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SCANNED JUL 14 2016

For Paperwork Reduction Act Notice, see the separate instructions. EEA

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.

OMB No 1545-1150 2015

Open to Public

		of the Treasury enue Service	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/fo	rm990.		шересноя
_			ar year, or tax year beginning 04-01 , 2015, and ending		03-31	, 2016
В	Check if a	applicable	Emplo	Employer identification number		
					-013598	0
					one numbe	er
	Initial retu	ומו				
	Final retu	ım/terminated	PO BOX 1662	(56	3)583-	5708
	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code	Group	Exemption	
	Application	on pending	DUBUQUE, IA 52004-1662	Numbe	r 🕨	1156
G .	Accoun	iting Method	☐ Cash 🔀 Accrual Other (specify) ▶ ☐ H. Ch	eck ►	X If the c	rganization is not
	Websit	-	rec	quired to	attach Sch	edule B
J .	Tax-ex	empt status (c	check only one) - ☐ 501(c)(3)	orm 990,	990-EZ, or	· 990-PF)
_			☐ Corporation ☐ Trust ☐ Association ☐ Other			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets		
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	86,990
=	art I		e, Expenses, and Changes in Net Assets or Fund Balances(see the in	structio	ns for Pa	rt I)
	1		s, gifts, grants, and similar amounts received		1	17,914
	2		vice revenue including government fees and contracts		2	
	3		dues and assessments		3	10,216
	4	Investment in	ncome		4	7
	5a	Gross amour	nt from sale of assets other than inventory 5a			
	b	Less. cost or	other basis and sales expenses		1	
	С	Gain or (loss)) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		fundraising events			
	a	_	e from gaming (attach Schedule G if greater than]	
e			6a			
Revenue	ь		e from fundraising events (not including \$ of contributions		}	
ě			ing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) . 6b		ł	
	c		expenses from gaming and fundraising events 6c		j	
			r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1	
		line 6c)		[6d	
	7a	•	of inventory, less returns and allowances	,853		
	1	Less cost of		,769		
	l		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	19,084
	8		e (describe in Schedule O)	[8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ [9	47,221
\dashv	10	Grants and si	milar amounts paid (list in Schedule O)		10	
ı	11		to or for members	[11	_
.	12	Salaries, othe	r compensation, and employee benefits	ત્ર. [12	
Sasuad	13		ees and other payments to independent contractors	. . [13	310
	14			ટ્ર∄ [14	35,972
5	15		cations, postage, and shipping	<u>ģ</u>	15	
-	16	• • •		ġ [16	24,536
Ì	17	-	es. Add lines 10 through 16	<u>≅.</u>	17	60,818
7	18		ficit) for the year (Subtract line 17 from line 9)]	18	(13,597)
2			fund balances at beginning of year (from line 27, column (A)) (must agree with			
2010			gure reported on prior year's return)	[19	61,243
	20		s in net assets or fund balances (explain in Schedule O)	[20	
	21	_	fund balances at end of year. Combine lines 18 through 20	▶	21	47,646

Form 990-EZ (2015)

Form 990-EZ (2015) BPO ELKS NO 297			42-0	135980	Page 2
Part II Balance Sheets (see the instructions for Part II)					
· Check if the organization used Schedule O to respond t	o any question in this P	Part II			🔯
•			eginning of year	(E	B) End of year
22 Cash, savings, and investments			16,196	, , 	5,260
23 Land and buildings			44,286	23	40,972
24 Other assets (describe in Schedule O) .			2,356	24	2,481
25 Total assets			62,838	25	48,713
26 Total liabilities (describe in Schedule O)			1,595	26	1,067
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		61,243	27	47,646
Part III Statement of Program Service Accompl	ishments (see the i	nstructions for Part III)		
Check if the organization used Schedule O to respond	to any question in this l	Part III		ţ	xpenses
What is the organization's primary exempt purpose? TO PROMOTE	WELL-BEING				for section and 501(c)(4)
Describe the organization's program service accomplishments for eac	ch of its three largest or	ogram services.			ions, optional for
as measured by expenses In a clear and concise manner, describe to	he services provided, th			others)	ions, optional ion
persons benefited, and other relevant information for each program tit					
28 TO PROMOTE WELL-BEING THROUGH NUMEROUS SE					
ACTIVITIES, CHARITABLE PROGRAMS, TRAINING				1	
RECREATIONAL AND LEADERSHIP PROGRAMS FOR	***************************************				
	cludes foreign grants, o	check here	. ▶ 📙	28a	
29					
(0-4-6					
	cludes foreign grants, o	neck here .	<u>▶</u> ⊔	29a	
30					
				ĺ	
(Grants \$) If this amount in	aludae foreign gronte is	hook horo		200	
· · · · · · · · · · · · · · · · · · ·	cludes foreign grants, c	neck nere	·	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount in:		hack hara		31a	
32 Total program service expenses (add lines 28a through 31a)		sieck fiele	···	32	
Part IV List of Officers, Directors, Trustees, and Key Emplo		n if not compensated	- see the instruct		art IV)
Check if the organization used Schedule O to respond to	-		- See the mander	10113 101 1	u.(1 v)
Check if the organization acceptance to respond		(c) Reportable	(d) Health benefits,	<u> </u>	· ·
(a) Name and title	(b) Average hours per week	compensation	contributions to emplo	, ,	stimated amount of
1-,	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		er compensation
DENNIS BARRY					
XALTED RULER	10.00	a		d	0
COREY LAWLER					
OYAL KNIGHT	5.00			_d	0
HELMA J ROBERTS					
ECRETARY	10.00	a		<u>d</u>	0
ONALD J SCHUSTER				l	
REASURER	5.00	O		_d	0
				_	
					
