Click on the question-mark icons to display help vindows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

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

2017

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

Open to Public

OMB No. 1545-1150

		of the Treasury nue Service  Go to www.irs.gov/Fon	m990EZ for instruction	ons and the la	itest informat	ion.	Inspection
A	For the	2017 calendar year, or tax year beginning	July 1	, 2017,	and ending	June	30 ,20 18
B	Check if ap	pplicable C Name of organization 2				D Employe	r identification number
	Address c	change Georgia Elks Aldmore Auxiliary					58-604508 <i>4</i>
	Name cha	ange Number and street (or P.O. box, if mail is n	ot delivered to street add	ress) 😨	Room/suite	E Telephon	e number
	initial retur	m 2394 Morrison Rd.		_			770-483-3535
<u> </u>		City or town, state or province, country, an	d ZIP or foreign postal co	de	22	F Group E	vernotion
_	Amended Analisation	Convers GA 30094	,		0つ		> <b>©</b>
		ar pending	crful b				<del></del>
							if the organization is not
	<b>Nebsite</b>			7 40 404 1441		-	attach Schedule B
		mpt status (check only one) — 501(c)(3) 501(c)		4947(a)(1) o	r <u> </u> 527	(Form 990,	990-EZ, or 990-PF).
		forganization: Corporation Trust	☐ Association	Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipt				assets	
		lumn (B) below) are \$500,000 or more, file Form 990					\$
Р	art I	Revenue, Expenses, and Changes in					ns for Part I) 🖽
_	т	Check if the organization used Schedule		y question	in this Part I		<u> </u>
3		Contributions, gifts, grants, and similar amou	nts received			1	2692
?		Program service revenue including governme	nt fees and contract	ts		2	
?	3	Membership dues and assessments				3	5280
7	4	Investment income				4	
	5a	Gross amount from sale of assets other than	inventory	. 5a			
	Ь	Less: cost or other basis and sales expenses		. 5b			
	C	Gain or (loss) from sale of assets other than in		ne 5b from li	ine 5a)	50	<u>-</u>
	6	Gaming and fundraising events	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • •			<del>-  </del>
	a	Gross income from gaming (attach Sche	dule G if greater	than			
<b>£</b>		\$15,000)		.   6a	]	ļ	
Reyenue	5 h	Gross income from fundraising events (not in	cluding \$	ــــــــــــــــــــــــــــــــــــــ	contribution		
₹	Ψ. υ	from fundraising events reported on line 1) (			Contribution	•	
Œ	•	sum of such gross income and contributions			1		
Ŧ	<del> </del>	_					
C	1. å	Less: direct expenses from gaming and fundi		. <b>6c</b>	t 6b and au	troot	
Ļ	# "	Net income or (loss) from garning and funda	aising events (aud	inies oa and	ob and sui	I—	6109
_	Ϊ_	line 6c)				· · 60	1 0109
į	<b>∔</b> 7a	Gross sales of inventory, less returns and allo	wances				
	₹b	Less: cost of goods sold		. 7b	L		_
	<b>2</b> c	Gross profit or (loss) from sales of inventory (	Subtract line 7b from	n line 7a) .		70	<del></del>
-	<b>₹8</b>	Other revenue (describe in Schedule O)				8	
`	77a b c c 8 9 0	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7d		<u> </u>	<u>a </u>	. ▶ 9	
•	<b>440</b>	Grants and similar amounts paid (list in Scheo	RECE!	VED	1	10	
	11	Benefits paid to or for members	RECE	VLD-7.6	٠٠٠ اد	<u>1</u> 1	
8	12	Salares, other compensation, and employee	benefits 2	· · · • • • • • • • • • • • • • • • • •	<u> </u>	12	
Expense	13	Professional fees and other payments to inde	pendent contractor	s <b>國</b> 048。 /	<u>91</u>	13	788
8	14	Occupancy, rent, utilities, and maintenance	181. NOA:03	)	图 · · ·	14	0
Ŵ	15	Printing, publications, postage, and shipping	1001			15	5 11
	16	Other expenses (describe in Schedule O)	OGDE	. I.U.N		10	250
	17	Total expenses. Add lines 10 through 16.	.			. ▶ 17	10218
60	18	Excess or (deficit) for the year (Subtract line 1	7 from line 9)			18	
5	19	Net assets or fund balances at beginning of		column (A))	(must agree	-	1
88		end-of-year figure reported on prior year's ref				19	7946
Net Assets	20	Other changes in net assets or fund balances	=	e ())		20	<u> </u>
ž	21	Net assets or fund balances at end of year. C				. ▶ 21	
	Den ene	Net assets of furid balances at end of year. C				2	50m <b>990-F7</b> (2017)

