22.5	
15	
9	
_	

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)

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

▶ Do not enter social security numbers on this form as it may be made public Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 19 March 31 April 01 D Employer identification number C Name of organization Benevolent and Protective Order of Elks #115 Check if applicable 23-0400960 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/surte E Telephone number Name change Initial return 610-334-4499 P.O. Box 15065 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 7549.76 Amended return Reading, PA 19612-5065 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo Application pending Allyn L. Swavely H(b) Are all subordinates included? Yes No 3217-B Garfield Avenue Reading, PA 19605 If "No," attach a list. (see instructions) Tax-exempt status √ 501(c) (8)
√ (insert no.)
√ 4947(a)(1) or readingelks115@hotmail.com Website: ▶ H(c) Group exemption number ▶ 1156 Form of organization 🔽 Corporation 🔲 Trust 🔲 Association L Year of formation 1890 M State of legal domicile PA Part I Briefly describe the organization's mission or most significant activities: To aid in the care and treatment of crippled children and the needs of the community. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary)

Total unrelated business revenue from Part VIII Column (C), line to ECEIVED 6 6 20 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 38 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) - 0 3 '19 8 10820.75 7549.76 Revenue Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1254.00 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (2) 12 12074.75 7549.76 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17273.15 11037.82 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 17273.15 11037.82 Revenue less expenses. Subtract line 18 from line 12 19 5198.40) (3488.06)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4626.56 8114.62 21 Total liabilities (Part X, line 26) . . . 0.00 0.00 22 Net assets or fund balances. Subtract line 21 from line 20 8114.62 4626.56 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. M 6/26/19 Sign Signature of office Here Allyn L. Swave ECRETARY Type or print name and title Date Print/Type preparer's name Preparer's signature Check [f Paid self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Cat. No 11282Y

Phone no.

Yes No Form 990 (2018)

om 99	D (2018)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
•	To aid in the care and treatment of crippled children and the needs of the community.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	

Form 990 (2018)

Part	Checklist of Required Schedules			r
	1 H	<u> </u>	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		7
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		1
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		1
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		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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
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		1
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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 " """ and if the organization answered ""No." to line 120, then completing School to D. Posts VI and VII is entirely	106		/
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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
20 a	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	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		

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		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	1
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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		1
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		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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	

Form **990** (2018)

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)		·-··········	-3
			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 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لبا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			1
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	4a		V
þ	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		7
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
O.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
	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		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	·		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		!
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		— <u>i</u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
	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.			
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			

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Socti	on A. Governing Body and Management	<u> </u>	•	
Section	on A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1g		res	NO
ıa				\ <u> </u>
	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			
2				
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
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?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ļ
_	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:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	<u> </u>
13	Did the organization have a written whistleblower policy?	13	✓	ļ
14	Did the organization have a written document retention and destruction policy?	14	✓	L,
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	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	40-		اــِــا
_	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			
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 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ 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 financial statements available to the public during the tax year.		•	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	Allyn L. Swavely, Secretary P.O. Box 15065 Reading, PA 19612-5065 610-334-4499			

