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SCANNED OCT 2 5 2016

 $_{\text{Form}}~990\;.$

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

		the Treasury ue Service		r social security ni			=	-		Inspec	
A				about Form 990 a	_						tion
			ndar year, or tax year beg		oril 1	, 2015, a	ınd ending	Mar	Ch 31	, 20 16 er identification r	
В		applicable	C Name of organization B.P.	_	•				D Employ		umber
H	Address	-	Doing business as Danbu				Daam/242		FT-I	06-0258842	
님	Name ch	•	Number and street (or P O	DOX if mail is not delive	ered to street add	ress)	Room/suite		E relepno	ne number	
님	Initial ret		6 Sugar Hollow Road				<u> </u>			203 791-0919	
님		m/terminated	City or town, state or provin	ce, country, and ZIP o	r toreign postal c	oae					
\vdash	Amende	4	Danbury, CT 06810-7533						G Gross re		187522
Ш	Applicati	on pending	F Name and address of princi	pal officer Eric Sv	ege					subordinates? Ye	_
			Same as Above							s included? L. Ye	
<u>L</u>		npt status		501(c) (8) ◀ (in	sert no) 🔲 4947	7(a)(1) or	<u> 527</u>	1		a list (see instructi	ons)
J	Website		w.danburyelks.org					H(c) Group	$\overline{}$	•	1156
K			✓ Corporation Trust	Association Other	<u> </u>	L Yea	er of formation	1889	M State	of legal domicile	СТ
Р	art I	Summ									
_	1	=	escribe the organization'		-						
Activities & Governance	ŀ		Love and Fidelity; to pro						o quicker	the spirit of A	merican
Ē			r; to cultivate good fellow								
ē	2		is box $ ightharpoonupigsquare$ if the organi:		-		sposed of	more than	1	its net assets.	
පී	3		of voting members of th		-	-			3		7
•ජ ග	4		of independent voting m	_	• •	•	•		4		5
Ë	5		nber of individuals empl	-	year 2015 (Pa	rt V, line	: 2a) .		5		6
₹	6		nber of volunteers (estin						6		30
¥	7a	Total unre	elated business revenue	from Part VIII, ço	otumn-(Ç), line	12 .			7a		2228
	b	Net unrel	ated business taxable in	come from Form	990-T, line 3	4 . 7.	<u> </u>		7b		0
				- F7	Control Control Control Control	- J		Prior Ye	ar	Current Y	'ear
0	8	Contribut	tions and grants (Part VI	וו, line ih) . Si אַן	90 100	. * . # .		-	17514		48821
Ĕ	9	Program	service revenue (Part VI	II, line 2g)	9 0 100				0		0
Revenue	10	Investme	nt income (Part VIII, coli	ımn/(A), lines 3, 4	; and-7d) .	, <i>i</i> , .		_	120		1
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							47500		46087
	12	Total reve	enue-add lines 8 throug	h 11 (must equal i	Part VIII, colun	nn-(Å), lir	ne 12)		65134		94909
	13	Grants ar	nd sımılar amounts paid	(Part IX, column	A), lines 1-3)				0		2208
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0		
ø	15	Salaries, o	other compensation, emp	loyee benefits (Pa	rt IX, column (A), lines	5–10)		482		536
use	16a	Professio	nal fundraising fees (Pa	rt IX, column (A),	line 11e) .		—		0		
Expenses	ь		draising expenses (Part								
Ω	17	Other exp	penses (Part IX, column	(A), lines 11a-11d	i, 11f–24e)				67182		104099
	18		enses. Add lines 13-17		-), line 25	s) .		67664		106843
	19	-	less expenses. Subtrac	•			′ 		(2530)		(11934)
5 69 8			'				Be	ginning of Cu		End of Y	
ets (20	Total ass	ets (Part X, line 16) .				 		1583536		1562895
Ass	21		ilities (Part X, line 26) .						724626		715586
Net Assets Fund Balan	22		ts or fund balances. Sub	tract line 21 from	line 20				858910		847309
	art II		ture Block							L	
	_		ry, I declare that I have examin	ed this return, includir	o accompanying	schedules	and stateme	nts, and to t	he best of r	mv knowledge an	d belief, it is
tru	e, correct	t, and compl	ete Declaration of preparer (of	hen than officer) is bas	d on all informat	on of which	ch preparer ha	as any knowl	edge		a 2011011 12 10
		I	wellen	1110. 11	,				91	130/16	
Sig	n	Sign	ature of officer		70		<u> </u>	/Da	te .		
He	_		WILLIAM	J CHIN	レイル	- 1	ODE	デンセ	ZD	=TAPY	
		Type	or print name and title								
_			pe preparer's name	Preparer's si	gnature		Date		T	PTIN	
Pa		_					}		Check self-em	□	
	epare		ame ▶								
US	e Onl		ddress ►						n's EIN ▶		
Ma	v the IF		s this return with the pre	parer shown abo	ve? (see instri	uctions)		, Pnc	ne no	□Va	s No
_			ction Act Notice, see the	· -)		112027	• • •		990 (2015)
-OI	- abei A	······································	APE 1101108, 368 1116	ooparate mistruction	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cat No	112021		FOITH	(CU13)