Balance Sheets (see the instructions for Part II)  Check if the organization used Schedule O to respond to any question in this Part II  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe in Schedule O)  25 Total assets  26 Total liabilities (describe in Schedule O)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Total liabilities (describe in Schedule O)  29 Total assets or fund balances (line 27 of column (B) must agree with line 21)  29 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of bersons benefited, and other relevant information for each program title.  29 Donations and fund raising proceeds are donated to Elks Aldmore, Inc., the major project of the Georgia Elks  Association.  29 (Grants \$ ) If this amount includes foreign grants, check here	1180 1180 1180 Ses section 501(c)(4)
22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe in Schedule O)  25 Total assets  26 Total liabilities (describe in Schedule O)  27 Net assets of fund balances (line 27 of column (B) must agree with line 21)  28 Total liabilities (describe in Schedule O)  29 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's primary exempt purpose?  Note the organization's primary exempt purpose?  Support of Eliks Aldmore, Inc.  Statement of Program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  29 Donations and fund raising proceeds are donated to Eliks Aldmore, Inc., the major project of the Georgia Eliks Association.  20 (Grants \$ ) If this amount includes foreign grants, check here	1180 1180 1180 Sees Section 301(c)(4) optional f
22 Cash, savings, and investments  23 Land and buildings.  24 Other assets (describe in Schedule O)  25 Total assets.  26 Total assets.  27 Yest Sizes  28 Total liabilities (describe in Schedule O)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's program service accomplishments for each of its three largest program services, some as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 Donations and fund raising proceeds are donated to Eliks Aldmore, Inc., the major project of the Georgia Eliks Association.  29 Grants \$ ) If this amount includes foreign grants, check here	1180 1180 1180 Sees Section 301(c)(4) optional f
23 Land and buildings	1180 1180 sees section 501(c)(4) optional f
24 Other assets (describe in Schedule O)	1186 ses section 601(c)(4) optional f
Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's primary exempt purpose?  Support of Elks Aldmore, Inc.  Support of Elks Aldmore, Inc.	1186 ses section 601(c)(4) optional f
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Net assets or fund balances (line 27 of column (B) must agree with line 21)	ses section 501(c)(4) optional f
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Check if the organization used Schedule O to respond to any question in this Part III	section 601(c)(4) optional f
What is the organization's primary exempt purpose?  Support of Elks Aldmore, Inc.  Pescribe the organization's program service accomplishments for each of its three largest program services, organizations; organizations; others.)  Pescribe the organization's program service accomplishments for each of its three largest program services, others.)  Pescribe the organization's program service accomplishments for each of its three largest program services, others.)  Pescribe the organization's program services.  In a clear and concise manner, describe the services provided, the number of organizations; others.)  