Form **990**

Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-0047

| Dep Inter | artment of the | he Treasury e Service | ► Go to www.irs.gov/Form990 for instructions and the latest info | | 405 | Inspection | | |
|--------------------------------|----------------|--------------------------|---|--------------------|-------------------|---------------------------------|--|--|
| Ā | | | ndar year, or tax year beginning April 1 , 2018, and ending | Marc | h 31 | , 20 19 | | |
| — В | Check if a | pplicable | C Name of organization B.P.O. of the Elks of the U.S.A. Inc. | | D Employe | er identification number | | |
| $\bar{\Box}$ | Address c | | Doing business as Danbury Elks Lodge No. 120 | | | 06-0258842 | | |
| $\overline{\Box}$ | Name cha | | Number and street (or P O box if mail is not delivered to street address) Room/suite | | E Telephor | ne number | | |
| $\overline{\Box}$ | Initial retui | * | 36 Sugar Hollow Road | i | | 203 791-0919 | | |
| | Final return | | City or town, state or province, country, and ZIP or foreign postal code | | | | | |
| | Amended | return | Danbury, CT 06810-7533 | | G Gross re | ceipts \$ 197,326 | | |
| | Applicatio | n pending | F Name and address of principal officer | H(a) Is this a gro | oup return for s | subordinates? Yes Vo | | |
| | | | Same as Above | H(b) Are all s | ubordinates | included? Yes No | | |
| | Tax-exem | pt status | □ 501(c)(3) | If "No | o," attach a | list (see instructions) | | |
| <u>J</u> | Website: | ► www | v.danburyelks.org \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | H(c) Group | exemption | number ▶ 1156 | | |
| _ | | ganization [| ✓ Corporation Trust Association Other ► L Year of formation | 1889 | M State | of legal domicile CT | | |
| P | art I | Summa | | | | | | |
| | | | scribe the organization's mission or most significant activities To inculcate the organization of the control | | | | | |
| Governance | | | Love and Fidelity, to promote the welfare and enhance the happiness of its m | embers, to | quicken | the spirit of American | | |
| Г | | | , to cultivate good fellowship and perputate itseld as a fraternal organization. | | 050/ of | to not cooots | | |
| ove | | | s box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of r | | 3 | its fiet assets. | | |
| <u>م</u> | | | of voting members of the governing body (Part VI, line 1a) | | 4 | | | |
| es & | 1 | | of independent voting members of the governing body (Part VI, line 1b) | • • | 5 | | | |
| Ě | 1 | | nber of individuals employed in calendar year 2010 (Fart V, line 2a) | | 6 | 45 | | |
| Activities | | | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | |
| _ | | | ated business taxable income from Form 990-T, line 38 | | 7b | 0 | | |
| _ | <u> </u> | 4CC GITTOR | ated business taxable income north orth coo 1, the co | Prior Ye | | Current Year | | |
| | 8 (| Contribut | ions and grants (Part VIII, line 1h) | | 39,233 | 40,388 | | |
| Revenue | | | service revenue (Part VIII, line 2g) | | 0 | 0 | | |
| eve | | • | nt income (Part VIII, column (A), lines 3, 4, and 7d) | • | 0 | 0 | | |
| č | I . | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 75,581 102 | | | |
| | | | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 114,804 | 143,013 | | |
| | | | nd similar amounts paid (Part IX, column (A), lines 1-3) | | 2,456 | 6,924 | | |
| | 14 E | Benefits p | oaid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | |
| S | 15 5 | Salaries, c | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 4,052 | 2,471 | | |
| Expenses | 1 | | nal fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | |
| xpe | b 1 | rotal fund | draising expenses (Part IX, column (D), line 25) | | | | | |
| ш | 17 (| Other exp | penses (Part IX, column (A), lines 11a–11d, RE246) | | 116,776 | 134,234 | | |
| | ן זא ן | ı otal exp | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 123,284 | 143,629 | | |
| | | Revenue | less expenses. Subtract line 18 from the 12 AUG 2.7.2019. | | (8,480) | (616) | | |
| s or | | | [0] | inning of Cui | | End of Year | | |
| sset Bala | 20 | | ets (Part X, line 16) OGDEN, UT · | 1 | ,539,309 | 1,516,725 | | |
| Net Assets or Fund Balances | 21 | | | | 714,195 | 692,225 | | |
| | 22 I | | s or fund balances. Subtract line 21 f rom line 20 | | 825,114 | 824,500 | | |
| _ | _ | | y, I declare that I have examined this return, including accompanying schedules and statemer | nts and to th | e best of n | ny knowledge, and belief, it is | | |
| tru | e, correct, | and comple | ete. Declaration of preparer (other than officer) is based on all information of which preparer ha | s any knowle | edge | · | | |
| | | | | | 8/10 | 7 15 | | |
| Sig | gn | Signa | ature of officer | Dat | e | | | |
| He | re | \ ' | KENT D. KUHRER, CHAIRMAN OFBO | Afo | | | | |
| | | Туре | or print name and title | _ | | | | |
| Pa | id. | Print/Typ | pe preparer's name Preparer's signature Date | | Check [| ıf PTIN | | |
| | eparer | . [| | | self-emp | | | |
| | se Only | 1 | ame ▶ ' | Firm | 's EIN ▶ | | | |
| | | Firm's ac | ddress ▶ | Pho | ne no | | | |
| Ma | y the IRS | 3 discuss | this return with the preparer shown above? (see instructions) | | | Yes No | | |
| For | Paperwo | ork Reduc | ction Act Notice, see the separate instructions. Cat No 1 | 11282Y | | Form 990 (2018) | | |
| | | | PIX | | | ~ 0 | | |
| | | | - 10 | | | (1) | | |