Form 99	0 (2015) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to promote the welfare and enhance the happiness of its
	members; to quicken the spirit of American patriotism; to cultivate good fellowship and to perpetuate itself as a fraternal
	organization.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	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
•	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 \$ including grants of \$) (Revenue \$)
	The cardinal principles of the organization are Charity, Justice, Brotherly Love and Fidelity. These principles are exemplified at each
	of the 21 regular Lodge meetings and at various special meetings attended by the membership.
	(C) \((C) \)
4b	
	The welfare and happines of the members are promoted and enhanced through the social activities provided in the Lodge facilities.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Community service is provided by the membership to the local communities primarily by members donating their time. Additionally
	we provide various youth directed activities throughout the year including the nationally recognized "Hoop Shoot" and "Soccer
	Shoot Out" programs.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total and any angles expenses.

art '	Checklist of Required Schedules		1 2	-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If complete Schedule A	"Yes,"	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	+	\ <u>\</u>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I	tion to		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Sched Part III			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which of have the right to provide advice on the distribution or investment of amounts in such funds or accountable "Yes," complete Schedule D, Part I	donors		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	space,		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serv custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit reposition debt negotiation services? If "Yes," complete Schedule D, Part IV.	oair, or		1
10	Did the organization, directly or through a related organization, hold assets in temporarily res endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Pa VII, VIII, IX, or X as applicable.	**		2, 1 <u>4</u>
_	complete Schedule D, Part VI	<u>-11a</u>	√ -	_
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	· · 11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% o of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	· · 11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	· · 11d	+	1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, F Did the organization's separate or consolidated financial statements for the tax year include a footnote that add the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part	resses		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co Schedule D, Parts XI and XII	mplete 12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax ye "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is of			1
13	10 th 0 1 January 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	ļ	1
14 a		14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantm fundraising, business, investment, and program service activities outside the United States, or agg foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	regate		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistanc for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising serving Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contribution Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	· · 18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line of the strength of the			1

Part I	V Checklist of Required Schedules (continued)		•	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -		_
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,
	employees? If "Yes," complete Schedule J	23		✓
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	a		
-	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	25b		
26	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 disqualified persons? If "Yes," complete Schedule L, Part II	00		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		_
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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,	25%	£3	- 43
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	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	28a		<u> </u>
b	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
24	conservation contributions? If "Yes," complete Schedule M	30	-	✓
31	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ <u>.</u>		۲
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	ļ
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
		For	ո 990	(2015)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4.	Situation in the Control of Source 4000 States On American Health		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		ŀ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 '		
C	reportable gaming (gambling) winnings to prize winners?	1c	1	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC	<u> </u>	
Za		. '		
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the calendar year ending with or within the year covered by this return 2a 6 for the year ending with or within the year covered by this return 2a 6 for the year end year	2b	1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	ļ
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	V	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		· ·	<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, ,	* 1	\ `
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	 _		ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	—		<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			- /2
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		†
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
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 . 10b] '		
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	┧		Ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
_		-		
C	Enter the amount of reserves on hand	1		- ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	✓
n	- n. Tes. Das nomelo a como 720 do recordidese payments (H. NO., provide an explanamon in Schenille Ci			1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	for a	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI		• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	<u> </u>
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?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		
	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	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	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	1
10a b	the second se	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	✓	
b	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		✓_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	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		1
14 15	Did the organization have a written document retention and destruction policy?	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		/ _
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C= -01	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► N/A		_	_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Jack Knapp, Treasurer; 36 Sugar Hollow Road, Danbury, CT 06810-7533;(203) 791-0919		-	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees	, and
	Independent Contractors							

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.