Pescribe the organization's program services, in a clear and concise manner, describe the services provided, the number of organizations; others.)  Pescribe the organization's primary exempt for each of its three largest program services, online of organizations; others.)  Pescribe the organization's program services accomplishments for each of its three largest program services, online of organizations; others.)  Pescribe the organization of the services provided, the number of organizations; others.)  Pescribe the organization of the services provided, the number of organizations; others.)  Pescribe the organization of the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided, the number of organizations; others.)  Pescribe the services provided the services provided the services provided the services provided the services.  Pescribe the services provided the services provided the se	601(c)(4) optional f
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content   cont	
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Association.    28a	460
Grants \$   If this amount includes foreign grants, check here   29a	460
(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 29a  (Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a  31 Other program services (describe in Schedule O)	460
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(Grants \$ ) If this amount includes foreign grants, check here	
(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a  10 Other program services (describe in Schedule O)	
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(Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 31a  2 Total program service expenses (add lines 28a through 31a) . ▶ 32  2 Total program service expenses (add lines 28a through 31a) . ▶ 32  2 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV	
Total program service expenses (add lines 28a through 31a)	
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV	
Check if the organization used Schedule O to respond to any question in this Part IV	
(b) Average hours per week devoted to position  (c) Reportable 27 (d) Health benefits, compensation (Forms W-2/1099-MISC) (if not pald, enter -0-) (d) Health benefits, contributions to employee other compensation (e) Estimated other comp	reantiv)
(a) Name and title (b) Average hours per week devoted to position (forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation contributions to employee other components of the component of the componen	<u>· ·        </u>
farriet Thompson, President	
304 Beechwood Dr., Albany, GA 31721	217
Paula D. Emmett, President-elect	
765 Bradford ST., Gainesville, GA 30506	54
Mary Louise Clements, Vice-president SW	
2.O. Box 74, Chula, GA 31733	40
Heather Hickey, Vice-president SE	
	46
50 Anderson Drive, Brunswick, GA31520	40
eonell Alligood, Vice-president NE	
12 New Phoenix Road, Eatonton, GA 31024	40
harlotte Johnson, Vice-president SW	
12 Dogwood Place, Griffin, GA 30223	27
Cathy Carpenter, Recording Secretary	
99 Park ST., Toccoa, GA 30577	
Petite Yost, Corresponding Secretary	
67 Kingswood Court, Albany, GA 31707	
Martha K. Radford, Treasurer	
197 Allen CT., Lilburn, GA 30047	
Amy McCrary, Parliamentarian	
<u> </u>	
Dannie Anderson, Chaplain	
Dannie Anderson, Chaplain	
765 Lake Medlock Drive, Johns Creek, GA. 30022  Dannie Anderson, Chaplain 3690 Moonshine Trail, Waycross, GA 31503  Eula Rupert, Audit/Finance	



