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)

2018

Depa	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may b	•	1(1/1-	Open to Public		
Inter	nal Revenu		► Go to www.irs.gov/Form990 for instructions and the latest			Inspection		
<u>~</u>			dar year, or tax year beginning Apr 1 , 2018, and endi	ng Ma	ar 31	, 20 1 9		
B			Name of organization Barre Elks Lodge #1535		4 ` `	er identification number		
\exists	Address	· · ·	Doing business as Number and street (or P O box if mail is not delivered to street address) Room/si			104530 ne number		
뭄	Name ch	· ·	Number and street (or P O box if mail is not delivered to street address) Room/si PO Box 245	uite	1			
H	Initial retu		 -	(802) 479-9522			
\exists		n/terminated	City or town, state or province, country, and ZIP or foreign postal code Barre, VT 05641					
\exists	Amended		F Name and address of principal officer		G Gross re			
_	Application	on pending	group return for subordinates? Yes No					
-	Yau auau	npt status	Bradley Lawson, PO Box 245, Barre, VT 05641 □ 501(c)(3) □ 501(c) (8) ◄ (insert no) □ 4947(a)(1) or □ 527			s included? Yes No a list (see instructions)		
<u>_</u>	Website							
<u>ж</u>			vw.elks.org V Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms			number ► 1156		
	art i	Summa		ation 19	oo m state	of legal domicile VT		
-								
ø	'	Differry de.	Frace	rnal order	operatin	g under lodge system		
auc	ļ							
Activities & Governance	2	Check the	s box ▶ ☐ if the organization discontinued its operations or disposed	of more the	n 25% of	ito not opports		
ŏ			of voting members of the governing body (Part VI, line 1a)	or more tha	3	l		
∞ ⊗			of independent voting members of the governing body (Part VI, line 1b		. 4	11		
es			aber of individuals employed in calendar year 2018 (Part V, line 2a)	, , ,	5	24		
Ξ	1		aber of volunteers (estimate if necessary) .	• •	6	25		
Act	1		elated business revenue from Part VIII, column (C), line 12	• •	. 7a	74,423		
	1		ated business taxable income from Form 990-T, line 38	• •	. 7b	34,790		
-			Year	Current Year				
41	8	Contribut	ons and grants (Part VIII, lineR框CEIVED		90,474.	86,746		
nge	9	Program :	service revenue (Part VIII line 2g)		5,372.	5,919		
Revenue	10	Investmer	nt income (Part VIII, continu (A), lines, 3,4, and 7d 2	34,825.	5,066			
άČ	11	Other rev	enue (Part VIII, colum (14), lines 5, 6d, 8c, 9c, 10d, and 11e)		22,520.	209,208		
	12		nue-add lines 8 through 11 (must equal Part VIII, torumn (A), line 12)	3, 191.	306, 939			
<u>ה</u>	13		id similar amounts paid (Pat) (Pat) (A), injes 1-3)		,,,,,,,,	300,333		
DENSES PACE	14		paid to or for members (Part IX, column (A), line-4)					
20	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	F	31,968.	62,616		
	16a		nal fundraising fees (Part IX, column (A), line 11e)	-				
Пŝ			draising expenses (Part IX, column (D), line 25) ▶ 0.					
フぶ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	23	39,452.	257,838		
2	18		enses Add lines 13-17 (must equal Part IX, column (A), line 25)		21,420.	320, 454		
Ť	19		less expenses Subtract line 18 from line 12		31,771.	-13,515		
7				Beginning of (End of Year		
Assets or	20	Total ass	ets (Part X, line 16)	57	77,197.	548,445		
A S	21	Total liab	lities (Part X, line 26)	23	33,079.	218,311.		
NetA		Net asset	s or fund balances. Subtract line 21 from line 20	34	14,118.	330,134.		
P	art II	Signat	ure Block					
U	nder pena	lties of perjur	y, I declare that I have examined this return, including accompanying schedules and stat	ements, and to	the best of	my knowledge and belief, it is		
tr.	ie, correct	, and comple	ete Declaration of preparer (other than officer) is based on all information of which prepare	er has any kno	wledge 			
٠.		\ ` -	2 7 MW397		09-11	· 2019		
Si	-	Sph	atur of Officer	C	Date			
He	ere		adley Lawson, Treasurer					
		1	or print name and little					
Pa	aid	Print/Typ		Date	Check	If PTIN		
	epare	r Lee A	White CPA, PFS, CFP Lee A. What CPA	07/12/20	19 self-em	ployed P00750923		
	se Onl	I -	ame ► WHITE & ASSOCIATES	Fr	rm's EIN ▶	04-3366373		
_	Firm's address ► 86 SUMMER ST, BARRE, VT 05641 Phone no (802)476-6191							
			s this return with the preparer shown above? (see instructions) .			🗶 Yes 🗌 No		
Fo	r Paperv	vork Redu	ction Act Notice, see the separate instructions. BAA	EV 05/20/19 PRO)	Form 990 (2018)		