✓ Check this box if neither the organization not	r any related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	than on the thick that the thick the	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
- <u></u>	hours for related organizations below dotted line)	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lisa Knapp Exalted Ruler (President)	2	✓		1				o	o	0
(2) Eric Svege Esteemed Leading Knight (1st Vice-President)	2	\		1				0	o	0
(3) Steven Dance	2	,						•		
Esteemed Loyal Knight (2nd Vice-President)		✓		✓				0	0	0
(4) Michael Cummings	2	_		١.						
Esteemed Lecturing Knight (3rd Vice-President)		✓		✓				0	0	0
(5) William J. Chinn, Jr.	10			١.			ļ			
Secretary			<u> </u>	✓	<u> </u>			0	0	0
(6) Suzanne L. Novaco	4									
Treasurer				✓				0	0	0
(7) Jack Knapp	2									
1 Year Trustee		✓		✓	<u> </u>	<u></u>		0	0	0
(8) Michael Jaber	2			١.	1					
2 Year Trustee		✓		✓	_			0	0	0
(9) Edward Kielkucki	2			١.						
3 Year Trustee		✓		1				0	0	0
(10) Leslie Jaber	11			١.		İ				
Chaplain				✓	<u> </u>			0	0	0
(11) William Fleischmann	1	ļ		١.						
Inner Guard				✓	<u> </u>		_	0	0	0
(12)	 									
(13)						-			-	_
(14)				_						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)												
	(A)	(B) Position (do not check more than one				ne	(D)	(E)	(F)				
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	1	stimati	
		hours per week (list any	office	er and	_	rect	or/trust	<u> </u>	compensation from	compensation from related	ין a	mount other	or
		hours for	유표	Inst	Officer	₹	empt High	Former	the	organizations		npensa	
		related	8 g	효	cer	Key employee	blest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th ganızal	
		organizations below dotted	호를	ona		Bo	8 8		(VV-2/1099-WISC)			id relat	
		line)	Individual trustee or director	ā		8	l ag				org	anızatı	ons
			8	Institutional trustee			Highest compensated employee	İ					
							8.						
(15)		ļ			ŀ								
				L_	_						ļ —		
(16)		<u> </u>											
								<u> </u>					
(17)		<u> </u>									}		
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(22)		ļ									1		
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(23)		ļ				İ		l					
			ļ	<u> </u>	_	<u> </u>		┡			<u> </u>		
(24)		ļ						1					
				ļ	<u> </u>	\vdash		<u> </u>	<u> </u>		-		
(25)					1				•				
				1	l			<u> </u>			<u> </u>		
1b	Sub-total			٠	•	•		•	0		0		0
С	Total from continuation sheets to Part			٠	•	•			0		0		0
d	Total (add lines 1b and 1c)						· ·	<u> </u>	0		0		0
2	Total number of individuals (including bu			nose	e lis	ted	above	e) w	ho received m	ore than \$100,0	000 of		
	reportable compensation from the organ	ization ► 0											
												Ye	s No
3	Did the organization list any former of												
	employee on line 1a? If "Yes," complete										<u>. La</u>		√
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	วก ล	and other comp	pensation from	the		
	organization and related organizations	greater th	an \$	150	,000	37 1	t "Ye	·s, "	complete Scr	neaule J for si			
	individual			•		•		•			. 4	<u>'</u> -	-
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	tro	m any	y ur	related organi	zation or individ	iuai	_	
	for services rendered to the organization	r IT "YES," (comp	iet0	3C	ied	ui u J l	or s	such person	<u> </u>)	✓
	on B. Independent Contractors								41- 4	- d	100.000	-/	
1	Complete this table for your five highest	compensa	ted in	dep	enc	lent	contr	ract	ors that receive	ed more than \$	100,000	OT	
	compensation from the organization. Re	port compe	ensati	on t	or t	ne c	calenc	ar y	year ending wi	in or within the	organiza	ition	s tax
	year.							1				_	
	(A) Name and business add	drace							(B) Description of s	ervices		C) ensatio	nn
	Name and business add						_	\vdash	- Description of 8			a.	
N/A								\vdash			_		
							_						
		_						╄					
			_					╄					
								<u> </u>					
2	Total number of independent contractor	ors (includi	ng b	ut r	ot	ıımı	ted to	o th	nose listed ab	ove) wno			
	received more than \$100,000 of compens	sation from	the o	rgar	ııza	tion	<u> </u>						

