

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **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)

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

	Depa	artment o	of the Treasury nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/form99	/ O U	Inspection
	AF			ar year, or tax year beginning JULY 1 , 2016, and ending	JUNE 3	0 ,20 17
		heck if ap	_			entification number ?
1		Address c		GEORGIA ELKS <u>AIDM</u> ORE AUXILIARY		58-6045084
ì	===	Name cha	-		relephone n	
	<u> </u>	nıtıal retu	m	2394 MORRISON ROAD	•	70-483-3535
	<u>П</u>	Final retur	n/terminated	<u></u>	Group Exe	<del></del>
	=	Amended			Number 1	· <u> </u>
	=		n pending	المنظم		
			ting Method:			if the organization is not
		Vebsite		·		ach Schedule B 0-EZ, or 990-PF).
				7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	111 990, 99	U-EZ, Or 990-PF).
				☑ Corporation ☐ Trust ☐ Association ☐ Other	-1:	
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>· • • • • • • • • • • • • • • • • • • •</u>	
	28	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
	_			the organization used Schedule O to respond to any question in this Part I .		
	?	1		ns, gifts, grants, and similar amounts received		1475
	?	2	Program se	ervice revenue including government fees and contracts	. 2	0
	?	3	Membersh	ip dues and assessments	. 3	5580
	?	4	Investment	income	. 4	0
		5a	Gross amo	unt from sale of assets other than inventory 5a		1
(D)		b	Less: cost	or other basis and sales expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ö		С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
		6	Gaming an	d fundraising events		
SCANNED SEP		a	Gross ince	ome from gaming (attach Schedule G if greater than		
而	nge.		\$15,000) .	6a		
0	Je J	b	Gross inco	me from fundraising events (not including \$ of contributions		:
S	é			aising events reported on line 1) (attach Schedule 6 if the		
-177	-	ł	sum of suc	h gross income and contributions exceeds \$15,000) 66		
0		C	Less: direc	t expenses from gaming and fundraising events 042 . 6c 6c	$\neg$	
<b>E</b>	}	d	Net income	t expenses from gaming and thhdrasing events 17 . [2] <b>6c</b> e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	·
2			line 6c)		. 6d	6354
2017		7a	Gross sale:	s of inventory, less returns and allowances M. U.T   7a		
~		Ь		of goods sold	<b></b>	
		C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	o
		8	-	nue (describe in Schedule O)	. 8	0
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	13,409
1		10		similar amounts paid (list in Schedule O)	10	7231
4		11		aid to or for members	·	3945
<u>a</u>	60	12		ther compensation, and employee benefits 2		364
冯	nses	13	-	al fees and other payments to independent contractors		410
4	, E	14		/, rent, utilities, and maintenance		0
Š	្តែ	15		ublications, postage, and shipping		49
M						- 47
<b>₹</b>	i	16		nses (describe in Schedule O) 2		
23294354部	ı ——	17	rotal expe	nses. Add lines 10 through 16	17	11999
Ū,	য়	18		deficit) for the year (Subtract line 17 from line 9)		1410
W.	Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi		,
17			-	r figure reported on prior year's return)		6534
X	Net E	20		ges in net assets or fund balances (explain in Schedule O)		0
V	_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	7944

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)



