

∍ 990-EZ

# 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.

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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A I	or the	2017 calenda	r year, or tax year beginning 04-01 , 2017, and er	nding	03-3	, 2018
В	heck if a	pplicable	C Name of organization	D E	Employer ide	ntification number
	uddress d	hange	BPO ELKS NO 297 BONE		42-0135	980
۱	lame cha	nge	Number and street (or PO box, if mail is not delivered to street address) Roo	om/suite E 7	Telephone nur	nber
<u> </u>	nitial retur	rn				
ЦF	inal retur	n/terminated	PO BOX 1662		(563) 58	3-5708
	mended	return	City or town, state or province, country, and ZIP or foreign postal code	$\bigcap \bigcirc f$	Group Exemp	tion
		n pending	DUBUQUE, IA 52004-1662		Number 🕨	1156
		ling Method	☐ Cash 🔯 Accrual Other (specify) ▶	H Chec	:k▶ 🗓 iftl	ne organization is <b>not</b>
	Vebsite			requi	red to attach	Schedule B
			theck only one) - 501(c)(3) \$\sqrt{501(c)(8)}\$ \$\ \bigstyle \( \text{(insert no.)} \sqrt{4947(a)(1) or} \)	527 (Form	n 990, 990-E2	z, or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,			
						98,758
<b>F</b> a	rt'l		e, Expenses, and Changes in Net Assets or Fund Balance			
	_		the organization used Schedule O to respond to any question in this			
	1		s, gifts, grants, and similar amounts received		· · · · · · · · · · · · · · · · · · ·	32,116
	3		vice revenue including government fees and contracts			
	4	Investment in	dues and assessments		<del></del>	10,264
	— <del>4</del> 5а				4	
			other basis and sales expenses	·		
			) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	_		fundraising events			
venue			e from gaming (attach Schedule G if greater than		. **	
			• • • • • • • • • • • • • • • • • • •			
	b	Gross income	La constant de la con	contributions	*	
Se.			ing events reported on line 1) (attach Schedule G if the		* "	
Reve			gross income and contributions exceeds \$15,000) 6b			•
	С	Less direct e	expenses from gaming and fundraising events 6c			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c) 🕠			6d	
	7a	Gross sales	of inventory, less returns and allowances	56,3	371	
	b	Less cost of	goods sold	39,3	183	
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)		· · · 7c	17,188
	8		e (describe in Schedule O)			
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		.▶ 9	<u>59,575</u>
			ımılar amounts paid (list in Schedule O) · · · · · · · · / · · · · · RECE	IVED	10	
		•	to or for members	TVED	,   11	·
Sevenue Revenue de la company			181 110	/	/   12	
			fees and other payments to independent contractors	2010 /5/	13	310
ğ			ent, utilities, and maintenance	-910· ·/·O/	14	33,642
ш	16		ications, postage, and shipping	: 18 1	15	
	17		ses (describe in Schedule O)	<i>!![:::</i> ]	16	27,311
-	18		ses. Add lines 10 through 16		.▶ 17	61,263
ফ	19		elicit) for the year (Subtract line 17 from line 9)		18	(1,688)
et Assets	. 3		gure reported on prior year's return)	ı	19	40 100
μ¥	20		es in net assets or fund balances (explain in Schedule O)		20	40,186
<u> </u>	21		fund balances at end of year Combine lines 18 through 20		. ▶ 20	38,498
			an Act Natice see the constate instructions			50,490 Form 000 F7 (2017)