Form 990-EZ (2017)
Page 3

	Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П	
		mondonerio in tar. My eriodici in ano di gamazario in addicato di construirio di construirio di construirio di		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		~	- - 12
<b>@</b>	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		~	- 15
	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	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 35c			-
	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		~	- 12
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				j
	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 <b>or</b> 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 il and enter the total amount involved				ĺ
	39	Section 501(c)(7) organizations. Enter:				
	a	Initiation fees and capital contributions included on line 9	-			
	b 40a	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			, <u>_</u>	
	С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		<b>✓</b>	_ <b>©</b>
		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		>	İ
	41	List the states with which a copy of this return is filed ▶				_
	42a	The organization's books are in care of ▶ Telephone no. ▶				
	<b>.</b>	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		[V]	No	-
	U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	<b>NO</b>	-
		If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c	L	<b>✓</b>	-
	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	• •	Yes	► □ No	-
	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			Í
	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		_	1
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d			i
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	-
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
		Form 990-EZ (see instructions)	45b	į į	· •	

	0-EZ (2	017)						, F	age 4
46		he organization engage, directly or i						Yes	No
art \	VI.	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only ns must answer que	estions 47-49b and	52, and com	**************************************		for line	es
	·	Check if the organization used Sc	hedule O to respon	d to any question in t	his Part VI	· · ·	<u> </u>		
7		he organization engage in lobbying? If "Yes," complete Schedule C, Pa		section 501(h) election		_		Yes	No
В	•	organization a school as described i					7,	<del> </del>	V
9a		he organization make any transfers t							~
	Com	es," was the related organization a soplete this table for the organization's	s five highest comper	sated employees (oth	er than office	rs, directo	ors, truste	es, an	
	empl	oyees) who each received more that	n \$100,000 of compe	nsation from the orga			e, enter "I	None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, ar compense	employee ad deferred	(e) Estimat other con		
•									
							<u>-</u>		
					ļ				
		number of other employees paid ov		****	contractors	who each	received	more	than
1	Comp \$100,	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga Name and business address of each independ	's five highest companization. If there is n	ensated independent			received	<del></del> .	than
1	Comp \$100,	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is n	ensated independent one, enter "None."			···	<del></del> .	than
1	Comp \$100,	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is n	ensated independent one, enter "None."			···	<del></del> .	than
1	Comp \$100,	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is n	ensated independent one, enter "None."			···	<del></del> .	than
1	Comp \$100,	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is n	ensated independent one, enter "None."			···	<del></del> .	than
1	Comp \$100,	plete this table for the organization, 000 of compensation from the organization	's five highest companization. If there is n	ensated independent one, enter "None."			···	<del></del> .	than
d	Comp \$100, (a)	plete this table for the organization, 000 of compensation from the organization from the organization from the organization same and business address of each independent contraction of other independent contractions organization complete.	's five highest companization. If there is no dent contractor	ensated independent one, enter "None."  (b) Type of service.	rice	(e)	Compensat	ton	
d ?	Comp \$100, (a) Total Did t comp	plete this table for the organization, 000 of compensation from the organization from the organization from the organization same and business address of each independent and business address of each independent contration of other independent contration organization complete Scheduleted Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All seconds	ensated independent one, enter "None."  (b) Type of service of ser	nizations mu	st attach	Compensation a	ton	No
d er pe	Comp \$100, (a) Total Did t comp	plete this table for the organization, 000 of compensation from the organization from the organization from the organization and business address of each independent control of the organization complete Scheduleted Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All seconds	ensated independent one, enter "None."  (b) Type of service of ser	nizations mu	st attach	Compensation a	ton	No
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d 2 er pe	Comp \$100, (a) Total Did t comp	number of other independent control the organization complete Schedule A of perjury, I declars that I have examined this d complete. Declaration of preparer (other than Signature of officer Martha K. Radford, Treasurer, Gee	's five highest companization. If there is no dent contractor  dent contractor  actors each receiving the A? Note: All so the contractor is based on all info	ensated independent one, enter "None."  (b) Type of service of ser	nizations mu	st attach	Compensation a	ton	No
d 2 ler pe	Comp \$100, (a)  Total Did t comp nattles ect, and	number of other independent control the organization complete Schedule A	's five highest companization. If there is no dent contractor  dent contractor  actors each receiving the A? Note: All so the contractor is based on all info	ensated independent one, enter "None."  (b) Type of service of ser	nizations muents, and to the botas any knowledg	st attach est of my kn e.  Check	Compensation a way of the compensation a way	ton	No
d 2 gn ere	Comp \$100, (a)	number of other independent contrathe organization complete Schedule A	actors each receiving ule A? Note: All se or officer) is based on all information.	ensated independent one, enter "None."  (b) Type of service over \$100,000 ection 501(c)(3) orgations of which preparer in the company of	nizations mu	st attach	Compensation a way of the compensation a way	ton	No

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

Department of the Treasury Internal Revenue Service

## **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.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Name of the organization