| | - \ · - / |
|------|---|
| Part | • |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1. | Bræfly describe the organization's mission: To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity, to promote the welfare and enhance the happiness of its members, to quicken the spirit of American patriotism, to cultivate good fellowship and to perpetuate itself as a fraternal |
| | organization. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$including grants of \$) (Revenue \$) |
| | of the 21 regular Lodge meetings and at various special meetings attended by the membership. |
| 4b | (Code) (Expenses \$ |
| 4c | (Code) (Expenses \$ |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ |

| Part | V 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? <i>If "Yes," complete Schedule C, Part II</i> . | 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_ | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ļ | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | ļ | <u> </u> |
| 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? If "Yes," complete Schedule I, Parts I and II. | 21 | | 1 |

| Part | 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 | | 1 |
| 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 | | 1 |
| 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 | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | ļ | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 | | 1 |
| 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 | | 1 |
| 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 | | ✓ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| | 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 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 | <u> </u> | 1 |
| 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. | 35b | | |
| 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 | 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 | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ✓ | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u>[</u> |
| 4 | Enter the number reported in Box 2 of Form 1006. Enter 0 if not applicable. | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| art | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|--|-------------|--|--|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | | - | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | √ | - (|
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 3a | | - |
| 3a | 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 . | 3b | | _ |
| b 1- | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| 4a | a financial account, or other financial 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? | <u>——</u> | | √ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | √ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | T. | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | İ |
| | gifts were not tax deductible? | 6b | | <u></u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ĺ |
| | required to file Form 8282? | 7c | | <u>Щ</u> , |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | ــــا |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | | | \vdash |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | \vdash |
| h | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 8 | 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 | | |
| þ | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | 1 | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | l l |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | against amounts due or received from them.) | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | İ | |
| 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 | 1 | | (|
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | 1 | | |
| С | Enter the amount of reserves on hand | 44- | | \vdash |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| _ b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | \vdash |
| 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. | '' | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | 7 |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | For | m 99 0 | (2018) |