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Form 990-EZ (2017) BPÓ ELKS NO 297			42-0	1359	80 Page 2
Part II Balance Sheets (see the instructions for Part II)					_
Check if the organization used Schedule O to res	pond to any questio	n in this Part II			<u> 🛛</u>
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			1,356	22	4,377
23 Land and buildings			37,638	23	34,304
24 Other assets (describe in Schedule O)			2,246	24	2,246
25 Total assets			41,240	25	40,927
26 Total liabilities (describe in Schedule O)			1,054	26	2,429
27 Net assets or fund balances (line 27 of column (B) must agree w				27	38,498
Part III Statement of Program Service Accomplishme		otions for Part III)	40,186	27	36,496_
	•	•			Expenses
Check if the organization used Schedule O to re-		on in this Part III	· · · · · · L.	(Req	uired for section
What is the organization's primary exempt purpose? TO PROMOTE	WELL-BEING			501(0	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	of its three largest pro-	gram services,		organ	nizations, optional for
as measured by expenses. In a clear and concise manner, describe the		number of		other	
persons benefited, and other relevant information for each program title					-, 
28 TO PROMOTE WELL-BEING THROUGH NUMEROUS SER	VICE				1
ACTIVITIES, CHARITABLE PROGRAMS, TRAINING	CENTERS,				
RECREATIONAL AND LEADERSHIP PROGRAMS FOR Y	OUTHS.				
(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here · · · ·	· · · · <u>▶</u> 🔲 📗	28a	
29	· · · · · · · · · · · · · · · · · · ·				
(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here · · · ·	▶ □	29a	
30					
			<del></del>		
(Grants \$ ) If this amount inc	cludes foreign grants, c	hook horo		30a	
				Jua	
				24-	
	cludes foreign grants, c		· · · · • 📗	31a	<del></del>
32 Total program service expenses (add lines 28a through 31a)				32	D + 100
Rart IV	•				
Check if the organization used Schedule O to respond to	any question in this Pa	art IV - · · ·			<i>.</i> ∐_
	(b) Average	(c) Reportable	(d) Health benefits,		(e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emplo benefit plans, and	yee	other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensati	ion	
DENNIS BARRY					
EXALTED RULER	10.00	c		0	0
ALICE WOLF					
LOYAL KNIGHT	5.00	c	)	o	0
THELMA J ROBERTS					
SECRETARY	10.00			o	0
MICHAEL HOWARD				1	
LEADING KNIGHT	5.00			اه	0
JOSEPH FREIBURGER	3.00		1	<u> </u>	<u>~_</u> _
LECTURING KNIGHT	5.00	١ .	ļ	0	0
TECTORING MAIGHT	3.00		<u>'</u>	<del>-  </del>	
			<del> </del>	+	
				$\dashv$	
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Form **990-EZ** (2017)

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		<u>~</u>	Page	
2-0135980			rage	•

Pa	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	• • •		·LL
			Yøs	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			37
34	detailed description of each activity in Schedule O	33		X
<b>5</b> 4	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		Х
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	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	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		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		X
37 a		1		ل ـ
	Did the organization file Form 1120-POL for this year?	37b		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 pnor year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	<b>!</b>		1
a h	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911  , section 4912  , section 4955			1 :
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			l ,
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	2.*	1, 85%	
ө	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed  IA  The experience health are in case of the FUNDANCE TO PROPERTY T			
42 a	The organization's books are in care of ► THELMA J ROBERTS  Located at ► PO BOX 1662, DUBUQUE, IA  Telephone no ► 563-5  ZIP+4 ► 52004			
b	Located at ▶ PO BOX 1662, DUBUQUE, IA ZIP+4 ▶ 52004 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Z 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			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		ļ	-
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	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		•	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>.</u>	1	1
	B.H	F	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			X
	completed instead of Form 990-EZ	44a		^
D	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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		+**
-	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	<b> </b>	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	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

