efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493169001399 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 D Employer identification number B Check if applicable BENE & PROTECT ORDER ELKS # 50 ☐ Address change 38-2615821 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code KALAMAZOO, MI  $\,$  49019 G Gross receipts \$ 740,086 F Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) ( 8 ) ◀ (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1905 Summary 1 Briefly describe the organization's mission or most significant activities FRATERNAL CHARITABLE ORGANIZATION Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 5 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 639,626 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,520 5,021 Ravenua 467,880 546,477 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 126,996 113,659 603,398 665,159 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **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) 206,198 226,607 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 421,873 435,277 628,071 661,884 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -24,673 3,275 Net Assets or Fund Balances Beginning of Current Year 523,779 482,521 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 116,450 71,917 22 Net assets or fund balances Subtract line 21 from line 20 407,329 410,604 Signature Block 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 2019-06-17 Signature of officer Sign Here MARTHA OHARA TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-06-18 P01200305 Paid self-employed Firm's name RS & Associates CPAs Firm's EIN ► 83-1562891 Preparer Use Only Firm's address ≥ 2970 S 9th Street Suite 2 Phone no (269) 375-2875 Kalamazoo, MI 49009 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	nt III Statement	of Program Service	e Accomplisi	nments		_
	Check If Sche	edule O contains a respoi	nse or note to a	ny line in this Part III .		$\square$
1	Briefly describe the o	organization's mission				
FRAT	ERNAL CHARITABLE C	PRGANIZATION				
2	<del>-</del>	undertake any significar				П., П.,
	·	or 990-EZ?				☐ Yes ☐ No
_	•	ese new services on Scho				
3	<del>-</del>	cease conducting, or ma	-	-	cts, any program	
						☐ Yes ☐ No
	If "Yes," describe the	ese changes on Schedule	e O			
4	Section 501(c)(3) an		ns are required	to report the amount o	largest program services, as measui f grants and allocations to others, th	
4a	(Code	) (Expenses \$	661,884	including grants of \$	) (Revenue \$	)
	See Additional Data		·		• •	·
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Schedul	le O )			
Tu	(Expenses \$	`	ie O <i>)</i> iding grants of :	\$	) (Revenue \$	)
4e	Total program serv		661,8	*	*	·
<u> </u>	p		222/0			Form <b>990</b> (2018)

15

16

19

21

	·			
Pa	t IV Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?			

8

Νo

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<sup>7</sup>If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

Nο Nο

Yes

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

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permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a 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 11h 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

**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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

	8)			Page
Part IV C	Checklist of Required Schedules (continued)			
			Yes	No
	organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ner officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		No
the last	organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and e Schedule K If "No," go to line 25a	24a		No
<b>b</b> Did the o	organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	organization maintain an escrow account other than a refunding escrow at any time during the year se any tax-exempt bonds?	24c		
<b>d</b> Did the o	organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Did the o	501(c)(3), 501(c)(4), and 501(c)(29) organizations.  organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"  e Schedule L, Part I	25a		
that the	ganization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  complete Schedule L, Part I	25b		
former o	organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or ifficers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  complete Schedule L, Part II	26		No
contribut	organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial tor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member f these persons? If "Yes," complete Schedule L, Part III	27		No
	organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ons for applicable filing thresholds, conditions, and exceptions)			
a A curren	t or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
<b>b</b> A family Part IV	member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
	y of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
<b>9</b> Did the o	organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation tions? If "Yes," complete Schedule M	30		No
<b>1</b> Did the o	organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  complete Schedule N, Part II	32		No
	organization own 100% of an entity disregarded as separate from the organization under Regulations sections 1-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and ne 1	34		No
<b>5a</b> Did the (	organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	o line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity ne meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6 Section organiza	<b>501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related tion? If "Yes," complete Schedule R, Part V, line 2	36		
	organization conduct more than 5% of its activities through an entity that is not a related organization and that d as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
	organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> 990 filers are required to complete Schedule O	38	Yes	
Part V S	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
1a Entarth	e number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

9h

12a

13a

14a

14b

15

No

Nο

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10a

10b

11a

11b

12b

13b

13c

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a 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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

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Governance, Management, and Disclosure For each "Yes" response to li 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI.	Schedule (	See instructions			lines
Section A. Governing Body and Management					
				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax y	<sup>rear</sup> 1a	5	5		
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 similar committee, explain in Schedule O					