Par	Vill	Chack if Schodulo C	enue	nonco or noto to	ony lino in thio	Dort VIII		П
		Check if Schedule C	ocontains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 <u>a</u>	Federated campaigns	s1a	o		<u></u>		
e ja	b	Membership dues .	1b	21151				
S, (С	Fundraising events .	1c	0				
a i	d	Related organizations	s 1d	0				
is,	е	Government grants (cor		0				
tion in	f	All other contributions, g						
혈		and similar amounts not inc	cluded above 1f	27670				
a t	g	Noncash contributions include		0				1
	h	Total. Add lines 1a-1	f	▶	48821			
Ę				Business Code				
ē.	2a	N/A						
Program Service Revenue	b		•					
<u>Ş</u> .	С							
₿.	d							
يع	е							<u> </u>
<u> </u>	f	All other program ser		L				
	<u>g</u> 3	Total. Add lines 2a-2 Investment income	T	ondo interest				
i	3	and other similar amo		>				_
	4	Income from investmen	•	L	0	0	0	1
	5	Royalties		0	0	0	0	
	, J	Hoyanies	(i) Real	(ii) Personal	4	4	Ų	
	6a	Gross rents	- 44556	- 0			ur.	g composition
	b	Less: rental expenses	0	1	^		\$ *	
	c	Rental income or (loss)	44556	 				
	d	Net rental income or			44556	43281	1275	
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory	0	0				* * *
	b	Less: cost or other basis				ŀ	, 4	
		and sales expenses .	0	0				
	С	Gain or (loss)	0	o				
	d	Net gain or (loss)		•	0	0	0	0
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	0 ed on line 1c). · · · · a	1.200			6 8	19
ō		Less: direct expenses				1		
	C	Net income or (loss) f		events . >	(5983)		0	(5983)
	ya	Gross income from ga See Part IV, line 19 .						
	_			H				
		Less: direct expenses Net income or (loss) f						
		Gross sales of in		Villes P	425	425	0	
	100	returns and allowance		78097				
	ь	Less: cost of goods s						
	C	Net income or (loss) f			7081	6128	953	0
		Miscellaneous F		Business Code	7081	0120	933	
	11a	Miscellaneous		900099	8	8	0	0
	b					_		
	С		_					
	d	All other revenue .						
	е	Total. Add lines 11a-	11d	▶	8			
	12	Total revenue. See in	nstructions	<u></u> ▶ [94909	49842	2228	(5982)
			·	 _				Form 990 (2015)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	Il other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2208	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	0		
4 5	Benefits paid to or for members	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	0
7 8	Other salaries and wages	0	0	0	0
9 10	Other employee benefits	0 0 536	0	0	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b c	Legal	0	0	0	0
d e	Lobbying	0	0	0	0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2089	0	0	0
12 13	Advertising and promotion	0 4828	0	0	0
14 15	Information technology	0	0	0	0
16 17 18	Occupancy	49442	0	0	0
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0 2607	0	0	0
20 21	Interest	18558	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	18564 3374	0	0	0
24	Other expenses. Itemize expenses not covered 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 b	National & State Per Capita Fees Committee Expenses	3182 1350	0	0	0
c d	Dignitary Gift Sales Tax Roundings	102 3	0	0	0
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	4637 106843	0	0	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 following SOP 98-2 (ASC 958-720)	0	0	0	a

Form 990 (2015)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 o Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 1562590 10c b 0 11 Investments—other securities. See Part IV, line 11 . 0 12 Investments - program-related. See Part IV, line 11 . . . Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . o Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . _. . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 858910 32 Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances Total liabilities and net assets/fund balances .