. • Fårm 999	0 (2018)	Page 2
Part		ago &
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	Fraternal order operating under lodge system.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	o N D
	If "Yes," describe these new services on Schedule O	2) 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	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 measure	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the total expenses, and revenue, if any, for each program service reported	others
4a	(Code) (Expenses \$ 320, 454. including grants of \$) (Revenue \$ 157, 845.)	
	The Lodge provides space, food and support for charitable organizations	
	in addition to its members. The Lodge entertained several Elks functions for	
	various charities and public services. The Lodge facilities were also donated fo	
	use for several other charitable functions.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$ 144,028.)
	The Lodge provides bar and dining facilities for the benefit and use of its	
	members and their guests in the furtherance of its fraternal purpose.	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O)	

) (Revenue \$

including grants of \$

(Expenses \$

Total program service expenses ▶



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted 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, Parts VI, VIII, IX, or X as applicable			!
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<u> </u>	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		×
J	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	×	
20 a	• • • • • • • • • • • • • • • • • • • •	20a		×
b	1,7	20b	ļ <u> </u>	ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EW@Bullispagilete Schedule I, Parts I and II	21		×
				-

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	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		
q	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		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
ь	Schedule L, Part IV	28b		×
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? 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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35ь		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37 38	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, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	×
Par	19? Note. All Form 990 filers are required to complete Schedule O	38	×	
بننسه	Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	No
1a				
b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

art \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Control of annual and annual a		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì		
	Statements, filed for the calendar year ending with or within the year covered by this return 24			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u>×</u> _	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ا ۔		1
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	×	
	· · · · · · · · · · · · · · · · · · ·	30		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
¢	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		×
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL		
7	gifts were not tax deductible?	6b	 -	
	- · · · · · · · · · · · · · · · · · · ·			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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		(
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	<u> </u>	↓
10	Section 501(c)(7) organizations. Enter		l	ļ
a	Initiation fees and capital contributions included on Part VIII, line 12	1	ĺ	
р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł	}	Ì
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		1	
а		ł	ļ	
þ	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	}	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		1	T^{-}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	!	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		1	
	the organization is licensed to issue qualified health plans	j]	
С	Enter the amount of reserves on hand	<u> </u>	<u> </u>	1
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a	-	×
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		↓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	 	
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	+
	If "Yes," complete Form 4720, Schedule O	1	1	1

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ins	tructi	ons
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>. </u>	<u> </u>
Section	on A. Governing Body and Management			
		. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	4		
	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	Enter the number of voting members included in line 1a, above, who are independent . 1b	ا او		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	וֻ		
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2	×	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
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	×	
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	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	ļ
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	- 1		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		-	×
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	×	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990	111		†
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	1		
12	Did the organization have a written whistleblower policy?	12c		
13 14	Did the organization have a written document retention and destruction policy?	13		×
15	Did the process for determining compensation of the following persons include a review and approval by		1	 ^
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
þ	Other officers or key employees of the organization	15b	ļ	×_
4.0.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Į.		
16a	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				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website Upon request Other (explain in Schedule O)		ا مس	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year	nerest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and	ecords	; >	
-	Bradley Lawson PO Boy 245 Barre VT 05641 (802)479-9522			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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 nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	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) Kevin Major Chair	1.00	×		×						
(2) Phil Delia Trustee	1.00	×								
(3) Robert Campo Secretary	1.00	×		×				4,120.		
(4) Kimberly Baker Trustee	1.00	×								
(5) Barbara Watters Exalted Ruler	1.00			×						
(6) Tim Claflin Trustee	1.00	×								
(7) Bradley Lawson Treasurer	5.00	×		×				1,545.		
(8) Frank Hotaling Trustee	1.00	×								
(9) Bill Codling Trustee	1.00	×								
(10) Patricia Ristau Inner guard	1.00							210.		
(11)Cindy Wedding Esquire	1.00							5,275.		
(12)Lorı Major Chaplaın	1.00									
(13)Karen Bingham Trustee	1.00	×								
(14)										