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 no	or any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(don	ot ch		more	e than c	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	erson	is both	an	Reportable	Reportable	Estimated amount of
	hours per week (list any				_	or/trust		compensation from	compensation from related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ect a	ito	4	l ag	est c	₫	(W-2/1099-MISC)		organization
	below dotted	1 2	Ĭ Ē	}	loye	ğ				and related organizations
	inie)	stee	T St		0	Jens.				organizations
			8			at ed				
(1) Ann Marie Thurber	1.50									
Exalted Ruler	1.50	ĺ		1	ŀ			0.00	0.00	0.00
(2) Brenda L. Spencer	1.50		<u> </u>		T-			0.55	0.00	0.00
Esteemed Leading Knight	1.50	1	1	1]		0.00	0.00	0.00
(3) Joseph G. McCarthy	1.50									
Esteemed Loyal Knight	1.50	1		✓				0.00	0.00	0.00
(4) Timothy M. Antosy	1.50									
Esteemed Lecturing Knight	1.50		L	✓		<u></u>		0.00	0.00	0.00
(5) Allyn L. Swavely	1.50									
Secretary	1.50		<u> </u>	✓	<u> </u>	<u> </u>		0.00	0.00	0.00
(6) Barbara A. Rowlands	1.50			i	ł					
Treasurer	1.50			✓	<u>L</u> .			0.00	0.00	0.00
(7) David C. Sassaman	1.50									
Trustee - One Year	1.50	✓		_	<u> </u>	ļ	L_	0.00	0.00	0.00
(8) Thomas J. Spencer	1.50									
Trustee - Two Year	1.50	✓	<u> </u>	<u> </u>	 			0.00	0.00	0.00
(9) Elwood J. Oxenreider	1.50	,	ļ	1	ł					
Trustee - Three Year	1.50	✓	\vdash		ļ —			0.00	0.00	0.00
(10) William R. Thurber	1.50	1			1					
Inner Guard	1.50	-	├	\vdash	-		-	0.00	0.00	0.00
(11) Angel L. Torres	1.50 1.50	1			1			0.00	0.00	0.00
Chaplain (12)	1.50	- -	╁	\vdash	 		\vdash	0.00	0.00	0.00
(14)										-
(13)										
(14)	1			_						
			<u> </u>						li	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directu	untes	s pe	ition more	than coth is the both is both employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation froi related organizations (W-2/1099-MISC	oth compe	nated unt of ner nsation i the zation elated
(15)						-						
(16)												
(17)												
(18)												
(19)											<u> </u>	···
(20)			<u> </u>	_								
											<u> </u>	
(21)												
(22)												
(23)												
(24)												
(25)										•		
1b c d	Sub-total			· ·		 	· ·	▶ ▶	0.00 0.00 0.00		0	0.00 0.00 0.00
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$100,0	000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direc						-	oloyee, or high	-		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Ye	s, "	complete Sch	edule J for si		
5	Did any person listed on line 1a receive of for services rendered to the organization?											
Section	on B. Independent Contractors								•			
1	Complete this table for your five highest compensation from the organization. Repyear.											n's tax
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensa	tion
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Par	VIII	Statement of Revenue				D-4 \ (III)		
		Check if Schedule O co	ntains a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts	1a	Federated campaigns .	1a					···
Grants nounts	b	Membership dues	1b	5402.60				
S, E	С	Fundraising events	1c					
ar /	d	Related organizations .						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribu	ıtions) 1e		•			
	f	All other contributions, gifts,	grants,					1
き		and similar amounts not included	d above 1f	2147.16				
ntri d O	g	Noncash contributions included in	tines 1a-1f \$					
S E	h	Total. Add lines 1a-1f .		▶	7549.76			
- ea			-	Business Code				
ven	2a	***************************************						
æ	ь		i					
vice	C							
Sen	d							
E	е							
Program Service Revenue	f	All other program service						
<u> </u>	g	Total. Add lines 2a-2f .						
	3	Investment income (incl						
		and other similar amounts						
	4	Income from investment of t	•					
	5	Royalties				······································		
	_	. –	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses			}			
	C	Rental income or (loss)						
	d	Net rental income or (loss	Securities	> (ii) Other	1			
	7a	Cross amount from sales of assets other than inventory			·			<u>'</u>
	_	Less: cost or other basis						
	b	and sales expenses .			}			
	С	Gain or (loss)				i.		
	d			•				
		1101 gaill of (1000)						
nue	8a	Gross income from fundra	aisıng				w	
Other Reven		events (not including \$						
Ř		of contributions reported or	-	ļ				
he		,	···a		}			
δ		Less: direct expenses .			<u>'</u>			
		Net income or (loss) from Gross income from gaming		events . ►				
	34	See Part IV, line 19				r		
			- +				-	
		Loss, direct expenses .		/ities ▶			 	, ',
		Net income or (loss) from Gross sales of invent		illes	-			
	140	returns and allowances	· · · a		'	•		6 I
	b	Less: cost of goods sold						
		Net income or (loss) from		ntory				
	-	Miscellaneous Reven		Business Code		-		
	11a			Eddiness Cour				
	b							
	C							
	d	All other revenue				·		
İ	• •	Total. Add lines 11a-11d		•				i
	12	Total revenue. See instru			7549.76	· ·		