		 			
				+	
				+	
				Form	1 990-EZ (2015)

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	1990-EZ (2015) BPO ELKS NO 297 42-0135	980		Page	
P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		<u>. 🖵</u>	
	•		Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O	33	<u> </u>	X	
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	<u> </u>	X	
35 a	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		ـــــ	
k	o 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	X	<u> </u>	
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	<u> </u>	X	
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	ļ	X	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_	ŧ		
b	·	37b	ļ	X	
38 a	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	ļ	X	
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-			
39	Section 501(c)(7) organizations Enter:				
a		-{			
	Gross receipts, included on line 9, for public use of club facilities	-			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		F		
	section 4911 ► ; section 4912 ► , section 4955 ►				
D	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100			
Ū	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d					
_	40c reimbursed by the organization				
е	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]	X	
41	List the states with which a copy of this return is filed IA				
42 a	The organization's books are in care of ▶ THELMA J ROBERTS Telephone no. ▶ 563-5	83-5	708		
	Located at ▶ PO BOX 1662, DUBUQUE, IA ZIP+4 ▶ 5200				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X	
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR)			3.5	
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>X</u>	
	If "Yes," enter the name of the foreign country:			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	i · ·	. •	L.,	
	and enter the amount of tax-exempt interest received or accrued during the tax year	Ь	Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	[163	140	
44 a	completed instead of Form 990-EZ	44a	1	Х	
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
Ü	completed instead of Form 990-EZ	44b	İ	Х	
c	Did the organization receive any payments for indoor tanning services during the year?				
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		X	
-	explanation in Schedule O	44d	1		
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х	
	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		X	
		·m 00/	LET /2	015	

Form	990-EZ (2015) BPO ELKS NO 2	97		42-	0135980 Page 4		
	,				Yes No		
46	Did the organization engage, directly or indirectly		ities on behalf of or in opp	position			
F	to candidates for public office? If "Yes," comple		<u> </u>	<u> </u>	. 46 X		
Ра	section 501(c)(3) organization		. 47 401 1.50				
	All section 501(c)(3) organizatio	ns must answer ques	tions 47-49b and 52	, and complete the	lables for lines		
	50 and 51.				F		
	Check if the organization used S	schedule O to respond	to any question in	this Part VI	``		
					Yes No		
47	Did the organization engage in lobbying activities	s or have a section 501(h) e	lection in effect during the	e tax			
	year? If "Yes," complete Schedule C, Part II				47		
48	Is the organization a school as described in sect	ion 170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E		48		
49 a	Did the organization make any transfers to an ex		l organization?		49a		
b		_		•	49b		
50	Complete this table for the organization's five high	hest compensated employe	ees (other than officers, di	rectors, trustees and key			
	employees) who each received more than \$100,	000 of compensation from the	ne organization If there is	s none, enter "None."			
		(b) Average	(c) Reportable	(d) Health benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation		
_		devoted to position	(Forms W-2/1099-MISC)	compensation			
				L			
_							
			}				
f	Total number of other employees paid over \$100	.000		<u> </u>			
51	Complete this table for the organization's five hig		lent contractors who each	received more than			
	\$100,000 of compensation from the organization.						
	, , , , , , , , , , , , , , , , , , ,						
	(a) Name and business address of each independent co	ntractor	(b) Type of service) (0	c) Compensation		
		 					
			······································				
				Í			
							
ــــــــــــــــــــــــــــــــــــــ	Total number of other independent contractors ea	ch receiving over \$100 000	L				
	Did the organization complete Schedule A? Note .						
					Yes 🛚 No		
		<u> </u>					
	penalties of perjury, I declare that I have examined this i				age and belief, it is		
rue, co	orrect, and complete Declaration of preparer other than	roπicer) is based on all informa	luon or which preparer has a		/		
·	Signature of officer	twy/		Date Date	ω		
Sign				Date			
lere							
	Type or prnt name and title				OTIN		
	Pnnt/Type preparer's name	Preparer's signature	n Date	Check X if	PTIN		
aid	RON THEISEN	RON THEISEN	06-03-20	16 self-employed	P01203125		
тера:	rer Firm's name > THEISEN BOOKKE	SPING & TAX SERVE	E	Firm's EIN			
se O							
	DUBUQUE IA 520)2		Phone no. 563 - 5	83-3587		
lay th	ne IRS discuss this return with the preparer shown	above? See instructions		>	🛚 Yes 🗌 No		
					Form 990-EZ (2015)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