| Form 9 | 90 (2018) | | | rage o |
|--------|--|--------------|-------------|---------------|
| Part | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | ee ins | truct | ions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | | <u>. LJ</u> |
| Secti | ion A. Governing Body and Management | | Yes | No |
| 4 | Enter the number of voting members of the governing body at the end of the tax year 1a 7 | , | 162 | 140 |
| та | ,, | 1 | | |
| | 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 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | <u> </u> |
| | any other officer, director, trustee, or key employee? | 2 | | √ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 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 | ✓ | |
| 8 . | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | لـــا |
| a b | The governing body? | 8a 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | <u> </u> | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | | |
| | | 40 | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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. | | | لبا |
| 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 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | | |
| 13 | describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 12c | | 1 |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | | V |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | <u> </u> | | <u> </u> |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | ✓ |
| b | Other officers or key employees of the organization | 15b | | ✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 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 | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | 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 | | |
| Secti | on C. Disclosure | 100 | L | I |
| 17 | List the states with which a copy of this Form 900 is required to be filed N/A | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- | | | 501(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | ,,,,,,, | | (0) |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | y, and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | • | |
| | Jack Knapp, Treasurer 36 Sugar Hollow Road, Danbury, CT 06810-7533 | | | _ |

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

• Check if Schedule O contains a response or note to any line in this Part VII .

| Section A. | Officers, Directors, | Trustees, Key Employees | s, and Highest Compe | ensated 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.

| Compensated employees, and former such pers | | | | 4 | | | | | | . or tructoo | |
|--|--|----------------|--|----------------------|--------------|---------------------------------|------------|--|---|--|---|
| 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 | box, office | unles er and | Pos neck ss pe | rson | e than o is both or/trust | an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (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) Michael Cummings Exalted Ruler | 2 | ✓ | | / | | | | 0 | 0 | | 0 |
| (2) Eric Svege | 2 | | | | | | | | | | |
| Esteemed Leading Knight | | ✓ | | 1 | | | | 0 | o | | 0 |
| (3) Erin Domenech | 2 | | | | | | | | | · | |
| Esteemed Loyal Knight | | ✓ | | ✓ | | | | 0 | o | | 0 |
| (4) Raymond Ward | 2 | | | | | | | | | | |
| Esteemed Lecturing Knight | | ✓ | <u>. </u> | ✓ | | | | 0 | 0 | | 0 |
| (5) Kent Rohrer | 2 | | | | | | | | | | |
| Trustee | | ✓ | | ✓ | | | | 0 | 0 | | 0 |
| (6) Stephen Dance | 2 | | | | | | | | | | |
| Trustee | | ✓ | | ✓ | | | | 0 | <u>. o</u> | | 0 |
| (7) Todd Deitzman | 2 | | | | | | | | | | |
| Trustee | | ✓ | | ✓ | | | | 0 | 0 | | 0 |
| (8) Karyn Palanzo | 10 | | | | | | | | | | |
| Secretary | | | | ✓ | | | | 0 | 0 | | 0 |
| (9) Jack Knapp | 2 | | | | | | | | | | |
| Treasurer | | | | ✓ | | | | 0 | 0 | . <u>.</u> | 0 |
| (10) Dennis Biegger | 1 | | | | ł | | | | | | |
| Chaplain | | | | ✓ | | | | 0 | 0 | | 0 |
| (11) Michael Jaber | 1 | | | | | | | | | | |
| Esquire | | | | ✓ | | | | 0 | 0 | | 0 |
| (12) Jennifer Tanner | 1 | | | | | | | 1 | | | |
| Tiler | | | | ✓ | <u> </u> | | | 0 | 0 | • | 0 |
| (13) Vacant | | | | | | | | 1 | | | |
| Inner Guard | | | | ✓ | _ | | | | | | _ |
| (14) | | | | | 1 | | | | | | |
| | | | | | l | | | | | | |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|--------------|---|---|-----------------------------|-------|-----|------|-----------------------------------|-----------------------|---|--|---------------|--|---|--------------|
| | · (A) | (B) | (do not check more than one | | | | | | ' ' | | | | | |
| | Name and title | Average hours per week (list any hours for related organizations below dotted line) | office Individua | | | | b is Highest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation related organization (W-2/1099-M | n from ons | amo of compe fror organ and | nated unt of her ensation n the nization related izations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | - | | | | | - | | | | | | |
| (17) | | | - | | | | | | | | | , | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | - | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | <u>'</u> | | |
| 1b c d | Sub-total | VII, Sectio | n A | | | | | > > > | 0 | | 0 | | | 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | | | | e) w | ho received m | ore than \$1 | 00,000 |) of | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | emp | oloyee, or high | est compe | nsated | 3 | Yes | No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations | sum of re | portal | ble (| con | nper | nsatio | | | | | , | | |
| 5 | individualDid any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | zation or inc | lividua | 1 | | <u>√</u> |
| Section | on B. Independent Contractors | | | | | | | | · | | | | • | |
| ,1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | ıx |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| N/A | | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | - | | | | | th | nose listed ab | ove) who | | | | |