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	5		
	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	5	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?		pers, stockholders, or	<b>7</b> b	Yes	
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ıred t	y the Internal Revenu	e Cod	e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt policies.			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a	Yes	
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		No

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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		No
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? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
Ь	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
	Light the States with which a carry of this Form 200 is required to be filed.			
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 interest			

policy, 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 records ►MARTHA OHARA PO BOX 19585 KALAMAZOO, MI 49019 (269) 552-5391

Name and Title

Part VII

(F)

Estimated

Reportable

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, 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

Position (do not check more

- 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"

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

Average

- organization and any related organizations • List all of the organization's former officers, key employees, or 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 Li Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B) (D) (A) (E) Reportable

Name and Tide	hours per week (list any hours for related	than o	ne bo	ox, ι n of or/t	unle: ficer rust	and a	son	compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations		
(1) CARL HAGENBAUGH	5 00	v		,					0			
BOD TRUSTEE	0 00	Х		X				0	0	0		
(2) JERRY RUCHA	5 00											
BODTRUSTEE	0 00	Х		X				0	0	0		
(3) TERRY GREER	5 00									_		
BOD TRUSTEE	0 00	Х		Х				0	0	0		
(4) CARL HAGENBAUGH	8 00									_		
BOARD CHAIRMAN	0 00	Х		X				0	0	0		
(5) RICHARD YINGLING	5 00											
LEADING KNIGHT	0 00	Х		X				0	0	0		
(6) WILLIAM BILYK	5 00			,,								
LOYAL KNIGHT	0 00			×				0	0	0		
(7) MARY LUCE ANDERSON LECTURING KNIGHT	5 00			х				O	0	0		
(8) TERRY GREER EXHALTED RULER	5 00			х				0	0	0		
(9) MARTHA OHARA	15 00			х				0	0	0		
TREASURER	0 00 20 00											
(10) MARTHA OHARA SECRETARY	0 00			x				1,800	0	0		
						•				Form <b>990</b> (2018)		

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Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntınued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, un of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	,	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	, -, -, -, -, -, -, -, -, -, -, -, -, -,	organization and related organizations
				$\vdash$			$\vdash$			


1b Sub-Total		<b>&gt;</b>				
a Tatal from continuation about to D	ant VIII Cantian	- ⊾ □				

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶ [			
d Total (add lines 1b and 1c)				<b>&gt;</b>	1,800	0	0

1b Sub-Total		 ٠.	٠.	l	<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	▶[						
J =						4 000	٥	^

						<u> </u>				
Lb Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						▶		1,800	0	0

lb Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Pa	art VII <b>, Section</b>									
d Total (add lines 1b and 1c)						•	1,800	0	0	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

1b	1b Sub-Total										
С	c Total from continuation sheets to Part VII, Section A										
d	Total (add lines 1b and 1c)						▶		1,800	0	0
2	Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$	100,000	

1b	Sub-Total						<b>&gt;</b>				
С	c Total from continuation sheets to Part VII, Section A										
d	Total (add lines 1b and 1c)						<b>&gt;</b>	1,800	0	0	
2											

c '	Total from continuation sheets to Part VII, Section A	<b>&gt;</b>					
ď	Total (add lines 1b and 1c)		•	1,800	0	0	
2	Total number of individuals (including but not limited to those lift of reportable compensation from the organization $\blacktriangleright$ 0	ıstec	d abov	e) wh	no received more than	\$100,000	

	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 0			
			Yes	No

-				
d ·	Total (add lines 1b and 1c)	0		C
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1s, is the sum of reportable compensation and other compensation from the			

a 1	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

	(A)	(B)		(C	)					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year									
Se	Section B. Independent Contractors									
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization of services rendered to the organization? If "Yes," complete Schedule J for such person		5		No					
	ındıvıdual		4		No					

	services rendered to the organization? If "Yes," complete Schedule J for such person		;	No						
Se	ection B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year									
	(A) Name and business address	(B) Description of services	(C Comper							

1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractions.		nsation
	(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶	eceived more than \$100,000 of	

Form **990** (2018)