FOIII 990-EZ (ZC	BPO ELRS NO 297			42	-0135980	Yes	No
46 ' Did the	ः e organizatıon engage, dırectly or ındırectly, ın ı	political campaign activitie	es on behalf of or in oppo	esition		162	INC
	didates for public office? If "Yes," complete Sc		<u></u>		46		X
Part VI	Section 501(c)(3) organizations of						
	All section 501(c)(3) organizations	must answer quest	ions 47 - 49b and 5	2, and complete the	ne tables fo	or line	S
	50 and 51.			5			
	Check if the organization used Sch	edule O to respond	to any question in	this Part VI	· · · · · ·	T	<u>::!</u>
47 D.J.L.		. 50.443				Yes	No
	e organization engage in lobbying activities or h		-		45		
· ·	If "Yes," complete Schedule C, Part II				47		-
	organization a school as described in section 1 e organization make any transfers to an exemp		· ·		48	+	┼
	," was the related organization a section 527 o				49	<del></del>	╁
	lete this table for the organization's five highest	•			L	<u> </u>	<u> </u>
	yees) who each received more than \$100,000				у		
Citipio	yees) who each received more than \$100,000	or compensation from the		i	<del></del>		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estima		
	(a) Name and the or each employee	devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other	compensa	tion
		<u>'</u>	, , , , , , , , , , , , , , , , , , , ,			•	
		<del></del> -		<del>                                     </del>		<del></del>	
		<del>-</del>					
	;						
				-	_		
				-			
\$100,0	ete this table for the organization's five highest 000 of compensation from the organization. If to Name and business address of each independent contract	here is none, enter "Non			(c) Compensat	tion	
		·					
-		-					
	·						
<b>d</b> Total no	umber of other independent contractors each i	receiving over \$100,000	>				
	e organization complete Schedule A? Note: All	<del>-</del>	zations must attach a				
comple	eted Schedule A				► ☐ Ye	s 🛚	No
Jnder penalties	s of perjury, I declare that I have examined this return	n, including accompanying s	chedules and statements, a	nd to the best of my knowl	edge and belief	, it is	
rue, correct, ar	nd complete Declaration of preparer (other than On	ser) s based on all informati	on of which preparer has an	y knowledge,			
	THELMA J ROBERTS	Helma V	Laberts	July	26,20	18	
Sign	Signature of officer	71 -		Date	— — — — — — — — — — — — — — — — — — —		
Here	THELMA J ROBERTS, OFFICER	Thelman	1. Koberts	s Secre	Tary		
	Type or print name and title			<del>,                                    </del>			
	Print/Type preparer's name Pr	reparer's signature	Date	Check X	<sub>if</sub> PTIN	•	
Paid -	RON THEISEN RO	N THEISEN	06-26-20	ole self-employed	P0120:	3125	
Preparer	Firm's name THEISEN BOOKKEEP	ING & TAX SERVI	<u> </u>	Firm's EIN			
Use Only	Firm's address > 1950 JOHN F KENN	EDY RD					-
	DUBUQUE IA 52002			Phone no 56	<u>3-583-358</u>	37	
/lay the IRS	discuss this return with the preparer shown ab	ove? See instructions			► X Ye	s 🗌	No
EEA					Form	990-EZ	(201

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

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 Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III.			
Nam	e of organization	•		Employer	identification number
BE	O ELKS NO 297				
Pa	rt·I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV (s	see instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (s			· · · · · · · • • • • • • • • • • • • •	_ <del></del>
3	Volunteer hours for political campaign act				
Pa		ization is exempt under section			
1	Enter the amount of any excise tax incume	ed by the organization under section 495	5	· · · · · · · •   \$	
2	Enter the amount of any excise tax incurre	, ,		-	
3	If the organization incurred a section 4955				
4a	Was a correction made?		· · · · · · · · · · · · · · · · · · ·		· U Yes U No
b	If "Yes," describe in Part IV		264/	4 4 504/-376	<del>,, </del>
<u> </u>		•	, , , ,	ept section 501(c)(3	<u>5).                                      </u>
1					
				· · · · · · · •   \$	
2	3 5				
_	•	Complete if the organization is exempt under section 501(c), except section 501(c)(3).  The amount directly expended by the filing organization for section 527 exempt function  The amount of the filing organization's funds contributed to other organizations for section  Exempt function activities			
3					
4					
5			=		
		•			
					,
			<u> </u>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	s for    S   S   S   S   S   S   S   S   S
(1)					
(2)					
(3)			***		
(4)					
(5)					
(6)					