| Part | VIII | Statement of Reve | | | 1 11 1 | D 1 V/III | | |
|--|------|--|---------------------------------------|--|-------------------|--|---|--|
| | • | Check If Schedule C |) contains a res | ponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512–514 |
| nts | 1a | Federated campaigns | s .1a | | | | | |
| iran | b | Membership dues . | 1b | 25,115 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | С | Fundraising events | 1c | | | | | |
| Siff: lar / | ď | Related organizations | s 1d | | | | | |
| IS, (| е | Government grants (con | · - | <u></u> | | | , | |
| tior sr S | f | All other contributions, g | | | | | | |
| ig at | | and similar amounts not inc | | 15,273 | | | | ļ |
| Contributic and Other | g | Noncash contributions include | | | | | | 1 |
| <u>8 0</u> | h | Total. Add lines 1a-1 | <u>f.,</u> | <u> ▶</u> | 40,388 | | | |
| nge | | • | | Business Code | | | | |
| eve | 2a | | | | | | | |
| ě | b | | | | | | | |
| Ž | C | | | | | | | |
| Se | d | •••• | | | | | | |
| ıraπ | e | All other program con | | | | | | |
| Program Service Revenue | f | All other program ser Total. Add lines 2a-2 | | | - 0 | | | |
| | 3 | Investment income | | · · · · · · · · · · · · · · · · · · · | | | | <u>-</u> |
| | | and other similar amo | , | • | 0 | o | 0 | 0 |
| | 4 | Income from investmen | • | | 0 | 0 | 0 | |
| | 5 | Royalties | · · · · · · · · · · · · · · · · · · · | · · | 0 | 0 | 0 | |
| | | , | (i) Real | (ii) Personal | • | | | |
| | 6a | Gross rents . | 48,301 | 1 | | | | ĺ |
| | ь | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | 48,301 | | ľ | | | ļ |
| | d | Net rental income or | | | 48,301 | 48301 | 0 | 0 |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | - | |
| | | assets other than inventory | (| 0 | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | | 0 | | | | |
| | С | Gain or (loss) . | | 0 | | | | |
| | d | Net gain or (loss) . | | <u>•</u> | 0 | 0 | 0 | 0 |
| venue | 8a | Gross income from fu events (not including \$ | 0 | | | | | |
| Other Rever | | of contributions reported See Part IV, line 18 . | | 1,955 | | | | |
| ह | | Less. direct expenses | | | | | | |
| | | Net income or (loss) f | | events > | 1,556 | | 0 | 1,556 |
| | 9a | Gross income from ga | - | | | | | |
| | | See Part IV, line 19 | ···a | 0 | | | | |
| | | Less direct expenses | | | | | |] |
| | | Net income or (loss) f | | ıvıtıes ▶ | (400) | (400) | 0 | 0 |
| | 10a | Gross sales of ir | | | | | | |
| | | returns and allowance | - | .00/202 | | | | |
| | b | Less cost of goods s | | | | | | |
| | С | Net income or (loss) f | | | 53,118 | 53118 | 0 | 0 |
| | | Miscellaneous F | | Business Code | | | | |
| | 11a | Miscellaneous | | - | 50 | 50 | _0 | 0 |
| | b | | | _ | | | | |
| | C | All | • | | | | | |
| | d | All other revenue . | | | | | | |
| | e | Total. Add lines 11a- | | 🟲 | 50 | | | |
| | 12 | Total revenue. See II | nstructions . | ▶ | 143.013 | 101069 | 0 | 1,556 |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns A | ll other organization | ns must complete co | olumn (A) |
|----------|--|-----------------------|------------------------------|---|---|
| | . Check if Schedule O contains a respon | se or note to any lin | e in this Part IX | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 6,924 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| | | 0 | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, | <u> </u> | | | |
| J | trustees, and key employees . | | | | |
| | | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| _ | | 0 | | <u>-</u> | |
| 7 | Other salaries and wages | 2,220 | · | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | , | |
| _ | | 0 | | , | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 251 | | <u> </u> | |
| 11 | Fees for services (non-employees): | | • | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| C | Accounting | . 0 | | | |
| d | Lobbying | . 0 | | <u> </u> | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | <u>-</u> | | |
| f | Investment management fees : | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| | | 5,150 | | | |
| 12 | Advertising and promotion | 608 | | | |
| 13 | Office expenses | 1,289 | | | |
| 14 | Information technology | 0 | | | |
| 15 1 | Royalties | 0 | | | |
| 16 | Occupancy | 58,405 | | | |
| 17 | Travel | 0 | | _ | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 10 | - | 0 | | - | |
| 19 | Conferences, conventions, and meetings . | 3,243 | | | |
| 20 21 | Interest | 37,452 | <u>-</u> | · · · · · · · · · · · · · · · · · · · | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 18,088 2,554 | | | |
| | | 2,354 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Supplies | 1,545 | | | |
| b | National 9 State per Consta | 5,808 | | | |
| C | | 172 | | | |
| ď | VIP Visits Bad Check Recovery | (80) | | | |
| e | All other expenses | (80) | | | |
| 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 143,629 | | - | |
| 26 | Joint costs. Complete this line only if the | 143,629 | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | o | | | ! |
| | | | | I | |