		Ctata as a set of											rage 3
Part	VIII	Statement of		- roene	nco or r	oto to any	ı lına ın th	us Dort VIII					
		Check If Schedul	e o contains	a respo	onse or r	lote to ally	(/	<b>A)</b> evenue	Rel e: fu	(B) ated or kempt nction	(C) Unrelat busine revenu	ed ss	(D)  Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a					re	venue			512 - 514
nts nts		• Membership dues		1b		4,187							
Gifts, Grants illar Amounts		Fundraising events		1c		1,107							
S, C An		Related organizatio		1d									
좕		Government grants (co		10 1e									
im:		All other contributions		_ ie									
tior sr S	'	and similar amounts n		1f		834							
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a - 1f \$											
<u>ರ ಕ</u>	ŀ	<b>h Total.</b> Add lines 1a	-1f	•		•		5,021					
le						Business	Code						
Program Service Revenue	<b>2</b> a	GOLF COURSE AND CLU	JBHOU				713910	5	46,477	16,	.394	530,08	33
æ	ь			_									
AC E	c			_									
Ser	d												
an	e												
ogr	f	All other program se	rvice revenue	!	ļ		L 546,477						
₫.	g-	<b>Total.</b> Add lines 2a-2	2f	•	<b>&gt;</b>		340,477						
		investment income (i imilar amounts) .			nterest,	and other			2	2			
		income from investm			ond proc	eeds •							
		Royalties					•						
			(ı) Rea			Personal							
	6a	Gross rents		3 500									
	b	Less rental expenses		3,500									
	_	·											
	c	Rental income or (loss)		3,500									
	d	Net rental income o	r (loss)				┪	3,50	0	105		3,395	
			(ı) Securit			Other	1						
	7a	Gross amount from sales of					1						
		assets other than inventory											
							_						
	D	Less cost or other basis and sales expenses											
	c	Gain or (loss)					-						
		Net gain or (loss)		•		<b>•</b>	7						
	8a	Gross income from f											
Other Revenue		(not including \$ contributions reporte		of									
₹		See Part IV, line 18		а									
Re		Less direct expense		b									
her		Net income or (loss)		_	ents .	• •							
o		Gross income from g See Part IV, line 19		ies									
				а									
		Less direct expense		b									
		Net income or (loss)		activit	ies .	. •							
	TUa	Gross sales of invent returns and allowand											
				а		182,539							
	b	Less cost of goods s	sold	b		74,927	<u>'</u>						
	С	Net income or (loss)		invent				107,61	2	3,248		104,364	
	11.	Miscellaneous	Revenue		Busin	ess Code 90009	10	17	2	5		167	
	-1	<b>a</b> MISC				30009		17	-	э		107	
	L				•	90009	10	70	R R				708
	ь	INSURANCE CLAIMS	5			90009	7.7	/0					708
						90009	10	1.00	7	50		1 647	
	С	FUEL TAX REFUNDS				90009	9	1,66	<b>'</b>	50		1,617	
		All II							1				
		All other revenue .  Total. Add lines 11a				<b>.</b>	1						
						•		2,54	7				
	12	Total revenue. See	Instructions	• •		<u> </u>		665,15	9	19,804		639,626	708
													Form <b>990</b> (2018)

orr	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	elete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> – – </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,800	1,800		
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	Other salaries and wages	191,469	191,469		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	33,338	33,338		
11	Fees for services (non-employees)				
ä	a Management				
ı	Legal				
•	c Accounting	3,800	3,800		
•	d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	61,893	61,893		
12	Advertising and promotion	1,470	1,470		
13	Office expenses	634	634		
	Information technology				
	Royalties	452.072	452.272		
	Occupancy	153,373	153,373		
	Travel	1,171	1,171		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	2.24	2.242		
	Interest	2,043	2,043		_
	Payments to affiliates	1,496	1,496		
	Depreciation, depletion, and amortization	65,318 11,084	65,318 11,084		
	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)	11,004	11,004		
	a EQUIPMENT RENTAL	33,739	33,739		
	b LICENSES & PERMITS	2,020	2,020		
	c MAJOR PROJECTS	611	611		
	d GOLF COURSE EXPENSES	96,625	96,625		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	661,884	661,884	0	0
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)				

Forn	n 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			83,963	1	96,644
	2	Savings and temporary cash investments .		[	5,893	2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited er	mployees Complete		5	
Assets	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	3(c)(3)(B), and of section 501(c)(9)		6		
se	8	Inventories for sale or use	16.052	8	18.301		
As	9	Prepaid expenses and deferred charges	8.726	9	12,639		
	-	Land, buildings, and equipment cost or other	 I	'  -	0,720	9	12,033
	104	basis Complete Part VI of Schedule D	10a	1,670,277			
	ь	Less accumulated depreciation	10b	1,319,621	404,864	10c	350,656
	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		[	4,281	15	4,281
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	523,779	16	482,521
	17	Accounts payable and accrued expenses			38,859	17	16,526
	18	Grants payable			18		
	19	Deferred revenue			41,119	19	31,360
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	

Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 36,472 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24)

24,031 Complete Part X of Schedule D 116.450 71,917 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets 407.329 410.604 27 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29

Organizations that do not follow SFAS 117 (ASC 958),

30

31 32

33

34

410,604

482,521

Form **990** (2018)

407,329

523,779

Assets or Fund Balances check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

31

32

33 34

Net .

