	1 5 2021
	SCANNED MAR 1 5 2021
20,00	SCAN
MARIL	
501110	SCANNED M
. (	2 4 0

		99	n l	Return of Org	anization <b>E</b>	Exempt	Fron	ı Ince	ome Ta	ax	OMB No 15	45-0047
	Forn	J				-					201	18
				Under section 501(c), 527, or 4								
	Depa	rtment of	the Treasury	▶ Do not enter social						ic.	Open to Inspec	
			e Service	► Go to www.irs.go								шоп
				dar year, or tax year beginning	April 1,		018, and	ending	Mar	Ch 31	, 20 19 r identification n	umber
_				Name of organization Benevolent		er of EIKS #	248 Inc			D Employe		
0	$\overline{}$	Address	_	Number and street (or P O box if ma		street address	) B	oom/suite		E Telephone	39-1735837 a number	
)~	$\overline{}$	Name ch	-		an to riot converses to		″   ¨			1	715-845-5602	
	_	Initial retu		114 SCOTT STREET  City or town, state or province, coun	trv. and ZIP or foreign	n postal code					713-043-3002	
	=	rınaı retun Amendec		VAUSAU WI 54403	. , ,					G Gross red	eipts \$	622,702
	_		_	Name and address of principal office	r			1	H(a) Is this a o		bordinates? Yes	
	_	Application	,	DAM DOEDE, same address as				Xh			included? Yes	
		Tay-eyen	npt status		8 ) ◀ (insert no	) 4947(a)(	1) or 7	527			ist (see instruction	
-	`.I.	Website:		wausauelks com		,			H(c) Group	exemption n	umber 🕨	1156
02	K			Corporation Trust Associate	ion ☐ Other ►		L Year of	formation	<u> </u>	<del></del>	f legal domicile	WI
7		art I_	Summa			1.						
C		_	Briefly des	cribe the organization's missi	on or most signi	ficant activ	ities: 1	he orga	nization ca	arried out t	he mission of	the
_	ė			t & Protective Order of Elks of t								
MAR	Activities & Governance			ostering patriotism to the USA								
$\geq$	ern	2	Check this	s box ▶□ if the organization o	discontinued its	operations	or dispo	sed of	more than	125% of it	s net assets.	
	Š			f voting members of the gover						3		9
Ш	×			findependent voting member				e 1b)		4		9
Z	ies	5	Total numb	ber of individuals employed in	calendar year 2	018 (Part V	, line 2a	ı)		5		41
Z	Ĭ			ber of volunteers (estimate if r						6		205
¥	Ac	7a	Total unrela	lated business revenue from F	Part VIII, column	(C), line 12				7a		0
SCANNED				ted business taxable income						7b		0
U)									Prior Ye	ear	Current Y	ear
	a)	8	Contributio	ons and grants (Part VIII, line	1h)					114,060		183,096
	Revenue			ervice revenue (Part VIII, line 2						11,197		9,490
l	eve		-	t ıncome (Part VIII, column (A)		7d)				367		377
4	œ	11	Other reve	nue (Part VIII, column (A), line		-41,361						
=				nue-add lines 8 through 11 (m				12)	_	102,183		151,602
=		13	Grants and	d similar amounts paid (Part I)	(, column (A), lin	es 1–3)				27,312		34,118
`		14	Benefits pa	aid to or for members (Part IX	, column (A), line	e 4)			24,624			21,870
Ú	ģ	15	Salaries, oti	ther compensation, employee b	enefits (Part IX, c	olumn (A), I	lınes 5–1	0)		11,869		3,044
0	Expenses	16a	Profession	al fundraising fees (Part IX, co	olumn (A), line 1	1e)						
<b>J</b>	ç	b	Total fundr	raising expenses (Part IX, colu	ımn (D) Hipe 25)	Protest and	·			A TOMA	Children and and a	深, 斯克
<b>⊣</b>	ĺÚ	17	Other expe	enses (Part IX, column (A), line enses Add lines 13–17 (must e	s 11a-11d, 116	EDIN C	ORRE!	s 📙		73,265		71,189
$\sim$		18	Total expe	nses Add lines 13-17 (must e	equal Part IX, co	lumn (X); hi	n <b>e(</b> 25)			137,070		130,221
		19	Revenue le	ess expenses Subtract line 18	3 from line 12	· · · · · ·	<u> </u>			-34,887		21,381
-	es o				ret	3 1 3 207	20	Beg	ginning of Cu	rrent Year	End of Ye	ar
	Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)		•		<u> </u>		232,571		270,723
	d As			ities (Part X, line 26)	· · · OGE	DEN. UTA	٠ m.	·		163,981		180,752
	_			or fund balances Subtract li	ne 21 from line 2	0	<u> </u>		·	68,590		89,971
		irt II		ire Block								
	Uni	der penal	ties of perjury	I declare that I have examined this re	etum, including accor	mpanying sch	edules an	d stateme	nts, and to t	he best of my	knowledge and	belief, it is
	true	e, correct	and complete	e Declaration of preparer (other than	onicer) is based on a	II Imormation	or which p		as any knowi	euge		
				VI WW								<del></del>
	Sig		Signatu	ure of officer	c 1. 1	<b>.</b> ,			Da		_	
	He	re		lam Doede	Exalted	Kuler				6-28	-2019	
			<u> </u>	or print name and title		<del></del>		- T			L STILL	
	Pa	id	Print/Type	e preparer's name	Preparer's signature			Date		Check [		
		pare	r			<del></del>				self-emplo	oyed	
		e Only	L -	me ►						n's EIN ▶		<del></del>
		•	Firm's add		<del></del>				Pho	ne no	——————————————————————————————————————	
				this return with the preparer s		ee instructi	ons) .		<u></u>		Yes	
	For	Paperw	ork Reduct	tion Act Notice, see the separat	e instructions.			Cat No	11282Y		Form S	990 (2018)