Part II	EZ (2016)  Balance Sheets (see the instructions	for Part III			<del>,</del>	Page 2
Parti	Check if the organization used Schedule	-	ny question in this	Dart II		
	Check if the organization used Schedule	e O to respond to a	ily question in this	(A) Beginning of year		nd of year
<b>22</b> C	Cash, savings, and investments		<u> </u>	6534	<del></del>	7944
	and and buildings		<i>.</i>		23	7,744
	Other assets (describe in Schedule O)				24	
	Total assets		· · · · · ·	6534		7944
	Fotal liabilities (describe in Schedule O)				26	
	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	h line 21)	6534	<del></del>	7944
art III			<del></del>		<del> </del>	
	Check if the organization used Schedule			•	E	cpenses .
/hat is	the organization's primary exempt purpose?	····				for section
	e the organization's program service accompl			rogram services		and 501(c)(4) ions; optional for
	sured by expenses. In a clear and concise r				others.)	• •
	benefited, and other relevant information for e		•	•		
28 DO	ONATIONS AND FUND RAISING PROCEEDS ARE	DONATED TO ELKS	AIDMORE, INC., THE I	MAJOR		
PR	ROJECT OF THE GEORGIA ELKS ASSOCIATION.				1	
? (Gr	rants \$ 7231) If this amoun	t includes foreign gr	ants, check here .	<u> ▶ □</u>	28a	7231
29						
(Gr	rants \$ ) If this amoun	t includes foreign gr	ants, check here .	<b>▶</b> □	29a	
30					1 1	
(Gr					l i	
-:-ــد	rants \$ ) If this amoun	t includes foreign gr	ants, check here .	▶□	30a	
	her program services (describe in Schedule O)				30a	
31 Otl (Gr	her program services (describe in Schedule O) rants \$ ) If this amoun	t includes foreign gr	ants, check here	• 🗆	31a	
31 Otl (Gr 32 To	her program services (describe in Schedule O) rants \$ ) If this amoun tal program service expenses (add lines 28a	t includes foreign grathrough 31a)	ants, check here		31a 32	7231
31 Otl (Gr 32 To	ther program services (describe in Schedule O) rants \$	t includes foreign grathrough 31a) .  y Employees (list eac	ants, check here	pensated—see the i	31a 32	
31 Otl (Gr 32 To	her program services (describe in Schedule O) rants \$ ) If this amoun tal program service expenses (add lines 28a	t includes foreign grathrough 31a) .  y Employees (list eac	ants, check here  h one even if not company question in this	pensated—see the i	31a 32	
31 Otl (Gr 32 To	ther program services (describe in Schedule O) rants \$	t includes foreign grathrough 31a) .  y Employees (list eace O to respond to a	ants, check here  h one even if not company question in this  (c) Reportable	pensated—see the i	31a 32 nstruction	s for Part IV)
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31 Ott (Gr 32 To Part IV	ther program services (describe in Schedule O) rants \$ ) If this amoun tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	t includes foreign grathrough 31a) .  y Employees (list eace O to respond to a	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	ns for Part IV)
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31 Ott (Gr 32 To Part IV PAMELA 882 RED HARRIE 804 BEE DODIE D 5698 RO SUE SNI	ther program services (describe in Schedule O) rants \$ ) If this amountal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  A N. STEWART, PRESIDENT DBONE RIDGE RD., RANGER, GA 30734 TTHOMPSON, PRESIDENT-ELECT ECHWOOD DR., ALBANY, GA 31721 DOSS, VICE-PRESIDENT, NW DSSER COURT, LILBURN, GA 30047	t includes foreign grathrough 31a) .  y Employees (list eace O to respond to a	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	nated amount of compensation  2130