	edule C (Form 990 or 990-EZ) 2017 BPO ELKS NO 2				42-0135	
P	art II-A Complete if the organization	ı is exempt u	nder section 501	I(c)(3) and filed	Form 5/68 (elec	tion under
	section 501(h)).					
A	Check ▶ ☐ If the filing organization belongs to a		•	h affiliated group me	mber's name,	
	address, EIN, expenses, and share	•	· , ,			
В	Check ▶ ☐ If the filing organization checked bo			<u> </u>	<del></del>	
	Limits on Lobb	ying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	nion (grass roots l	obbying) · · · ·			
t	Total lobbying expenditures to influence a legislative	ve body (direct lob	bying)			
C	Total lobbying expenditures (add lines 1a and 1b)					
C	Other exempt purpose expenditures · · · · ·					
е	Total exempt purpose expenditures (add lines'1c a	and 1d) · · · ·				
f	Lobbying nontaxable amount. Enter the amount from	om the following ta	ible in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		-
	Not over \$500,000	20% of the ar	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess o	ver \$500,000		I
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess o	ver \$1,000,000		ì
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				\ 
g		1f)				,
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i						
i	If there is an amount other than zero on either line		he organization file Fo	rm 4720		
•	reporting section 4911 tax for this year?					☐ Yes ☐ No
			ing Period Under			
	(Some organizations that made a se	_	_		of the five column	s below.
			nstructions for lin			
		•		· ·	•	
	Lobby	ing Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
t	Lobbying ceiling amount	* >				
	(150% of line 2a, column (e))		<u> </u>	~		
c	Total lobbying expenditures					
c	d Grassroots nontaxable amount					
€	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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	(	a)	(b		_
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity	Yes	No	Amo		
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)?		L_			_
Media advertisements?		$\vdash$			_
Mailings to members, legislators, or the public?		$\vdash$			_
Publications, or published or broadcast statements?		<del>                                     </del>	<del></del>		
Grants to other organizations for lobbying purposes?	<del></del>		<del></del>		
- work of the regional of the region and the region		<del></del>			_
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>			_
Other activities?		$\vdash$	<del></del>		_
Total Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<del>                                     </del>			
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?  rt III-A Complete if the organization is exempt under section 501(c)	(4) section 501(c)(5)	07.60	ction		_
501(c)(6).	(4), Section 50 1(0)(5),	JI 3C	CHOH		
			Y	es	ı
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	コ	_
Did the organization agree to carry over lobbying and political campaign activity expenditures fro	om the prior year?		3		
rt III-B Complete if the organization is exempt under section 501(c)					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are a answered "Yes."	nswered "No," OR (b)	Part	III-A, lin	е 3	,
Dues, assessments and similar amounts from members		1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
Current year		2a			
Carryover from last year		2b			
Total · · · · · · · · · · · · · · · · · · ·		2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies	3			_
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	e				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
and political expenditure next year?		4			
Taxable amount of lobbying and political expenditures (see instructions)		5			_
t IV Supplemental Information					_
de 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 ar	nd			
e 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.

2017

2017

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

BPO ELKS NO 297 42-0135980 01. Description of other expenses (Part I, line 16) Description Amount FEES AND DUES 2,904 GOODFELLOWS EXPENSE 15,333 INSURANCE 5,033 LODGE ACTIVITIES 934 OPERATING SUPPLIES 1,556 OFFICE SUPPLIES 570 STATE AND NATIONAL CONVENTIONS 981 02. Description of other assets (Part II, line 24) End of Year Beginning of Year Category INVENTORY 2,246 2,246 03. Description of total liabilities (Part II, line 26) Beginning of Year End of Year Category ACCRUED SALES TAX 1,054 2,429