Part	XI Reconciliation of Net Assets		•	ì	
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94909
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	06843
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	<u>1934)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4		8	<u>58910</u>
5	Net unrealized gains (losses) on investments	_5_			0
6	Donated services and use of facilities	6		_	0
7	Investment expenses	7			0
8	Prior period adjustments	8_			333
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		8	47309
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· •_	<u> </u>	<u></u>	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				Pr.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in -		F-tr
	Schedule O.				-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year we	oiled	or 🏻 🖑		,
	reviewed on a separate basis, consolidated basis, or both:		3.6		
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	√
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	1	'
	separate basis, consolidated basis, or both:			<u> </u>	í Op-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	<u>'</u>	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			١.	
	of the audit, review, or compilation of its financial statements and selection of an independent account				5 3364
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın i		
	Schedule O.				,,,,,,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth			_
	the Single Audit Act and OMB Circular A-133?	• •	· 3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uulis.	3b	1	1

Form 990 (2015)

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Form **990** (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

OMB № 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Danbury Lodge No. 120 of the B.P.O. Elks, Inc. 06-0258842 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 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? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 on Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply): a	Part		collections of A	Art, Hist	orical T	reasures	, or Otl	ner Similar As	sets (conti	nued)
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	3		cession, and oth	ner recor	ds, chec	k any of th	e follow	ing that are a s	ignificant us	e of its
b				,	- .	_				
c										
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				e (Other					
Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Preservation for future generations	n'a gallaatiana a	nd ovnla	in how t	hev further	the ora	anization'e even	ant nurnace	in Dart
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	7		in a collections a	inu expia		ney furtifier	the org	anization's exem	iipi pui pose	IIIrait
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization so	olicit or receive of	donation	s of art,	historical tr	reasures	s, or other simila	ar	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?		assets to be sold to raise funds rather th	nan to be mainta	ined as p	art of the	e organizati	on's co	llection?	☐ Yes	□ No
1a st he organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?			inswered "Yes"	' on Fori	m 990, F	Part IV, line	e 9, or i	reported an am	nount on Fo	orm
included on Form 990, Part X? Yes No No No No No No No N					1					
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Additions during the year Additions during the year Beginning balance It Id Beginning balance Beginning balance It Id Beginning balance Beginning balance It Id Beginning balance Bif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Soard (in related organizations) Board designated or quasi-endowment Soard (in related organization) Board designated or quasi-endowment Soard (in the process of the organization in the possession of	1a				-				_	
Beginning balance	L	· · · · · · · · · · · · · · · · · · ·							⊔ Yes	⊔ NO
C Beginning balance	D	if "Yes," explain the arrangement in Part	t XIII and comple	ete the ro	llowing to	able:		A	mount	
d Additions during the year 16	_	Reginning balance					10	 		
Ending balance Section Part XI Part X							_	 		
Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		- ·								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							1f			
Part V	2a						ustodial	account liability	? 🗌 Yes	☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % C Temporarily restricted endowment % C Temporarily restricted endowment % C Temporarily restricted organizations listed as required on Schedule R? 3ab 18ag 3ag	b		t XIII. Check here	e if the ex	planation	n has been	provide	d on Part XIII .	<u> </u>	
(a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Fo	Par									
Beginning of year balance		Complete if the organization a							1	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value (investment) (a) Cost or other basis (c) Accumulated (d) Book value (investment) (a) Cost or other basis (c) Accumulated (d) Book value (c) Accumulated (d) Book value (investment) (a) Cost or other basis (c) Accumulated (d) Book value (c) Accumulated (d			(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years back	(e) Four yea	rs back
c Net investment earnings, gains, and losses	_								 	
d Grants or scholarships	_	· · · · · · · · · · · · · · · · · · ·							+	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses	С									
e Other expenditures for facilities and programs	a	——————————————————————————————————————				_				
f Administrative expenses	_						+			
f Administrative expenses	Ū	•								
g End of year balance	f			_						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		·					Í			
b Permanent endowment ► % c Temporarily restricted endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		Provide the estimated percentage of the	e current year en	d balanc	e (line 1g	, column (a	ı)) held a	is:	•	
b Permanent endowment ► % c Temporarily restricted endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а			_%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b	Permanent endowment	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С	Temporarily restricted endowment ▶	<u>~</u> %							
Organization by: Yes No (i) unrelated organizations 3a(i) related organizations 3a(ii) related 3a(ii) related organizations related organizat	_	The percentages on lines Ea, 20, and 20	sinoula equal it							
(i) unrelated organizations	3a		possession of th	e organi	zation th	at are neid	ano aoi	ministered for th		
(ii) related organizations		,								S NO
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (d) Book		• • • • • • • • • • • • • • • • • • • •								+-
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (nivestment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 1017513	h									+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 1017513 1017513 1017513 b Buildings 0 489487 16830 472657 c Leasehold improvements 0 2549 808 1741 d Equipment 0 83869 38880 44989 e Other 0 5235 360 4875										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 1017513 1017513 b Buildings 0 489487 16830 472657 c Leasehold improvements 0 2549 808 1741 d Equipment 0 83869 38880 44989 e Other 0 5235 360 4875	Pari									
(investment) (other) depreciation 1a Land 0 1017513 1017513 b Buildings 0 489487 16830 472657 c Leasehold improvements 0 2549 808 1741 d Equipment 0 83869 38880 44989 e Other 0 5235 360 4875				on For	m 990, l	art IV, line	e 11a. S	See Form 990,	Part X, line	e 10.
1a Land 0 1017513 1017513 b Buildings 0 489487 16830 472657 c Leasehold improvements 0 2549 808 1741 d Equipment 0 83869 38880 44989 e Other 0 5235 360 4875			(a) Cost or otl	her basis	(b) Cost of	or other basis	(c) A	Accumulated		
b Buildings			(investme		(0	urien)	de	preciation		
c Leasehold improvements . 0 2549 808 1741 d Equipment . . 0 83869 38880 44989 e Other . . 0 5235 360 4875	_								1	
d Equipment	_	<u> </u>	-							
e Other	_	•	-							
	-	ai ·	 							
		<u> </u>	ıst egual Form 99		ι ζ, columr)c.) .		1	