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									
	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								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				-				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salanes and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
a	Management								
b	Legal	655.00		655.00					
c d	Lobbying	655.00	-	655.00					
e	Professional fundraising services. See Part IV, line 17				······································				
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses	352.06		352.06					
14	Information technology								
15	Royalties				· · · · · · · · · · · · · · · · · · ·				
16 17	Occupancy								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	2500.00		2500.00					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .			<u> </u>					
23	Insurance	803.00		803.00	0000				
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									
b									
C									
d									
е	All other expenses	6727.76		6727.76					
25	Total functional expenses. Add lines 1 through 24e	11037.82		11037.82					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8114.62	1	4626.56
İ	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
-	5	Loans and other receivables from current and former officers, directors,			, ,
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and			4
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
छ		organizations (see instructions). Complete Part II of Schedule L		6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			1
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	·
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8114.62	16	4626.56
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Š	22	Loans and other payables to current and former officers, directors,	``		
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			l
S		complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		
lan	27	Unrestricted net assets	8114.62		4626.56
Ba	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	8114.62		4626.56
	34	Total liabilities and net assets/fund balances	8114.62	34	4626.56 Form 990 (2018)
					rom 330 (2018)

Form 99	00 (2018)			Pa	ıge 12
Par	XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49.76
2	Total expenses (must equal Part IX, column (A), line 25)	2			37.82
3	Revenue less expenses. Subtract line 2 from line 1	3		(3488.06)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8114.62	
5	Net unrealized gains (losses) on investments	5		0.00	
6	Donated services and use of facilities	6			0.00
7	Investment expenses	7 0.00			
'8	Prior period adjustments	8			0.00
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		46	26.56
Part	XII Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	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," exp Schedule O.	laın in		v	
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 compreviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		-		لـــا
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.	d 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 own of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, extra	ntant?	2c	✓	(

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2018)

За

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Benevolent and Protective	Order of Elks #115	23-0400960
Part IX Line 24e		
Dignitary Entertainment	139.81	
Dues	2028.75	
Elks National Foundation	553.00	
Fees	450.00	
Home Service	270.00	
Legacy Trust Fund	150.00	
Misc.	1214.47	
P.O. Box	214.00	
Postage	220.80	
Storage Unit	933.00	
Supplies	463.93	
Veterans	90.00	
••••		
TOTAL	6727.76	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
•	
	•

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

23-0400960

Department of the Treasury Internal Revenue Service Name of the organization

Benevolent and Protective Order of Elks #115

► Attach to Form 990 or 990-EZ.

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

Part VI Line 02	Ann Marie Thurber, Exalted Ruler and William R. Thurber, Inner Guard are husband and wife.
	Brenda L. Spencer, Esteemed Leading Knight and Thomas J. Spencer, Trustee - Two Year are husband and wife.
Part VI Line 06	The organization is made up of general members.
Part VI Line U/a	The governing body are elected by a vote of the general membership.
Part VI Line 07b	The decisions of the governing body are subject to approval by the general membership.
Part VI Line 11b	The Form 990 is reviewed by the Auditing Committee and given to the general membership for questions and approval.
Part VI Line 12c	All officers are reviewed periodically to ensure there is compliance with this policy.
Part VI Line 19	Governing documents, conflict of interest policy and financial statements are made available to the general membership by
	contacting the Secretary or Exalted Ruler and making arrangements with them to review the requested documents.
	,
	•••••••••••••••••••••••••••••••••••••••
	······································

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
	,	
	······	
	·	
		
		
	·	-
		·
		·
		