(19) (20) (21) (22) (23) (24) (25) (25) (25) (25) (25) (25) (25) (25) (26) (27)	Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	t C	ompensated E	mployees (co	ontinued)		
Compensation Comp		•				•	•								
Total from continuation sheets to Part VII, Section A 11,150, 10 11,150, 10 10 10 10 10 10 10				(do not check more than one						1		· · · · · · · · · · · · · · · · · · ·			
Section B. Description of the organization is that any former officer, director, or trustee, key employee on line 1a? If "Yes," complete Schedule J for such person and other compensation from the organization and related organization and related organization from the organization and related organization from the organization and related organization from the organization from the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation from any unrelated organization or individual in the organization from the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation in form any unrelated organization or individual in the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation in form the organization? If "Yes," complete Schedule J for such person 2 Total number of independent contractors (including but not limited to those listed above) who is the organization or individual in the organization? If "Yes," complete Schedule J for such person 2 Total number of independent contractors (including but not limited to those listed above) who is the organization or individual in the organization? If "Yes," complete Schedule J for such person 2 Total number of independent contractors (including but not limited to those listed above) who		Name and title		pon, amoso person is							, .				
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Form 9	<u> </u>	·						Page 9
Part	VIII	Statement of Revenue				D4 \ 00		
	, · · ·	Check if Schedule O cor	itains a resp	oonse or note to	(A) Total revenue	Part VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns. Membership dues. Fundraising events Related organizations. Government grants (contributed all other contributions, gifts, and similar amounts not included in the contributions in the contribution in the contribut	1c 1d tions) 1e grants above 1f	31,225 Business Code	86,746.			
Program Service Revenue	2a b c d	Fees		900099	5,919.	5,919.	0.	0.
Progra	f 9 3	All other program service Total. Add lines 2a-2f Investment income (incl	revenue	>	5,919.			
	4 5	and other similar amounts Income from investment of the Royalties	s) . ax-exempt be	►	3,613.	3,613.	0.	0.
	6a b c	Gross rents . Less rental expenses Rental income or (loss)	(i) Real 38, 118.	(ii) Personal				
	d 7a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	s) i) Securities 953.	> (ii) Other 500 .	38,118.	3,582.	34,536.	0
	d d	Gain or (loss) . Net gain or (loss)	953.	500. . ▶	1,453.	1,453.	0.	0.
Other Revenue	8a b	'	n line 1c) · · a	,				
	9a b	Net income or (loss) from Gross income from gamin See Part IV, line 19 Less, direct expenses Net income or (loss) from	g activities. a . b	270,634. 233,664.	36, 970.	36,970.	0.	0
	10a b	Gross sales of inver returns and allowances Less cost of goods sold	itory, less · a	398,814. 291,756.				
		Net income or (loss) from Miscellaneous Rever		Business Code	107,058.	71,470.	35,588.	0
	11a b c	Misc. Lodge		900099	27,062	22,763.	4,299.	0.

▶

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27,062.

306,939.

145,770.

All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

0.

74,423.