Form	990 (2018)				Page <b>12</b>
Pai	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
_		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			665,159
2	Total expenses (must equal Part IX, column (A), line 25)	2			661,884
3	Revenue less expenses Subtract line 2 from line 1	3			3,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			407,329
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			410,604
Pa	tXII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**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

0\_\_\_

Form **990** (2018)

3b

## Additional Data

Software ID:

Software Version: **EIN:** 38-2615821

Name: BENE & PROTECT ORDER ELKS # 50

OUTINGS, VISITS AND LUNCHES FOR FORGOTTEN VETERANS

Form 990 (2018)

Form 990, Part III, Line 4a: A - MAJOR PROJECTS FUNDS - ASSISTANCE TO CHILDREN, HELPING THE IMPAIRED, TUTORING, HOLDIAY DONATIONS TO LOCAL FAMILIES, VETERANS AND CHARITIESB -YOUTH ACTIVITIES - SPONSOR ATHLETIC EVENTS, HALLOWEEN AND CHRISTMAS PARTIESC - FLOWERS SENT TO FAMILIES WHEN MEMBERS PASS AWAY, SPONSOR

**SCHEDULE D** 

(Form 990)

**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.

DLN: 93493169001399 OMB No 1545-0047

Open to Public

		► Attach to Form 990.	Open to Public
	al Revenue Service   ► Go to <u>www.irs.c</u> me of the organization	gov/Form990 for the latest information.	Inspection Employer identification number
	NE & PROTECT ORDER ELKS # 50		Employer identification fidiliber
	Our district Maintaining Dans Addit	in de la Cinila Europe	38-2615821
120	Organizations Maintaining Donor Advi Complete of the organization answered "Ye		or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
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 advisor organization's property, subject to the organization's ex		dvised funds are the
6	Did the organization inform all grantees, donors, and dicharitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if the	he organization answered "Yes" on For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreatio	n or education)	n historically important land area
	Protection of natural habitat	☐ Preservation of a	certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the fo	rm of a conservation
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	, ,	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register		2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)^2$	) above satisfy the requirements of section 1	.70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial stat	
Pai	Organizations Maintaining Collections Complete of the organization answered "Ye		ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its revenue st public exhibition, education, or research in	
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
(	ii)Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		ancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	1111	Organizations Ma	aintaining Collections	of Art, I	<u> Histori</u>	ical T	reası	ires, oi	r Other	Similar A	ssets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accession, and oth	er records,	, check	any of	the fo	llowing t	that are a	significant	use of its o	collection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			e		Othe	r					
C		Preservation for future	e generations										
4	Provid Part X		organızatıon's collections aı	nd explain	how the	ey furtl	her the	e organiz	zation's e	xempt purpo	ose in		
5			anızatıon solicit or receive o nds rather than to be maint							nılar	☐ Yes		No
Pai	rt IV		odial Arrangements. ganızatıon answered "Ye	es" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on Fo	rm 990	, Part
1a		e organization an agent ded on Form 990, Part I	, trustee, custodian or othe X?	r intermed	liary for	contri	bution	s or othe	er assets	not	☐ Yes	□ r	No
ь	If "Ve	es " explain the arrange	ement in Part XIII and comp	olete the fo	llowing	table					Amount		_
c		ining balance	ement in Fart Alli and Comp	olete tile it	Mowning	table			1c		anount		_
d	_	ions during the year							1d				_
е		butions during the year	r						1e				
f		ig balance							1f				_
<b>2</b> a		_	an amount on Form 990, P	art X, line	21, for	escrov	v or cu	ıstodıal a	account li	ability?	☐ Yes		No
b	If "Ye		ement in Part XIII Check he										
Pa	rt V	Endowment Fun	<b>ds.</b> Complete if the orga										
4 -	D		(a)Curr	ent year	<b>(b)</b> P	rior yea	ır	<b>(c)</b> Two y	ears back	(d)Three ye	ars back (	<b>e)</b> Four yea	ars back
	-	ing of year balance .											
		outions	as and losses										
		estment earnings, gair					_						
		or scholarships expenditures for facilitie					_						
		ograms	es										
f	Admını	strative expenses .											
g	End of	year balance											
2 a		de the estimated perce d designated or quasi-e	ntage of the current year e	nd balance	(line 1	g, colu	mn (a	)) held a	ıs	1	•		
ь	Perma	anent endowment 🕨											
С	Temp	orarily restricted endov	wment <b>&gt;</b>										
	The p	ercentages on lines 2a	, 2b, and 2c should equal 1	00%									
3а			not in the possession of the	e organizat	tion tha	t are h	eld an	d admın	istered fo	r the			
	-	nization by									3a(	Yes	No
	• •	nrelated organizations .elated organizations .				•					3a(	-	+-
ь		<del>-</del>	lated organizations listed as	required	on Sche	dule R	. ?				. 31		+-
4			ended uses of the organizat										
Pai	rt VI	Land, Buildings,											
		· · · · · · · · · · · · · · · · · · ·	ganization answered "Ye										
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost	or other	basis (	other)	(c) Acc	umulated (	depreciation	(d	) Book val	ue
1a	Land		106,83	4									106,834
	Buildin		831,14	.9						701,059			130,090
		old improvements											
		nent	687,40	7			6,385			584,712			109,080
			33,77	75			4,727	<b>†</b>		33,850			4,652