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GGRAMELA PAMELA RESERVED RESER	ther program services (describe in Schedule O) rants \$ ) If this amountal program service expenses (add lines 28a) List of Officers, Directors, Trustees, and Kender Check if the organization used Schedule  (a) Name and title  A N. STEWART, PRESIDENT DISONE RIDGE RD., RANGER, GA 30734 THOMPSON, PRESIDENT-ELECT ECHWOOD DR., ALBANY, GA 31721 DOSS, VICE-PRESIDENT, NW DOSSER COURT, LILBURN, GA 30047 EED, VICE-PRESIDENT, NE VELVE OAKS COURT, GAINESVILLE, GA 30506 OUISE CLEMENTS, VICE-PRESIDENT, SW	t includes foreign grathrough 31a) .  y Employees (list eace O to respond to a	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	mated amount of compensation  2130  495  360
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GIARRIE  COMPARY LO  COMPARY LO  COMPARY A	ther program services (describe in Schedule O) rants \$ ) If this amoun rants \$ (add lines 28a) List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  R N. STEWART, PRESIDENT DISTRICT OF BONE RIDGE RD., RANGER, GA 30734 TO THOMPSON, PRESIDENT-ELECT ECHWOOD DR., ALBANY, GA 31721 DOSS, VICE-PRESIDENT, NW DOSSER COURT, LILBURN, GA 30047 EED, VICE-PRESIDENT, NE VELVE OAKS COURT, GAINESVILLE, GA 30506 DOUISE CLEMENTS, VICE-PRESIDENT, SW X 74, CHULA, GA 31733 AH JOHNSON, VICE-PRESIDENT, SE DN LANE, VALDOSTA, GA 31602 ANN GOODRICH, CORRESPONDING SECRETARY	t includes foreign grathrough 31a)	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	nated amount of compensation  2130  495  360  240
GIARRIE BOODIE DO BORDE DO BO BORDE DO	ther program services (describe in Schedule O) rants \$ ) If this amoun ptal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  A N. STEWART, PRESIDENT DBONE RIDGE RD., RANGER, GA 30734 THOMPSON, PRESIDENT-ELECT ECHWOOD DR., ALBANY, GA 31721 DOSS, VICE-PRESIDENT, NW DSSER COURT, LILBURN, GA 30047 EED, VICE-PRESIDENT, NE VELVE OAKS COURT, GAINESVILLE, GA 30506 COUISE CLEMENTS, VICE-PRESIDENT, SW X 74, CHULA, GA 31733 AH JOHNSON, VICE-PRESIDENT, SE DN LANE, VALDOSTA, GA 31602 KNN GOODRICH, CORRESPONDING SECRETARY HWOOD COVE, SAVANNAH, GA 30419	t includes foreign grathrough 31a)	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	s for Part IV)
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GAMELA RESERVICE	ther program services (describe in Schedule O) rants \$ ) If this amoun rants \$ (a)	t includes foreign grathrough 31a)	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	2130 495 360 240
GAMELA RESPANSIA	ther program services (describe in Schedule O) rants \$ ) If this amoun rants \$ (add lines 28a)  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  A N. STEWART, PRESIDENT D BONE RIDGE RD., RANGER, GA 30734  THOMPSON, PRESIDENT-ELECT ECHWOOD DR., ALBANY, GA 31721  DOSS, VICE-PRESIDENT, NW DSSER COURT, LILBURN, GA 30047  EED, VICE-PRESIDENT, NE VELVE OAKS COURT, GAINESVILLE, GA 30506  OUISE CLEMENTS, VICE-PRESIDENT, SW X 74, CHULA, GA 31733  AH JOHNSON, VICE-PRESIDENT, SE DN LANE, VALDOSTA, GA 31602  NNN GOODRICH, CORRESPONDING SECRETARY HWOOD COVE, SAVANNAH, GA 30419  D. EMMETT, RECORDING SECRETARY ADFORD STREET, GAINESVILLE, GA 30506  IA D. CRAVEN, TREASURER	t includes foreign grathrough 31a)	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	2130 495 360 240
PAMELA BB2 RED HARRIE BODIE D	ther program services (describe in Schedule O) rants \$ ) If this amoun rants \$ (a)	t includes foreign grathrough 31a)	ants, check here  h one even if not comeny question in this  (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the i	31a 32 Instruction	2130 495 360 240 0