Form 990 (2018) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program servica expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (D) (C) Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . 3,444 3,444. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 39,699. 7 Other salaries and wages 39,699. 0. 0. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 10,394. 10,394. 0. 9 0. 0. 10 Payroll taxes . . 9,079. 9,079. 0. 11 Fees for services (non-employees) a Management . . . b Legal 2,800. 2,800. С Accounting 0. d Lobbying Professional fundraising services See Part IV, line 17 е Investment management fees . f Other (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 5,145. 5,145. 0. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 6,589. 0. 19 6,589. 10,245. 0. 10,245. 0. 20 Interest 21 Payments to affiliates 18,504. 18,504. 0. 0 22 Depreciation, depletion, and amortization 12,057. 0 23 Insurance . . 12,057. 0. Other expenses Itemize expenses not covered 24 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) 0. Laundry 5,196. 5,196. 0. 0. b License & Taxes 14,623. 14,623. 0. 0._ 13,838. 13,838. 0. c Per Capita - Grand Lodge 0._ d Per Capita - State 4,070. 4,070. 0. e All other expenses 164,771. 164,771 0. 0. Total functional expenses. Add lines 1 through 24e 320,454. 320,454. 0. 0. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in the	s Part X		
			(A) Beginning of year		(B) End of year
Τ.	1	Cash—non-interest-bearing	67,972.	1	41,948.
:	2	Savings and temporary cash investments	859.	2	1,898
1 ;	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,558.	4	7,283
	5	Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employee Complete Part II of Schedule L	ors, .	5	
	6	Loans and other receivables from other disqualified persons (as defined under sec 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers sponsoring organizations of section 501(c)(9) voluntary employees' benefic organizations (see instructions). Complete Part II of Schedule L	and	6	
Assets	7	Notes and loans receivable, net		7	
ž	8	Inventories for sale or use	15,925.	8	10,828
-	9	Prepaid expenses and deferred charges .	3,484.	9	7,833
1	0a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 1,579,5			
Ì	b	Less accumulated depreciation . 10b 1,246,2		10c	333,307
1	1	Investments – publicly traded securities .	146,683.	11	145,348
- 1	2	Investments—other securities. See Part IV, line 11		12	
	3	Investments – program-related. See Part IV, line 11		13	
- 1	4	Intangible assets		14	
- 1	5	Other assets See Part IV, line 11		15	
1	6	Total assets. Add lines 1 through 15 (must equal line 34)	577,197.	16	548,445
	7	Accounts payable and accrued expenses	18,055.	17	14,757
	8	•	18,033.	18	14,737
- 1		Grants payable	31,652.	19	36,711
- 1	9		31,032.		30,711
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, direct trustees, key employees, highest compensated employees, disqualified persons Complete Part II of Schedule L	· •	22	
2 تُـّ	23	Secured mortgages and notes payable to unrelated third parties	183,372.	23	166,843
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related to parties, and other liabilities not included on lines 17–24). Complete Pa			
		of Schedule D]	25	
	26	Total liabilities. Add lines 17 through 25	. 233,079.	26	218,311
_		Organizations that follow SFAS 117 (ASC 958), check here ► ⊠ complete lines 27 through 29, and lines 33 and 34.	and		
ᆴ :	27	Unrestricted net assets	204,112.	27	191,329
, g	28	Temporarily restricted net assets	140,006.	28	138,805
0 2	29	Permanently restricted net assets		29	
Net Assets or Fund balances	-0	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ complete lines 30 through 34.	and		
S 3	30	Capital stock or trust principal, or current funds	İ	30	
Sei Sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	344,118.	33	330,134
	34	Total liabilities and net assets/fund balances	577, 197.	34	548,445
		Total liabilities and fiet assets/fullo balaffices		_ -	Form 990 (20

Part	XI. Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			\times	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30	6,9	39	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		-13,515			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34	4,1	18	
5	Net unrealized gains (losses) on investments ,	5			- 4	70.	
6	Donated services and use of facilities	6					
7	Investment expenses ,	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				1.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		33	30,1	34	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>				
			_		Yes	No	
1	Accounting method used to prepare the Form 990. Cash Accrual Other			1			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın	1		ļ	
	Schedule O			´			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	2a	×		
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both	oiled	or				
	Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-			İ	
b	Were the organization's financial statements audited by an independent accountant?			2ь		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a				
	separate basis, consolidated basis, or both	Ju 511	~ '			1	
	Separate basis Consolidated basis Both consolidated and separate basis			}		ĺ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht			ĺ	
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	×	İ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın				
	Schedule O		İ				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth					
	the Single Audit Act and OMB Circular A-133?		ļ~.	3a_		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		3b		Ļ	
				Forn	990	(2018)	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

OMB No 1545-0047

Open to Public Inspection

Name of	the organization		Employer identification number
Barr	e Elks Lodge #1535		03-0104530
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	·
		(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal contr	ol? □ Yes □ No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreation		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
ь	Total acreage restricted by conservation easemer	nts	. 2b
С	Number of conservation easements on a certified	historic structure included in (a)	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re-		<u>-</u>
	violations, and enforcement of the conservation e		· · · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	ng conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easen		
Pari		·	
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under S	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the		
ь	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	·	education, or research in turtherance of
	public service, provide the following amounts rela	-	
	(i) Revenue included on Form 990, Part VIII, line	1	• \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		- ·
	following amounts required to be reported under	SHAS 116 (ASC 958) relating to these	items.
а	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X .	· · .	>\$