| P | art X | | | | | | |
|-----------------------------|----------|--|----------------|----------------------|--------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to | any line in this Par | tX | | <u> </u> |
| | • | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 21,344 | 1 | 15,395 |
| | 2 | Savings and temporary cash investments | 712 | | 713 | | |
| | 3 | Pledges and grants receivable, net | | · | - 712 | | 0 |
| | 4 | Accounts receivable, net | | · · · · · | 0 | | 0 |
| | 5 | Loans and other receivables from current and the state of | former o | officers directors | | • | |
| | • | trustees, key employees, and highest co | | | | | |
| | | Complete Part II of Schedule L | | 1.5 | 0 | 5 | 0 |
| Assets | 6 | Loans and other receivables from other disqualified pers | one (ae d | efined under section | | | ····· |
| | U | 4958(f)(1)), persons described in section 4958(c)(3)(B), an | | | | | |
| | | sponsoring organizations of section 501(c)(9) volun | | | | | |
| | | organizations (see instructions) Complete Part II of Sche | | · | 0 | 6 | 0 |
| | 7 . | Notes and loans receivable, net | | [| | 7 | 0 |
| As | 8 | Inventories for sale or use | | | 4,572 | 8 | 6,033 |
| | 9 | Prepaid expenses and deferred charges | | - Г | 956 | | 315 |
| | 10a | Land, buildings, and equipment cost or | | . [| | | · |
| | | other basis. Complete Part VI of Schedule D | 10a | 1,587,296 | | | |
| | b | Less. accumulated depreciation | 10b | 93,027 | 1,511,725 | 10c | 1,494,269 |
| | 11 | Investments—publicly traded securities . | | | 0 | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | 0 | 12 | 0 | | |
| | 13 | Investments-program-related. See Part IV, line | 11 | [| 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | | | - 0 | | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | |) | 1,539,309 | | 1,516,725 |
| | 17 | Accounts payable and accrued expenses | 30 <u>,177</u> | | 41,959 | | |
| | 18 | Grants payable | 0 | | 0 | | |
| | 19 | Deferred revenue | 236,530 | | 210,037 | | |
| | 20 | Tax-exempt bond liabilities | 0 | | 0 | | |
| | 21 | Escrow or custodial account liability. Complete I | 0 | 21 | 0 | | |
| Liabilities | 22 | Loans and other payables to current and for | | | | | |
| ij | | trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu | | 22 | | | |
| ia | 00 | • | | | 0 | | 140 220 |
| | 23 24 | Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated | | | 447,488 0 | | 440,229 |
| | 25 | Other liabilities (including federal income tax, | • |) - | | 27 | |
| | 25 | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | , <u> </u> | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 714,195 | | 692,225 |
| | | Organizations that follow SFAS 117 (ASC 958) |), check | here ▶ □ and | 7,1,100 | | |
| Ses | | complete lines 27 through 29, and lines 33 and | d 34. | _ | | | |
| aŭ | 27 | Unrestricted net assets | | [| | 27 | |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | |
| 둳 | 29 | Permanently restricted net assets | | [| | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 95 | 58), chec | k here ▶ 🔲 and 🛭 | | | |
| 6 | | complete lines 30 through 34. | | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | [| 0 | 30 | 0 |
| SSE | 31 | Paid-in or capital surplus, or land, building, or ed | | | 0 | - | 0 |
| ¥ > | 32 | Retained earnings, endowment, accumulated in | | | 825,114 | | 824,500 |
| Š | 33 | Total net assets or fund balances | | | 82 <u>5,114</u> | | 824,500 |
| | 34 | Total liabilities and net assets/fund balances . | <u> </u> | | 1.539.309 | 34 | 1.516.725 |
| | | | | | | | Form 990 (2018) |