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

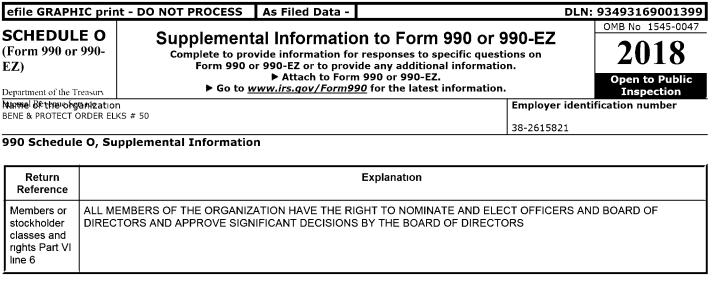
	Form 990) 2018			Page
Part VII	<b>Investments—Other Securities.</b> Complete if the organise Form 990, Part X, line 12.	anızatı		
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	l derivatives	·		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9'			ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	( <b>b)</b> Boo	ok value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes' o	n Form	000 Par	+ IV line 11d See Form 990 Part V line 15
(1) LIQUOR	(a) Description		1 2 2 0 7 1 0 1	(b) Book value 4,28:
(2)	EICENSE			4,20.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				4,28
Part X	<b>Other Liabilities.</b> Complete if the organization answerd See Form 990, Part X, line 25.	eu re		
1. (1) Federal :	(a) Description of liability	+	( <b>b</b> ) Bo	ook value
(2)				
(3)				
(4)				
(5)		+		
(6)		+		
(7)		+		
(8)		+		
(9)		+		
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		
	or uncertain tax positions In Part XIII, provide the text of the foods			
organization	a nability for uncertain tax positions under FIN 48 (ASC 740). Cr	ieck ne	e ii trie i	text of the roomote has been provided in Part XIII

1

Page 4

2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit	ties	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII ) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .		4b		
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari	•	per Return.	
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII ) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18	)	5	
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018



Return Explanation

Member election for additional members Part VI line 7.2.

Return Explanation
Reference

Governing body	ALL MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO APPROVE THE ELECTION OR REMOVAL OF THE BOARD OF DIRECTORS AND OFFICERS AND APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS
decisions	
Part VI line	
7b	

Return Explanation

Form 990	FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BY THE TREASURER THE BOARD OF DIRECTORS HA
governing	S THE OPPORTUNITY TO COMMENT AND QUESTION BEFORE THE FORM 990 IS FILED
body review	
Part VI line	
11	

Return Explanation

Reference COMPENSATION FOR THE ORGANIZATIONS TREASURER AND SECRETARY IS DETERMINED BY THE BOARD OF

15b

Other officer or key employee compensation Part VI line COMPENSATION FOR THE ORGANIZATIONS TREASURER AND SECRETARY IS DETERMINED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Explanation

Reference

Governing	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL
documents	STATEMENTS AVAILABLE TO THE PUBLIC
etc available	
to public Part	
VI line 19	