Employer identification number

Geo	rgia Eiks Aldmore Auxiliary					36-604	13004	
Pa	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The	organization is not a private founda							
1	☐ A church, convention of churc						11	
2	☐ A school described in section							
3	A hospital or a cooperative hos	spital service org	ganization described in	n section	170(b)(1	)(A)(iii).		
4	A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(	iil). Entêr the	9
	hospital's name, city, and state							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit desc	ribed in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the genera	l public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi				erated in	conjunction with a la	and-grant co	ollege
-	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college	or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom <b>i)(2).</b> (Cor	eptions, 10 (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	า 33¹/₃% of i	ross ts
11	☐ An organization organized and							
12	An organization organized and	operated exclus	sively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out the p	urposes
	of one or more publicly suppo	orted organizatio	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). See	section 50	)9(a)(3).
	Check the box in lines 12a thro	-						
а		ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by	giving
	the supported organization					he directors or trust	es of the	
	supporting organization. Ye							
b		nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by hav	ing .
	control or management of organization(s). You must	complete Part i	V, Sections A and C.	•				
C	Type III functionally integ its supported organization(						lly integrate	d with,
d	☐ Type III non-functionally i	<b>ntegrated.</b> A su	pporting organization	operated	in conn	ection with its suppo	rted organiz	ation(s)
	that is not functionally integ						d an attentiv	eness
	requirement (see instructio							
e	Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination tionally integrated sup	on from the poorting of the contract of the co	ne IRS the organizati	at it is a Type I, Type ion.	II, Type III ——	
f							· · L	1
g	Provide the following information	about the supp	orted organization(s).	<del>,</del>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amous other suppo instruction	rt (see
				Yes	No			
(A)	iks Aidmore, INC							
<b>(4)</b>		58-6045084	Youth Services	<b>*</b>		4667		
(B)								
(C)								
(D)	- <u> </u>						· · · · · · · · · · · · · · · · · · ·	
				<del>                                     </del>			····	
(E)						4667	<del></del>	
Take	. I.		t	I	ŧ	4667		

Total

## 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	.)	
Sect	ion A. Al! Supporting Organizations			,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	İ		
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	-	<u></u>	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	<u>                                     </u>	<del> </del>
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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		7
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	<del> </del>	\ <u> </u>
	(b) and (c) below.	3a		V
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		
С	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.			7
_		4a	├	<del>  •</del>
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	1		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	<del></del>	_	
_	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
_	purposes.	<u>4c</u>		-
5a	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).	-		<u></u>
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		V
U	designated in the organization's organizing document?	5b	<del></del>	<del></del>
С	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	<u> </u>		
	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	ŀ		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		V
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<b> </b>	├-	-
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	{		ĺ
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	$\overline{\checkmark}$
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>	<b>-</b>	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		V
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	V
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.	9b	<u> </u>	ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
40-		9c	-	-
10a	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	102	1	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A	Œ	990 ~	۵٥٨	E27 20	110

Page 5

, Part	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?	11a		-/-
b	A family member of a person described in (a) above?	11b		V
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
Secti	on B. Type I Supporting Organizations			
_			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	 	<u> </u>	ļ <u></u>
	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		!	
	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	—'	نـــــــــــــــــــــــــــــــــــــ
Section	on C. Type II Supporting Organizations			Щ
			Yes	No
1	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 Part VI how control		'	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		Щ
0000	on b. All Type in 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			
	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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		11	<b> </b>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			<b>-</b> y-
Cooti	on E. Type III Functionally Integrated Supporting Organizations	3		
3ecui	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction:	
a	The organization satisfied the Activities Test. Complete line 2 below.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>-</b> //-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins		
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 those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		V
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			7
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		<del>                                     </del>
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		~
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ارــــا
	of its supported amanizations? If "Vas " describe in Part VI the role played by the amanization in this regard	13h	. 1	

Schedule A (F	Form 990 or 990-EZ) 2018 Page 8
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 El	ks Aidmore Auxiliary is a Functionally-Integrated Supporting Organization of the Georgia Elks Association. A requirement of
membersh	ip is you must be the spouse or widow of an Elk in good standing. The Georgia Elks Aidmore Auxiliary meets
three(3) tin	nes a year - fall, spring and the Annual Meeting in June - at locations and times set by the Georgia Elks Association. Meetings
are conduc	cted 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 Aid	Imore, Inc. at the Spring meeting and any overage from the budget is presented at the Fall meeting, after the annual audit.
Elks Aidmo	ore, Inc. has a residential program in Conyers, GA for young women (12-21) who have been removed from their homes, to provide
safe housi	ng, education, training, therapy and life skills. There is also a transitional living program for older youth, community based
aiternative	s for youth and foster care. There are foster care offices located in Dalton, GA, Savannah, GA and Valdosta, GA.
Georgia El	ks Aldmore Auxiliary has three 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 C	Officers, Committees and local auxiliaries are identified in the Directory of the Georgia Elks Association published annually for all
members i	dentifying support for Elks Aidmore, Inc.