| _ | 4 | • |
|------|---|---|
| Page | | _ |
| ugo | • | _ |

| | , | | | | |
|------|--|--------|----------|-------------|-----------------|
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | <u> </u> | <u>. D</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | - | 143,013 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 143,629 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | (616) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . | 4 | | | 82 <u>5,114</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | Roundii | ng | 2 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | | 824,500 |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | • | · . · · | 1 7 | <u> </u> |
| | A III II | | | Ye | s No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | olain | in | | |
| 0- | | | <u> </u> | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | · - | a | + |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both | niea | or | 1 | |
| | Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 |
| b | Were the organization's financial statements audited by an independent accountant? | | 1-2 | <u>-</u> - | - |
| D | If "Yes," check a box below to indicate whether the financial statements for the year were audited. | · · | | - | + |
| | separate basis, consolidated basis, or both | u on | a | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersia | ht - | | |
| · | of the audit, review, or compilation of its financial statements and selection of an independent account | | | c c | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | ın | _ _ | |
| | the Single Audit Act and OMB Circular A-133? | | | а | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rgo ti | he | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | b | |
| | | | 1 | Form 9 | 90 (2018) |

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

06-0258842 Danbury Lodge No. 120 of B.P.O. of Elks, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements . . . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Part | | | | | | | | | |
|---------|--|----------------------|--------------|-------------|----------------|----------|--------------------|------------------|------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply). | accession, and ot | her reco | ds, chec | k any of th | e follov | wing that are a | significant | use of its |
| а | Public exhibition | | d | ☐ Loan | or exchang | e prog | rams | | |
| b | ☐ Scholarly research | | е | ☐ Other | | | | | |
| С | ☐ Preservation for future generations | | | | •••• | | | | |
| 4 | Provide a description of the organizat XIII. | ion's collections a | and expla | ain how t | hey further | the org | ganization's exe | empt purpo | se in Part |
| 5 | During the year, did the organization | | | | | | | | |
| | assets to be sold to raise funds rather | | ined as p | part of the | e organizati | on's co | ollection? | . <u></u> | s U No |
| Part | Complete if the organization 990, Part X, line 21. | answered "Yes" | | | | | | _ | Form |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | s 🗌 No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing ta | able | | | Amount | |
| • | Pograping balance | | | | | 10 | | | |
| ۲ C | Beginning balance | | | | | 10 | _ | | |
| d | • • | | | | | | | | |
| e | Distributions during the year | | | | | 16 | | | |
| f o- | Ending balance | | | | | | | bv2 □ V c | s DNo |
| 2a | If "Yes," explain the arrangement in Pa | | | | | | | | :5 NU |
| Par | | art Alli. Check here | e ii tile e. | кріапацоі | i nas been | provid | ed on Part Alli | <u> </u> | |
| rai | Complete if the organization | answordd "Vos" | on For | m 000 E | Part IV line | 10 | | | |
| | Complete if the organization | (a) Current year | | or year | (c) Two year | | (d) Three years ba | ck (e) Four | years back |
| 4. | Degraphs of year balance | - (a) Current year | (5) | - year | (C) TWO YEAR | 3 5000 | (d) Times years ou | UN (U) 1 UU | youro ouon |
| 1a | Beginning of year balance | | - | | | | | | |
| b | Contributions | | | · - | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | _ | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of t | he current year en | d balanc | e (line 1g | , column (a |)) held | as | | |
| а | Board designated or quasi-endowmer | nt 🕨 | % | | | | | | |
| b | Permanent endowment ▶ | % | - | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 10 | 00% | | | | | | |
| За | Are there endowment funds not in the | e possession of th | e organi | zation tha | at are held | and ad | lministered for t | the | |
| | organization by | | | | | | • | ſ | Yes No |
| | (i) unrelated organizations | | | | | | | . 3a(i) | |
| | (ii) related organizations | | | | | | | . 3a(ıi) | |
| b | If "Yes" on line 3a(ii), are the related or | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses | | | | | - | | <u> </u> | |
| Part | | | | | | | | | |
| كنند | Complete if the organization | | on For | m 990. F | Part IV. line | e 11a. | See Form 990 |), Part X. I | ine 10. |
| | Description of property | (a) Cost or ot | | | or other basis | | Accumulated | (d) Boo | |
| | 2005pilott of property | (investme | | , , | ther) | | epreciation | 12, 200 | |
| 1a | Land | . L | | | 1,017,513 | | | | 1,017,513 |
| b | Buildings | | | | 496,523 | | 53,659 | | 442,864 |
| С | Leasehold improvements | | | | 1,650 | | 180 | | 1,470 |
| d | Equipment | | | | 66,374 | | 38,042 | | 28,332 |
| e | Other | | | | 5,235 | | 1,145 | | 4,090 |
| Total. | Add lines 1a through 1e. (Column (d) m | nust equal Form 99 | 90, Part 2 | (, columr | |)c.) | . ▶ | | 1,494,269 |