SHIRLEY MAY, CHAPLAIN

SHEILA PLATT, AUDIT/FINANCE

1427 COBBLESTONE ROAD, DOUGLAS, GA 31535

2166 GUILFORD ROAD, WAYCROSS, GA 31501

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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	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		·
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		-
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		_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>.</b>		·3~
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	4		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1	-	
b	section 4911 ► ; section 4912 ► ; section 4955 ►  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		<b>,</b>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ►  Located at ►  Telephone no. ►  ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		•
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			,
С	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	<b>&gt;</b> [
			Yes	N
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		•
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
	Did the organization receive any payments for indoor tanning services during the year?	44c		•
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	<b></b>
_	explanation in Schedule O	44d		
d		44d 45a		v

Form 99	30-EZ (20	J16)								- Р	age 4
'	<u>ے' ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،</u>					, ,				Yes	No
46		ne organization engage, directly or in									
Dad		ndidates for public office? If "Yes," o		, Parti	<del></del>	<u>· · · </u>	• • • •		46		
Part		Section 501(c)(3) organizations		-liana 47 40h an	- d = 0	J			£.		
		All section 501(c)(3) organization	is must answer que	stions 47–49b ar	10 52, and	2 COU	iplete the	table	9S TC	or line	es
		50 and 51.									_
		Check if the organization used Sc	hedule O to respond	to any question i	n this Par	i VI	· · ·	<u> </u>	·	<del></del> ;	<u> </u>
										Yes	No
47		he organization engage in lobbying ' If "Yes," complete Schedule C, Par		section 501(h) elec	ction in eff	ect di	uring the	1			
_	•	•						-	47		
48		organization a school as described i		•				` ⊢	48		/
49a		ne organization make any transfers t		_				<u> </u>	19a		~
b		s," was the related organization a se							19b		<u> </u>
50		olete this table for the organization's									
	emple	oyees) who each received more than	1 \$100,000 of compe	nsation from the or				ente	r N	one."	
			(b) Average	(c) Reportable			enefits, employee	(e) Esti	mate	nome h	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	bonofit n		nd deferred			pensat	
			devoted to position	(1 01113 11-23 1030-1411	, co	mpens	ation				
					}		}				
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					1						
							}				
f	Total	number of other employees paid ov	er \$100.000	. ▶	<del></del>		·				
51		olete this table for the organization		ensated independe	ent contrac	 ctors	who each	recei	ved	more	than
٠.		,000 of compensation from the orga									
		Name and business address of such and a second	d	(h) T		$\neg \top$		^			
	(a)	Name and business address of each independ	dem comractor	(b) Type of	SEIVICE	- 1	(0)	Compe	risau	<i>)</i> 11	
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	Total	number of other independent contra	actors each receiving	Over \$100 000	. •	,L_					
52		the organization complete Schedu			•	e m.	et attach				
52		bleted Schedule A		, , , ,	•		ist attact	. ► [7]	Vac		No
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true, co	rect. an	of perjury, I declare that I have examined this d complete. Deplaration of preparer (other than	return, including accompar n officer) is based on all info	nying schedules and statements of which prepa	ements, and t rer has anv kr	to the c nowledd	iest of my Kri de.	owleag	e and	Dellet,	, it is
		( Set inite !!)					1 2/1	-2 -	-	<del></del>	
Cian		Sanstyre of officer	Chaver			Date	191 F	<u>×0</u>	//		
Sign	1	Signature of officer	ED 050001- 5:40 1:	D140DF 410201	4/ 500 000		<i>[</i>			200	_
Here	?	PATRICIA D. CRAVEN, TREASUR	ER GEORGIA ELKS AI	DMORE AUXILIARY	, 16 MAGN	OLIA [	DRIVE, NE	WNAN	GA.	3026	3
		Type or print name and title	та		<u> </u>		<del></del>		-		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check 🔲	ıf	ΠN		
Prep					<u> </u>		self-emplo	/ed			
Use		Firm's name ▶				Firm's	s EIN ▶				
		Firm's address ▶				Phon					
May	no IRC	discuss this return with the prepare	r shown above? See	inetructions					V		N-

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

> Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**GEORGIA ELKS AIDMORE AUXILIARY** 

