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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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.

2016

Department of the Treasury

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

Open to Public Inspection

inter	nai Reveni	je Service	r year, or tax year beginning 04-01, 2016, at		·germenmeee.		<u>~.l</u>		
Α	For the 2	2016 calenda		03-31 ,2017					
В	Check if applicable C Name of organization D E				D Emplo	D Employer identification number			
Address change BPO ELKS NO 297			BPO ELKS NO 297		42	-01359	80		
	Name chan					E Telephone number			
	Initial return								
	Final return	/terminated	PO BOX 1662		(5	63)583	-5708		
	Amended r	etum	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	on		
	Application	pending	DUBUQUE, IA 52004-1662		Numbe		1156		
G	Accounti	ng Method	☐ Cash 🖾 Accrual Other (specify) ►		H Check ►	X If the	e organization is not		
1 1	Website	: >			required to	attach S	chedule B		
<u>J</u>	Tax-exe	mpt status (c	heck only one) - ☐ 501(c)(3) 🛛 501(c)(8) ◀ (insert no) ☐ 4947(a)(1)	or 527	(Form 990	990-EZ,	or 990-PF)		
K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other						
Ē,	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if to	otal assets				
(Pa	rt II, colu) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	142,273		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	ınces(se	e the instruction	ons for F	Part I)		
		Check if t	the organization used Schedule O to respond to any question in	this Part	<u> </u>		. <u>x</u>		
<u>ب</u>	1	Contributions	s, gifts, grants, and similar amounts received			1	70,267		
• '	2	Program ser	vice revenue including government fees and contracts .			2	· <u> </u>		
/·	3	Membership	dues and assessments			3	11,643		
` ``	4	Investment in	ncome			4	15		
,	5a	Gross amou	nt from sale of assets other than inventory . 5	3		1 1			
ζ	b	Less cost or	other basis and sales expenses 5	<u> </u>]			
	С	Gain or (loss		5c					
93	6	Gaming and							
	a	Gross incom							
nue		\$15,000)	66	2					
Revenue	b	Gross incom	Gross income from fundraising events (not including \$ of contributions						
æ			sing events reported on line 1) (attach Schedule G if the			1			
	1	sum of such	gross income and contributions exceeds \$15,000) . 61	<u> </u>					
	C	Less direct	expenses from gaming and fundraising events	<u>: </u>		1			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract					
	ļ	line 6c)							
	7a	Gross sales	of inventory, less returns and allowances	1	60,348	1			
	b	Less cost of	goods sold 78	<u> </u>	38,274	1			
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	22,074		
	8		ue (describe in Schedule O)		•	8			
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	103,999		
	10		imilar amounts paid (list in Schedule O)	•	<i>.</i> ,	10			
	11	•	to or for members		* *	11			
S	12		er compensation, and employee benefits	8 2017		12			
Expenses	13		fees and other payments to independent contractors	•	•	13	310		
хbе	14		rent, utilities, and maintenance	•	. ,	14	85,570		
ú	15	3. 1	lications, postage, and shipping .	•= : = :	- = = 3	15			
	16	•	ses (describe in Schedule O)			16	25,579		
	17		ses. Add lines 10 through 16		<u> </u>	17	111,459		
ψ	18		eficit) for the year (Subtract line 17 from line 9)			18	(7,460)		
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree	with					
As	1	=	igure reported on prior year's return)			19 20	47,646		
Ref	20	·							
_	21		r fund balances at end of year Combine lines 18 through 20		<u> </u>	21	40,186		
East		carle Dadicate	on Act Notice, see the congrate instructions				Form 990-F7 (2016)		

10 H 990-EZ (2016) BPO ELES NO 297			42-0	1133	980 Page
Part II Balance Sheets (see the instructions for Part II)					_
Check if the organization used Schedule O to re	spond to any questic				<u>X</u>
		(A) Be	ginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments .			5,260	22	1,356
23 Land and buildings			40,972	23	37,638
24 Other assets (describe in Schedule O)			2,481	24	2,246
25 Total assets			48,713	25	41,240
26 Total liabilities (describe in Schedule O)			1,067	26	1,054
27 Net assets or fund balances (line 27 of column (B) must agree v	with line 21)		47,646	27	40,186
Part III Statement of Program Service Accomplishm	nents (see the instru	ctions for Part III)			Evnance
Check if the organization used Schedule O to re		ion in this Part III		/Dos	Expenses
What is the organization's primary exempt purpose? TO PROMOTE	WELL-BEING			1	quired for section
Describe the organization's program service accomplishments for eac	ch of its three largest pro	ogram services		1	c)(3) and 501(c)(4)
as measured by expenses In a clear and concise manner, describe the				1	nizations, optional for
persons benefited, and other relevant information for each program titl				othe	rs)
28 TO PROMOTE WELL-BEING THROUGH NUMEROUS SE	RVICE				
ACTIVITIES, CHARITABLE PROGRAMS, TRAINING	CENTERS,				
RECREATIONAL AND LEADERSHIP PROGRAMS FOR	YOUTHS.				
(Grants \$) If this amount in	icludes foreign grants, c	heck here	 	28a	
29					
(Grants \$) If this amount in	icludes foreign grants, c	heck here	▶ □	29a	
30					
				1	
(Grants \$) If this amount in	cludes foreign grants, c	heck here	. ▶ 🗆	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount in	ncludes foreign grants, c	heck here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
Part IV List of Officers, Directors, Trustees, and Key Emplo	yees (list each one eve	n if not compensated	I - see the instruc	tions	for Part IV)
Check if the organization used Schedule O to respond	to any question in this P	art IV			·П
	(b) Average	(c) Reportable	(d) Health benefits	. Т	
(a) Name and title	hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of
	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensa		other compensation
DENNIS BARRY					
EXALTED RULER	10.00			d	0
COREY LAWLER					
LOYAL KNIGHT	5.00		ļ	d	0
THELMA J ROBERTS				1	
SECRETARY	10.00		i	d	0
		-			<u></u>
	-				
				$\neg \dagger$	
	1			$\neg +$	
					