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Department of the Treasury Internal Ravenue Service

► Complete if the organization is described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Section 527 organizations Complete Part I-A only

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

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

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

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

•	Section 501(c)(4), (5), or (6) organization	s Complete Part III.	_				
Nam	e of organization				Employer	identification r	number
BF	PO ELKS NO 297				42-013	5980	
Pa	rt I-A Complete if the organ	nization is exempt under sect	ion 501(c) or	is a section	527 org	anization.	
1	Provide a description of the organization	's direct and indirect political campaign a	ctivities in Part IV.				
2	Political expenditures				> \$		
3	Volunteer hours					·	·
Pa		nization is exempt under sect					
1	Enter the amount of any excise tax incur	•			> \$		
2	Enter the amount of any excise tax incur	red by organization managers under sec	tion 4955 .		> \$		
3	If the organization incurred a section 495	i5 tax, did it file Form 4720 for this year?				Yes	_
4a	Was a correction made?				•	Yes	□ No
b	If "Yes," describe in Part IV.						
Pa		nization is exempt under sect		cept section	1 501(c)(3).	
1	Enter the amount directly expended by the	ne filing organization for section 527 exer	npt function				
	activities				> \$		
2	Enter the amount of the filing organization						
	527 exempt function activities				> \$		
3	Total exempt function expenditures Add	lines 1 and 2. Enter here and on Form 1	120-POL,				
	line 17b	• • • •			> \$		
4	Did the filing organization file Form 1120	-				Yes	☐ No
5	Enter the names, addresses and employ						
	organization made payments For each of						
	the amount of political contributions recei						
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, j	provide informati	on in Part l	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount p	aid from	(e) Amount of p	olitical
	•			filing organi funds If none,		contributions rec	
				lunas ir none,	enter -u-	promptly and of delivered to a s	
		1		}		political organiz	
						none, enter	-0-
(1)						[
(2)							
(3)							
 -							
4)							
5)				i			
6)							

Schedule C (Form 990 or 990-EZ) 2015 BPO ELKS				42-0135			
Part II-A Complete if the organiz	tation is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ction under		
section 501(h)).		/	ab (Clintada)				
A Check ► ☐ if the filing organization below name, address, EIN, expens			- ·	emper's			
B Check ► ☐ if the filing organization chec			•				
			лу	(a) Filing	(b) Affiliated		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
1a Total lobbying expenditures to influence put				organization's totals	group totals		
b Total lobbying expenditures to influence a le							
c Total lobbying expenditures (add lines 1a a	-	,9,					
d Other exempt purpose expenditures .							
Total exempt purpose expenditures (add lin	es 1c and 1d) .						
f Lobbying nontaxable amount. Enter the amount	ount from the following to	able in both					
columns							
If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amoun	t is:				
Not over \$500,000	20% of the an	nount on line 1e		ļ			
Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000	-			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	ver \$1,500,000				
Over \$17,000,000	\$1,000,000						
g Grassroots nontaxable amount (enter 25% of							
h Subtract line 1g from line 1a. If zero or less,							
i Subtract line 1f from line 1c. If zero or less,							
j If there is an amount other than zero on eith	er line in or line it, ala tr	ne organization file Fo	orm 4720		Yes No		
reporting section 4911 tax for this year?	reporting section 4911 tax for this year?						
(Some organizations that made			ve to complete al		ns below.		
	obbying Expenditures				 		
	T						
Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
beginning in)							
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							
EEA				Schedule C (Forn	n 990 or 990-EZ) 2015		

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed Yes description of the lobbying activity. No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? . . . Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b . Media advertisements? C Mailings to members, legislators, or the public? đ Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? . . . Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities? Total Add lines 1c through 1i . j Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members . . Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 2 political expenses for which the section 527(f) tax was paid). 2a Current year . . . Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2015

Open to Public Inspection
Employer identification number

BPO ELKS NO 297 42-0135980 01. Description of other expenses (Part I, line 16) Description Amount 3,034 FEES AND DUES GOODFELLOWS EXPENSE 13,390 4,431 INSURANCE LODGE ACTIVITIES 1,366 OPERATING SUPPLIES 914 340 OFFICE SUPPLIES STATE AND NATIONAL CONVENTIONS 1,061 02. Description of other assets (Part II, line 24) End of Year Beginning of Year Category 2,356 2,481 INVENTORY 03. Description of total liabilities (Part II, line 26) Beginning of Year End of Year Category 1,595 1,067 ACCRUED SALES TAX