Part VII	Investments—Other Securities. Complete if the organization answer	ared "Vee" on For	- 000 Bort IV lin	a 11h Saa Farm	000 Port V line 12	
	(a) Description of security or category	red tes on Fon	(b) Book value		nod of valuation	
	(including name of security)		(b) Book Value		of-year market value	
(1) Financial	derivatives					
	neld equity interests	[_			
(3) Other						
(A)				<u></u>		
(B)						
(C)						
(D)					<u> </u>	
(E) (F)						
(G)					 -	
(U) (H)						
	b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related.			<u> </u>		
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.	
-	(a) Description of investment		(b) Book value			
				Cost or end-	of-year market value	
(1)						
(2)						
(3)						
	<u> </u>					
(5)						
(6)	<u> </u>					
_(7)						
(8)					-	
(9)	The residence of Form 2000 Part V and /D time 12 h				* .	
	b) must equal Form 990, Part X, col (B) line 13.)			*		
Part IX	Other Assets. Complete if the organization answer	arad "Vac" on Ear	m 000 Part IV lin	o 11d See Form	000 Part V line 15	
		escription	111 330, 1 ait 14, iii	114.00010111	(b) Book value	
(1)		<u> </u>				
(2)					·- · · · ·	
(3)				•••		
(4)					-	
(5)						
(6)						
(7)				_		
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.	(B) line 15.)	<u></u> .	<u></u> ▶		
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,					
	Complete if the organization answer line 25.	ered "Yes" on For	m 990, Part IV, Iir	ne 11e or 11f. See	e Form 990, Part X,	
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
_(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	Character Con Dat V and China China					
	(b) must equal Form 990, Part X, col. (B) line 25) ►	the toxt of the feets	oto to the organization	n'e financial etatome	ente that reporte the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

P	aa	e	

Part				
_	Complete if the organization answered "Yes" on 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	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\$ ***	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	- A.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	\$	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) . .	5	
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide ar	ny additional information.	
	•		******	
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				-

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Danbury Lodge No. 120 of the B.P.O. Elks, Inc	06-0258842
Form 990, Part VI, Line 2 - Trustee Jack Knapp is the husband of Exalted Ruler Lisa Knapp.	
Form 990, Part VI, Line 6 - The organization had 213 members st the start of the fiscal year and 254 at i	ts end.
Form 990, Part VI, Line 7a & b - All currently paid members have the right to elect members of the government.	erning body at the annual election of
officers. Any currently paid member is entitled to participate in all Regular and Special meetings of th	e Lodge and at such meetings can
ratify, change, modify or override the decisions of the governing body (composed of the Trustees and	Exalted Ruler, Esteemed Leading
Knight, Esteemed Loyal Knight and Esteemed Lecturing Knight) of the Lodge.	
Form 990 Part VI Line 11b - Form 990 was reviewed by the governing Body of the organization with the	e return preparer at its annual meeting
Form 990 Part VI Line 19 - Governing documents and financial statements are available for review by t	he public upon written request at the
address of the Treasurer.	