	1				
	<u> </u>			$\neg +$	
	 			+	
	 			-+	
	1				
	 			-+	
EEA			<u> </u>	L	Form 990-EZ (2016)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	nts in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Part V			
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O .	•	33		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		1		l
	change on Schedule O (see instructions)		34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a	Х	}
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	ı	35b	X	-
	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	1	Х
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			 	
	Did the organization file Form 1120-POL for this year?		37b	1	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		37.0		1
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a	ļ	Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		30a		<u> </u>
39	Section 501(c)(7) organizations Enter		1		
a	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities . 39b		-		
			-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
L	section 4911 ► , section 4912 ► , section 4955 ► Section 501(a)(2) = 0.01(a)(2) section 4912 Section 4915 Section 501(a)(2) section 501(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		}) :	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		405		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,				
ىد	4955, and 4958				
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	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				7.
	transaction? If "Yes," complete Form 8886-T		40e		<u>X</u>
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			
	Located at ► PO BOX 1662, DUBUQUE, IA ZIP + 4	52004	-		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	г		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Ļ	42b		<u>X</u>
	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)	j			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	L	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			>	_
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ .		44a		_X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44b	Ì	X
С	Did the organization receive any payments for indoor tanning services during the year?		44c	_ 1	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O		44d	[
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ĺ	45a		X
	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	ļ			
	Form 990-EZ (see instructions)	ŀ	45b	1	Х
			ت		

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	•					Yes	No
46	Did the organization engage, directly or indirectly, in		ies on behalf of or in opp	osition		ŧ	
[D-	to candidates for public office? If "Yes," complete S		 		46		X
Par	t VI Section 501(c)(3) organizations		ana 17 10h and 50	and complete the	lablaa far l	·	
	All section 501(c)(3) organizations 50 and 51.	must answer questi	ons 47-490 and 52,	and complete the	lables for i	ines	
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			
		<u> </u>	to any quoditon		<u>·</u>	Yes	No
47	Did the organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	tax			1
	year? If "Yes," complete Schedule C, Part II		•		47		
48	Is the organization a school as described in section	170(b)(1)(A)(ıı)? If "Yes,"	complete Schedule E		48		
49 a	Did the organization make any transfers to an exem	•	organization?		49a		<u></u>
b	If "Yes," was the related organization a section 527				49b		Ĺ
50	Complete this table for the organization's five highes			-			
	employees) who each received more than \$100,000	of compensation from th	e organization If there is				
	(a) Name and this of each ampliance	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate		
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MiSC)	benefit plans, and deferred compensation	other co	mpensat	tion
			<u> </u>		ļ <u>.</u>		
					<u> </u>		
	Total number of other employees paid over \$100,00	0 ▶	l		I		
51	Complete this table for the organization's five highes		lent contractors who each	received more than			
	\$100,000 of compensation from the organization If	there is none, enter "Nor	ie "				
	(a) Name and business address of each independent contra	ector	(b) Type of service	e Í	(c) Compensatio	n	
							_
	Total number of other independent control of	**************************************					
52	Total number of other independent contractors each Did the organization complete Schedule A? Note : A	•					
JZ	completed Schedule A	ar section so r(c)(s) organ	iizations most attach a		▶ ∏ Yes	X ı	No
Unde	r penalties of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and statements.	and to the best of my knowle			
	correct, and complete Declaration of preparer (other thap-o			•	9	,	
	THELMA J ROBERTS		oberte		8, 2017	,	
Sig	Signature of officer	0		Date	7		
Her	e THELMA J ROBERTS, OFFICER	.					
	Type or pnnt name and title		·				
		reparer's signature	Date	Check X if	PTIN		
Paid		ON THEISEN	06-29-20		P012031	.25	
Prep			CE	Firm's EIN ▶			
Use	Only Firm's address > 1950 JOHN F KEND			F.C.2	E03 3E05		
May	DUBUQUE IA 52002 the IRS discuss this return with the preparer shown a			Phone no 563 -	<u>-583-3587</u> ▶ 🗓 Yes		No
EEA	and in to discuss and return with the preparer shown a	DOVE DECINISTRUCTIONS			Form 99	_=_	
					. 5.111 50	1	· · · <i>)</i>

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

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.

