

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
BPO ELKS 483

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2109 INDIANAPOLIS RD

City or town, state or province, country, and ZIP or foreign postal code
CRAWFORDSVILLE, IN 47933

D Employer identification number
35-0173300

E Telephone number

F Group Exemption Number ▶ 1156

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

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

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 33,015

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,125
	4 Investment income	4	5,475
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,057
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,501
c Less direct expenses from gaming and fundraising events	6c	100	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,458	
7a Gross sales of inventory, less returns and allowances	7a	4,767	
b Less cost of goods sold	7b	3,429	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,338	
8 Other revenue (describe in Schedule O)	8	590	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	29,486	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	10,941
	11 Benefits paid to or for members	11	1,800
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,216
	14 Occupancy, rent, utilities, and maintenance	14	12,975
	15 Printing, publications, postage, and shipping	15	929
	16 Other expenses (describe in Schedule O)	16	5,387
	17 Total expenses. Add lines 10 through 16 ▶	17	33,248
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,762
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	430,362
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-700
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	425,900

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of STACY ADAMS Telephone no (765) 362-0705 Located at 2109 INDIANAPOLIS RD CRAWFORDSVILLE, IN ZIP + 4 47933

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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

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

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

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

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

Sign Here Signature of officer ***** DIANA VAIL EXALTED RULER Type or print name and title	Date 2019-09-26
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Paid Preparer Use Only	Print/Type preparer's name ALEX B MILLIGAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00069423
	Firm's name ▶ RUSSELL & DURR CPAS INC			Firm's EIN ▶ 20-5614955	
	Firm's address ▶ 201 N MARKET ROCKVILLE, IN 47872			Phone no (765) 569-2054	

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

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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

BPO ELKS 483

Employer identification number

35-0173300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNT OTHER REVENUE 590

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	ACTIVITY VARIOUS GRANTS GRANTEE VARIOUS GRANTS STREET INDIANAPOLIS RD CITY, STATE, ZIP CRA WFORDSVILLE, IN 47933RELATIONSHIP NONE AMOUNT 2,441ACTIVITY ELKS FOUNDATION GRANTS GRANTEE ELKS NATIONAL FOUNDATION STREET 2750 N LAKEVIEW AVE CITY, STATE, ZIP CHICAGO, IL 60614REL ATIONSHIP NONE AMOUNT 8,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT DEPRECIATION FROM 4562 1,411 YOUTH ACTIVITIES 50 CONVENTIONS 275 SPECIAL DINNERS 985 MEMORIALS 177 DUES-LODGE 2,348 NATIONAL SERVICE COMM 141

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTCHANGE IN RESTRICTED FUND BALANCE (700)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEAR INVENTORY 3,352 4,623

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS PAYABLE 3,511 5,078PREPAID DUES 4,211 3,713