Employer identification number

58-6045084

	Non Eero Homone Nonemin							
Pa	rt I Reason for Public Chari	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
he (	organization is not a private foundat	ion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		
1	A church, convention of church	es, or associati	on of churches descri	bed in se	ection 17	O(b)(1)(A)(i).		
2	A school described in section 1	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	<b>Z).</b> )		
3	A hospital or a cooperative hosp	pital service org	anization described in	n section	170(b)(1	)(A)(iii).		
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(	lii). Ent	er the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit (	described in
6	A federal, state, or local govern	ment or govern	mental unit described	in <b>sectio</b>	n 170(b)	(1)(A)(v).		
7	An organization that normally redescribed in section 170(b)(1)(			port from	a gover	nmental unit or from	the ge	eneral public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete i	Part II.)				
9	An agricultural research organiz or university or a non-land-gran university:							
10	An organization that normally re receipts from activities related to support from gross investment acquired by the organization affi	o its exempt ful income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃9	6 of its
11					-	•		
12	✓ An organization organized and of	operated exclus	sively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out t	he purposes
	of one or more publicly suppor							
	Check the box in lines 12a throu	igh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 1	12f, and 12g.
а	Type I. A supporting organization (supporting organization).	s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organi	ization supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s). b	v having
	control or management of the organization(s). You must c	ne supporting o	rganization vested in	the same				
C	Type III functionally integral its supported organization(s						ally inte	grated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	rtion requirement an		
e	Check this box if the organize functionally integrated, or Ty	zation received ype III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	ıl, Typ	e III
f	Enter the number of supported or							1
g	Provide the following information	about the supp	oorted organization(s).					
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization or governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see tructions)
				Yes	No			
F	LKS AIDMORE, INC			<del></del>				
A) -	- NO AIDMORE, INC	58-6045084	YOUTH SERVICES			7231		
B)								
C)								
D)								
E)								
ota			· · · · · · · · · · · · · · · · · · ·			7231		<del></del>
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#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiza	tions
------------------------------------	-------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_	• • • • • • • • • • • • • • • • • • • •	1	~	<b>.</b>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		7
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	~
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		•
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or		-/	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		~
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		~
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		~
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	ļ	~
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b	$\vdash$	-
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
1 <b>0a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		V
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			<u> </u>

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440		~
h	A family member of a person described in (a) above?	11a		~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		-
	on B. Type I Supporting Organizations	1	<b></b>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	٠.		٠.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Ť		<u> </u>
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations		132	
1	Many a majority of the apparimation of diseases on two stages device the terror of the first of the diseases.		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 - `		-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del></del>	· ·	-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		~
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	1
	supported organizations played in this regard.	3		~
Secti	on E. Type III Functionally Integrated Supporting Organizations	13	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
		nsuru	cuon	<i>s)</i> .
a b	<ul> <li>☑ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☑ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>			
c	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	/see in	struct	ions).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		٠.	
	how the organization was responsive to those supported organizations, and how the organization determined			ĺ
	that these activities constituted substantially all of its activities.	2a		~
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u></u>	<u> </u>	ļ
^	•	2b	ļ	~
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		~
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<b> </b>	<u> </u>
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		1

Part VI

'Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Georgia Elks Aidmore Auxiliary is a Functionally-Integrated Supporting Organization of the Georgia Elks Association. A requirement of membership is that you must be the spouse or wildow of an Elk Member in good standing. The Georgia Elks Aidmore Auxiliary meets three (3) times a year - Fall, Spring and the Annual meeting in June - at locations and times set by the Georgia Elks Association. Meetings are conducted separately to conduct business, elect officers and appoint committees and meet jointly for Special Guests and Programs.

Funds are raised to support Elks Aidmore, Inc. through fund raising projects and donations from local Auxiliaries. The funds are given to Elks Aidmore, Inc. at the Spring meeting and any overage from the budget are presented at the Fall meeting, after the annual audit.

Elks Aidmore, Inc. has residential program in Conyers, GA for young women (12-21) who have been removed from their homes, to provide safe housing, education, training, therapy and life skills. There is also a transitional living program for older youth, community based alternatives for youth and foster care, There are three foster care offices located in Dalton, GA, Savannah, GA and Valdosta, GA.

Georgia Elks Aidmore Auxiliary has four positions on the Board of Trustees, three positions on the Executive Committee and numerous volunteers on campus for various activities. Every function of the Auxiliary is documented in a Handbook. The Georgia Elks Aidmore Auxiliary Officers, Committees and local Auxiliarles are identified in the Directory of the Georgia Elks Association that is published annually for all members identifying support for Elks Aldmore, Inc.