REV 11/12/18 PRO

Part		Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	follov	ving that are a	significant u	se of its
а	☐ Public exhibition		d [Loan	or exchange	a prodi	rams		
b	Scholarly research			Other					
c	☐ Preservation for future generations	3			************				
4	Provide a description of the organizat XIII.	tion's collections	and expla	in how th	ney further t	he org	anization's exe	mpt purpos	e in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easure	s, or other simi	lar	
	assets to be sold to raise funds rather		ained as p	art of the	e organizatio	on's co	llection?	☐ Yes	☐ No
Part	Escrow and Custodial Arra Complete if the organization		s" on Fori	n 990, F	Part IV, line	9, or	reported an a	mount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X? .		her interm			ons or	other assets		□ No
Ь	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	llowing ta	able	,			
		** ***			. <i>i</i>	L	* * * *	Amount	
C	Beginning balance		•			10			
d	Additions during the year		•			10			
8	Distributions during the year					1e			
f	Ending balance .		Nami V I.a.a.		• • •	11		0 🗇 🗸	
2a	Did the organization include an amount if "Yes," explain the arrangement in P							ty/ ∐ fes	
Pari		art Allt Check he	en the ex	фанало	mas been	וטועטונו	SU ON PAR AIII	····	_ <u></u>
	Complete if the organization	answered "Yes	s" on For	m 990 F	Part IV line	10			
	30	(a) Current year		or year	(c) Two years		(d) Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance			<u> </u>					
ь	Contributions		1					 	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current year e	nd balanc	e (line 1g	, column (a)) held	as		
а	Board designated or quasi-endowme	nt ▶	%						
ь	Permanent endowment	%							
С	Temporarily restricted endowment								
_	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	ne organi	zation th	at are neid a	and ad	ministered for		
	organization by								es No
	(i) unrelated organizations .			•	•			3a(i)	
4	(ii) related organizations If "Yes" on line 3a(ii), are the related of	vaanizatione liete	das roqui	 rad on Si	chedule B2			3a(ii) 3b	
ь 4	Describe in Part XIII the intended use:					•		30	
	VI Land, Buildings, and Equip		on o ondo						
	Complete if the organization		s" on For	m 990 I	Part IV line	11a	See Form 990). Part X. lir	ne 10.
	Description of property	(a) Cost or o	other basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book	
1a	Land		0	-	27,600			2	7,600.
, a b	Buildings		<u>_</u>	1	90,000.		190,000.	<u>-</u>	0
c	Leasehold improvements				28,108.		732,723.	299	5,385.
ď	Equipment			<u>-</u> -, <u>-</u>	32,345.		23,810.		3,535.
e	Other			3	01,468.		299,681.		ī,787.
Total.	Add lines 1a through 1e (Column (d) i	must equal Form :	990, Part 2			c)	>		3,307.

Part VII Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 99					Part X, line 12
	(a) Description of security or cate (including name of security.	egory	(b) Book value	(c) Method of Cost or end-of-yea	valuation
(1) Financial	derivatives				
(2) Closely-h	eld equity interests .				
(A)					
(B)					
(C) (D)				······································	
(E)					
(F)					
(G)					
(H)					
Total (Column (l	b) must equal Form 990, Part X, col (B) line 12				
Part VIII	Investments - Program Rela				
···	Complete if the organization		orm 990, Part IV, line		
	(a) Description of investme	nt	(b) Book value	(c) Method o Cost or end-of-ye	
(1)					
(2)					
(3)		, , , , , , , , , , , , , , , , , , , 			
(4)					
(5) (6)		·			
(7)	······································				
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13) ►			
Part IX	Other Assets.	1404 11			
	Complete if the organization		orm 990, Part IV, line	11d. See Form 990	
		(a) Description			(b) Book value
(1)					
(2)					
(4)					
(5)			*		
(6)					
(7)					
(8)					
(9)	(h)	V 1 (D) (m- 15)			
Part X	imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.		form 990, Part IV, line	11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of hability	(b) Book valu	e		
	ncome taxes			•	
(2)					
(3)					
(4)				ŧ	
(5)					
(6)					
(7)				•	
(8)					
(9)	/bl must open Form 000 Part V ==1 /D1 0	E) N			
	(b) must equal Form 990, Part X, col (B) line 2				
2 Lightlity to	or uncertain tax positions. In Part XIII,	nroulde the text of the te-	atnote to the avagaization		hat ranager tha