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

•	(see separate instructions), trien				
	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
	e of organization			(identification number
	O ELKS NO 297			42-013	
Pa		ization is exempt under secti	`		anization.
1	Provide a description of the organization's	direct and indirect political campaign ac	ctivities in Part IV	(see instructions for	
	definition of "political campaign activities")	•			
2	Political campaign activity expenditures (s	ee instructions)	-	▶ \$	
3	Volunteer hours for political campaign act	ivities (see instructions)			
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	55	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sect	ion 4955	▶ \$	
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by the	e filing organization for section 527 exen	npt function		·
	activities			▶ \$	
2	Enter the amount of the filing organization	's funds contributed to other organization	ns for section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add i	ines 1 and 2 Enter here and on Form 1	120-POL,		
	line 17b		·	▶ \$	
4	Did the filing organization file Form 1120-	POL for this year?		· · · ·	Yes No
5	Enter the names, addresses and employe		on 527 political orga	anizations to which the filing	_
•	organization made payments For each or		_		=
	the amount of political contributions receiv				
	as a separate segregated fund or a politic			_	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					
(1)					
(2)	,				
(3)					
(4)		}			
(5)					
·-/ 					
(6)					
(~)		i		I	

	dule Ç (Form 990 or 990-EZ) 2016 BPO ELKS NO 2				42-0135	
Pa	complete if the organization	is exempt ur	nder section 50	1(c)(3) and file	d Form 5768 (elec	ction under
_	section 501(h)).					
Α	Check ► ☐ If the filing organization belongs to a				ember's	
_	name, address, EIN, expenses, and			•		
<u>B</u>	Check ▶ ☐ If the filing organization checked box			у	 	
	-	ring Expenditures			(a) Filing	(b) Affiliated
_	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	· =	:			
b	Total lobbying expenditures to influence a legislativ	e body (direct lobi	bying) .			
ر. د	Total lobbying expenditures (add lines 1a and 1b)	•				
d	Other exempt purpose expenditures	1.4.45				
e	Total exempt purpose expenditures (add lines 1c a	<u>=</u>	Maria de de		 	
'	Lobbying nontaxable amount Enter the amount fro	m the following tai	ole in both			
	columns	The John ing	mantevable autount	i		
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:		
	Not over \$500,000 Over \$500,000 but not over \$1,000,000	20% of the am	15% of the excess o	vor \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$1,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000	070 Of the excess OV	οι ψ1,500,000	1	
g					 	
9 h	Subtract line 1g from line 1a If zero or less, enter -	•	•			
1	Subtract line 1f from line 1c If zero or less, enter -					
i	If there is an amount other than zero on either line		e organization file Fo	rm 4720		
•	reporting section 4911 tax for this year?	,				Yes No
		4-Year Averagi	ng Period Under	section 501(h)		
	(Some organizations that made a se	ction 501(h) ele	ection do not hav	e to complete a	ll of the five colum	ns below.
	See	the separate in	structions for lin	es 2a through 2	f.)	
	Lobbyi	ng Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)	(4) 2010	(3) 20	(0) 2010	(4) 2010	(c) Total
					<u> </u>	
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					-
					 	
d	Grassroots nontaxable amount					
е						
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				1	
FFA					Schedule C (For	m 990 or 990-E7) 2016

	(election under section 501(h)).					
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity	Yes	No	А	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	[•		
	legislation, including any attempt to influence public opinion on a legislative matter or		-			
	referendum, through the use of					
a	Volunteers?	ļ				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
ď	Mailings to members, legislators, or the public?	 				
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	 	 			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	}i				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	 				
j	Total Add lines 1c through 1i	1 1	-			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912	1				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		}			······
_ d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
	501(c)(6).				г. —	т
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	- \((5 \)		3		<u> </u>
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (JK (b)	Pan	: Ш-А,	line	J, IS
	answered "Yes."	——— _Т				
1	Dues, assessments and similar amounts from members	1	_1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		}			
	political expenses for which the section 527(f) tax was paid).	1				
a	Current year .	}	2a			
b	Carryover from last year .	}	2b			
С	Total .	}	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ſ	. [
	and political expenditure next year?)	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	l	5			
	rt IV Supplemental Information					
	ide 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, I	ines 1 a	nd			
2 (se	ee instructions), and Part II-B, line 1 Also, complete this part for any additional information					
					_	

SCHEDULE O (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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

BPO ELKS NO 297		42-0135980	
01. Description of other expenses (P	art I, line 16)		
Description	Amount		
FEES AND DUES	2,807		
GOODFELLOWS EXPENSE	15,164		
INSURANCE	4,398		
LODGE ACTIVITIES	1,100		
OPERATING SUPPLIES	1,539		
OFFICE SUPPLIES	217		
STATE AND NATIONAL CONVENTIONS	354		
02. Description of other assets (Par	t II, line 24)		
Category	Beginning of Year	End of Year	
INVENTORY	2,481	2,246	
03. Description of total liabilities	(Part II, line 26)		
Category	Beginning of Year	End of Year	
ACCRUED SALES TAX	1,067	1,054	