</u> 3

Page 2

92-0005608

B.P.O. Petersburg Elks Lodge 1615

Identification of Related Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 34 Schedule R (Form 990) 2014

Part III

owner-Percentage Sec 512(b)(13) ownership controlled Schedule R (Form 990) 2014 shup Yes No 3 \* managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Gen or 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ Share of (B) res No Disprop-ortionate allocations Share of total income Share of end-of-year assets 6 line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp. S corp. or trust) Share of total income <u>e</u> because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, <u>sections</u> 512-514) excluded from tax under unrelated, Direct controlling entity ਉ Direct controlling entity ਉ domicile (state or foreign country) (c) Legal (c) Legal domicite foreign country) (state or Primary activity 9 Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Ξ EEA 13 9 2 ල lΞ 3 |ऌ 3 3

92-0005608

Schedule R (Form 990) 2014

B.P.O. Petersburg Elks Lodge 1615

Part VI Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(p)	(c)	(p)	<u>@</u>	€	(6)	ε	$\vdash$	9	3
Name, address, and EIN of entity	Primary activity	a)	Predominant	Are all partners	Share of total income	Share of end-of-vear	Disprop-		Gen or	8
		(state or foreign	unrelated, excluded from tax under	501(c)(3) organi- zations?		assets	alloca- tions?	of Schedule K-1 (Form 1065)	partner?	ship
		country)	section 512-514)	Yes No			Yes No	- 1	Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)										
(11)										
(12)										
EEA								Schedule R (Form 990) 2014	(Form 99(	) 2014

Form **4562** 

# Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2014

	ment of the Treasury			o your ta			.16 4 5		Attachment	179
	Revenue Service (99)  Information s) shown on return	about Form 450	oz and its sep			this form relates	//10/11145	002.	Sequence No Identifying number	173
		ka Todao	161						92-00056	NΘ
Pai	<pre>1.0. Petersburg El 1   Election To Expense</pre>				M 990			-	92-00030	00
	Note: If you have any lister									
1	Maximum amount (see instructions)	<del></del>						1		
2	Total cost of section 179 property pl							2	<del></del>	
3	Threshold cost of section 179 prope	•		•	uctions)			3		
4	Reduction in limitation Subtract line	•		-				4		
5	Dollar limitation for tax year Subtract	t line 4 from line	1 If zero or le	ss, enter -(	)- If marned	filing				
	separately, see instructions							5		
6	(a) Description of pri	operty		(b) Cost (bu	isiness use only)	(c) Ele	ted cost			
7	Listed property Enter the amount from	om line 29 ·			7	<u></u>		_		
8	Total elected cost of section 179 pro	perty Add amou	nts in column	(c), lines 6	and 7 .			8		
9	Tentative deduction Enter the small	ller of line 5 or lin	ie 8 · · · ·		• • • • •			9		
10	Carryover of disallowed deduction fi	rom line 13 of you	ur 2013 Form	4562 ·				10		
11	Business income limitation Enter th	e smaller of busi	ness income (	not less th	an zero) or lır	ne 5 (see insti	uctions)	11		
12	Section 179 expense deduction Ad-	d lines 9 and 10,	but do not ent	er more tha	an line 11		· · · <u> </u>	12		
13	Carryover of disallowed deduction to	2015 Add lines	9 and 10, less	s line 12	<b>▶</b> 13	<u> </u>				
	Do not use Part II or Part III below									
Pa	<del></del>						sted pro	perty)	(See instructions )	
14	Special depreciation allowance for o		(other than lis	ted proper	ty) placed in s	service				
	during the tax year (see instructions)									
15         Property subject to section 168(f)(1) election         15           16         Other depreciation (including ACRS)         16								252		
16 Pai	Other depreciation (including ACRS						· · · ·	16	<u> </u>	353
Га	t III MACRS Depreciation	(Do not inc		perty ) (Se ection A	e instructions					
17	MACRS deductions for assets place	ad in convice in to			2014			17	r	
18	If you are electing to group any asset			•		re general		<del>  '''</del>	L	
10			•	-		_	П			
	Section B - Assets						ciation	Syste	m	
		(b) Month and year	(c) Basis for dep	reciation			<u> </u>	-,		
	(a) Classification of property	placed in service	(business/invest only-see instru		(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation dedi	uction
<u>19a</u>	3-year property									
b	5-year property Statement	#50					<b> </b>			<u>408</u>
<u>c</u>	7-year property			222						
d	10-year property		6	,300	10	MQ	SL		ļ. <u> </u>	79_
<u>e</u>	15-year property				<b>├</b> ──					
	20-year property				<del> </del>	<u> </u>				
	25-year property				25 yrs		S		ļ	
h	Residential rental				27 5 yrs	MM	s		<del></del>	
<del>_</del> -	property	<del></del>			27 5 yrs	MM	<u>s</u>			
i	Nonresidential real	<del></del>	<del> </del>	<del></del>	39 yrs	MM MM	S			
	Section C - Assets	Blood in Sonia	Dusing 201	4 Tax Vans	Lining the A	<u> </u>			L	
20.0		Placed in Service	e During 2014	4 lax teal	Using the A	Titernative Del			l l	
20a	Class life 12-year				12 yrs		S		<del> </del>	
	40-year		·		40 yrs	MM	S			
	rt IV Summary (See instruc	ctions )	L		1_ 40 913	1 141141	J		L	
21	Listed property Enter amount from							21	Ī	
22	Total. Add amounts from line 12, lin		7. lines 19 and	20 in colu	mn (a), and h	ne 21 Enter			<del>                                     </del>	
_	here and on the appropriate lines of							22	5.	840
23	For assets shown above and place					<del></del>			•	
	portion of the basis attributable to s					3				

Statement of Program Service Accomplishments	2014 01
Name(s) as shown on return	Your Social Security Number
B.P.O. Petersburg Elks Lodge 1615	92-0005608

# Form 990, Part III(a)

Program Service Code	
Program Service Expenses	\$0
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

# Explanation

Contributions and support of community and youth programs.

Federal Supporting Statements	<b>2014</b> PG01
Name(s) as shown on return	FEIN
B.P.O. Petersburg Elks Lodge 1615	92-0005608

#### FORM 4562 - LINE 19B

Statement #50

BASIS	RP	CV	METHOD	DEDUCTION
771	5	$\overline{M}Q$	SL	96
500	5	MQ	SL	63
1,994	5	MQ	SL	249
TOTAL				408

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: B.P.O. Petersburg Elks Lodge 1615 Address: Box 609, Petersburg, AK 99833

EIN: 92-0005608

Statement: Taxpayer is making the de minimis safe harbor election

under \$1.263(a)-1(f).