| | (a) Description of security or ca | | (b) Book value | | hod of valuation |
|--|--|----------------------|-----------------------|---------------------------------------|-----------------------|
| | (including name of securit | ty) - | | Cost or end | -of-year market value |
| | al derivatives | | | | . |
| | held equity interests | | | | |
| (A) | | | | | |
| (B) | | •••••• | | | 7 |
| (C) | ······································ | | | • | |
| (D) | • | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | 0 1 h | - | | |
| Part VIII | (b) must equal Form 990, Part X, col (B) line 12 | | | | |
| Part VIII | Investments—Program Recomplete if the organization | | rm 990 Part IV line | 11c See Form | 990 Part X line 13 |
| | (a) Description of investme | | (b) Book value | | hod of valuation |
| | (a) bescription of investme | | (b) Book value | | of-year market value |
| (1) | | | | ·- · · · | |
| (2) | | | | | |
| (3) | • | | | , | • |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |
| (8) | | | | | |
| (9) Total (Column) | (b) must equal Form 990, Part X, col (B) line 13 | 31 > | | | |
| Part IX | Other Assets. | .,, . | | | |
| | Complete if the organization | answered "Yes" on Fo | rm 990, Part IV, line | 11d. See Form | 990, Part X, line 15. |
| ~ | | (a) Description | · | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | • |
| (3) | | | | | |
| (4) | | | | | _ |
| (5) (6) | | | | | • |
| | | | | | |
| | | | | | |
| (7) | | | | | |
| (7) (8) | | | | | |
| (7) (8) (9) | ımn (b) must equal Form 990, Part | X, col (B) line 15) | | — | |
| (7) (8) (9) | ımn (b) must equal Form 990, Part Other Liabilities. | X, col (B) line 15) | | • | |
| (7) (8) (9) Total. (Colu | | | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colu | Other Liabilities. | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colu Part X | Other Liabilities. Complete if the organization line 25. (a) Description of liability | | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Column Part X 1. (1) Federal in | Other Liabilities. Complete if the organization line 25. | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colument X 1. (1) Federal in (2) (3) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colument X) 1. (1) Federal in (2) (3) (4) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colu Part X 1. (1) Federal in (2) (3) (4) (5) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colu Part X 1. (1) Federal II (2) (3) (4) (5) (6) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Columnation of the columnation | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Colu Part X 1. (1) Federal II (2) (3) (4) (5) (6) | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |
| (7) (8) (9) Total. (Columnal of the columnal o | Other Liabilities. Complete if the organization line 25. (a) Description of liability | answered "Yes" on Fo | rm 990, Part IV, line | · · · · · · · · · · · · · · · · · · · | e Form 990, Part X, |

| | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | | | | |
|--------|--|---------|-----------------------|--------------|----------------------|--|--|
| | Complete if the organization answered "Yes" on Form 990, | Part I | V, line <u>12a.</u> | | | | |
| 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 | | 7 | | | |
| С | Recoveries of prior year grants | 2c | | 1 | | | |
| d | Other (Describe in Part XIII.) | 2d | | 1 | | | |
| e | Add lines 2a through 2d | | | 2e | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 1 1 | | | | | |
| a . | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | | | |
| c | Add lines 4a and 4b | | | 4c | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | | | |
| Part | | | With Expenses o | | lurn. | | |
| . are | Complete if the organization answered "Yes" on Form 990, | | | ٠. ٠.٠٠ | | | |
| 1 | Total expenses and losses per audited financial statements | | •, III - 12a. | 1 | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | - - | | | |
| | Donated services and use of facilities | 2a | | | | | |
| a | Prior year adjustments | 2b | | -{ | | | |
| b | Other losses | 2c | | - | | | |
| C | | - | | - | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | |
| e | Add lines 2a through 2d | | | 2e | | | |
| 3 | Subtract line 2e from line 1 | 1 1 | | 3 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | ١. ا | | | | | |
| 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 | | | 4c | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir | e 18) | · | 5 | | | |
| | XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an | - 1 4 D | art IV Junes 1b and 0 | h Dort | V line 4 Dort V line | | |
| | e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1 kg. III and 4 kg. III and 1 k | | | | | | |
| 2, Fai | . Al, lines 20 and 40, and Fart All, lines 20 and 40. Also complete this part | to pro | wide any additional i | | tion. | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

w.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

06-0258842 B.P.O. of the Elks of the U.S.A. Inc. Form 990, Part VI, Line 6 - The organization had 278 members st the start of the fiscal year and 264 at its end. Form 990, Part VI, Line 7a & b - All currently paid members have the right to elect members of the governing body at the annual election of officers. Any currently paid member is entitled to participate in all Regular and Special meetings of the Lodge and at such meetings can ratify, change, modify or override the decisions of the governing body (composed of the Trustees and Exalted Ruler, Esteemed Leading Knight, Esteemed Loyal Knight and Esteemed Lecturing Knight) of the Lodge. Form 990 Part VI Line 11b - Form 990 was reviewed by the governing Body of the organization with the return preparer at its annual meeting Form 990 Part VI Line 19 - Governing documents and financial statements are available for review by the public upon written request at the address of the Treasurer.