Part			Return.
	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	<u> </u>
c	Recoveries of prior year grants	2c	<u> </u>
d	Other (Describe in Part XIII)	2d]' ']
е	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		1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7.
С	Add lines 4a and 4b		7 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 Staten	nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1
а	Donated services and use of facilities	28	1 1
b	Prior year adjustments	2b	7,
c	Other losses	2c	7' ^ 7-1
d	Other (Describe in Part XIII.)	2d	-
Θ	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	
a	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	40	46
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18.)	5
Part		· · · · · · · · · · · · · · · · · · ·	
Provid		d 4: Part IV, lines 1b and 2	b Part V line 4 Part X line
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
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	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
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	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
		_
	٦	
	·	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

	the organization					Employer Identific	ation number
Barr	e Elks Lodge #1535					03-0104530	
Part	Fundraising Activities. Form 990-EZ filers are n				ered "Yes" on F	form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	wing activities. Cl	heck all that apply	
а			е [Solicitati	on of non-governr	ment grants	
b	Internet and email solicitation	าร	f [Solicitati	on of government	grants	
С	Phone solicitations		g [_	undraising events	-	
d	☐ In-person solicitations		3		.g - -		
2a	Did the organization have a written or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	entities (fund		•	•	
 -	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8			· · · · · ·				
9					,		
10							
Total				•			
3	List all states in which the organized registration or licensing.	ınızatıon is regi	stered or lic	ensed to s	solicit contribution		
			•				
							•••••

Sċhe	,, dule G (Form 990 or 990-EZ) 2018				Page 2
.Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater than	g event contributions	on answered "Yes" on and gross income on f	Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
4			(avent type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
F	2	Less. Contributions Gross income (line 1 minus line 2) .				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs .				
Expe	7	Food and beverages .				
Direct	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Ac Net income summary. Subtr	act line 10 from line 3, c	olumn (d)	>	
Pa	irt III	Gaming. Complete if th \$15,000 on Form 990-E		ered "Yes" on Form 9	390, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue		256,593.	14,041.	270,634.
ses	2	Cash prizes		212,212.		212,212.
Expenses	3	Noncash prizes .				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses		21,452.		21,452.
	6	Volunteer labor	☐ Yes %	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary A	dd lines 2 through 5 in c	olumn (d)		233,664.

Schedule G (Form 990 or 990-EZ) 2018

Yes □ No

b If "Yes," explain

if "No," explain

Enter the state(s) in which the organization conducts gaming activities VT

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Net gaming income summary Subtract line 7 from line 1, column (d) .

Schedu	le G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	⊠ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other er formed to administer charitable gaming?	ntity Yes	⊠ No
13	Indicate the percentage of gaming activity conducted in:	1	
а			00.%
	· · · · · · · · · · · · · · · · · · ·	3b	0.%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records	and	
	Name ► Robert Campo		
	Address ► 16 Windridge Dr. Barre VT 05641	***************************************	
15a	Does the organization have a contract with a third party from whom the organization receives garrevenue?		⊠ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address►		
16	Gaming manager information		
	Name ► Michael Marinelli		
	Gaming manager compensation ► \$ 22,516.		
	Description of services provided ► Orders and approves all gaming duties.		
	□ Director/officer ⊠ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?		⊠ No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	nns (III) and ditional infor	(v), and mation
	1		
			•••••
			••••
		·	
		··· ······	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018 ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Barre Elks Lodge #1535 Pt VI, Line 6: The Organization has members.	03-0104530
Pt VI, Line 7a Yes, the members elect the governing board.	
Pt VI, Line 7b: Decisions of the governing body is subject to app	roval by members.
Pt VI, Line 11b: Governing board approves 990 before filing	
Pt VI, Line 19: Available through written or in person request.	
Pt VI, Line 2. Two of the officers are paid.	
Pt XI Rounding	
Pt IX, Line 24e:	
Description: Repairs & maintenance	
Total: \$10,532	
Program services: \$10,532	
Management and general: \$0	
Fundraising: \$0	
Description Taxes, Property	
Total: \$4,874	
Program services: \$4,874	\
Management and general: \$0	
Fundralsing: \$0	
Description Telephone	