For Paperwork Reduction Act Notice, see the separate instructions.





Form 99	0 (2018) Page
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity, to promote the welfare of its Members and cultivate good
	fellowship, to quicken the spirit of American patriotism, and to provide for its government, accomplishing such by serving the
	people and communities through benevolent programs
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$81,301 including grants of \$3,914 ) (Revenue \$)
70	Fraternal benefits to members and the promotion of charity, justice, brotherly love and fidelity by
	*Communicating the mission and programs of national and state Elks organizations
	*Payment of dues to support national and state Elks organizations
	*Maintenance of the Elks Lodge building and related social facilities from which to conduct benevolent activities
	*Monthly newsletter to members, and annual member participation awards
	*Host state and national Elk dignataries, and participate at State and National Elk conferences and conventions
	*Cash donations to law enforcement agencies (K-9 program)
	•
4b	(Code. ) (Expenses \$ 19,607 including grants of \$ 19,460) (Revenue \$ )
710	Solicitation of donations to provide assistance to needy families and veterans, and organizations in support thereof
	*Providing clothing and food to needy families at Christmas
	Provide/build ramps to allow needy disabled people to have access to/from their homes
	*Cash donations to programs supporting veterans
	*Cash donations to programs supporting the homeless
	*Cash donations to programs supporting victims of domestic abuse
	*Provide meals to needy families during the year
	*Provide baby supplies to needy families during the year
	(Code: ) (Expenses \$ 11,224 including grants of \$ 10,744 ) (Revenue \$ )
	Solicitation of donations to provide assistance and programs to children
	*Annual scholarships and related Youth Awards recognition program
	*Programs to discourage drug and alcohol abuse
	*Camperships to local respid care center
	*Hoop Shoot and Soccer Shoot athletic contests
	*Annual Halloween and Christmas parties for young children
	*Sponsorship of local Boy Scouts chapter
	*Sponsorship of Little League Baseball and Youth Softball teams
	*Cash donation to JDRF
4d	Other program services (Describe in Schedule O.)
70	(Expenses \$ including grants of \$ ) (Revenue \$ )
	The state of the s

OBDGI

Part	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		<b>√</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>/</b>	
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
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		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
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	<b>√</b>	
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		<b>√</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	V Checklist of Required Schedules (continued)			*
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		<u>-</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
۸.	to defease any tax-exempt bonds?	24c 24d		
d os-		240		
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		<b>√</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>√</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		<b>✓</b>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	✓	
Part			-	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	٠.	
			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 .   1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>—</b>	
	reportable gaming (gambling) winnings to prize winners?			(2018)
				/

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Education and the second secon		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì		
b	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<del>_</del>	ļ
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		· •
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	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	✓	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a 7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ئـــــا
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	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			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	ı£a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		-	i
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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		1
	If "Yes," see instructions and file Form 4720, Schedule N			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{}$
	If "Yes," complete Form 4720, Schedule O.			[
		Form	990	(2018)

Part	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	See ins		
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
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	<del></del>	<b>✓</b>
3 4	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? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	' 7a	✓	, (
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		<del></del> _	
a	The governing body?	8a 8b	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	OD		<b>-</b>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1
40-	Did the agreement on have local chapters, branches, or offiliates?	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		. •
Ь	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>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	<b>\</b>	
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		✓
b	Other officers or key employees of the organization	15b		✓_
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a	-	✓_
	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 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ② Own website			·
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		

_			
Earm	വവ	(2018)	

Page 7

Part VII	Compensation of Officers, Direct	rs, 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 r	or any relate	d org	anız			ompe	ensa	ated any currer	t officer, directo	r, or trustee.
		Ĭ			C)					
(A)	(B)	(4	4 1		sition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any		_		_		<del>,</del> -	from	related	other
	hours for	클립	દૂ	Officer	é	1 9 4	8	the	organizations	compensation
	related	ا ق ق	₫	ĕ	em	loy	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	Q프	8		믕	8 8		(VV-2/1099-IVIIGC)		organization and related
•	line)	ا يَ	=		Key employee	∄				organizations
		Individual trustee or director	Institutional trustee			l ens				J
			8			Highest compensated employee				
				-		1	t			
(1) DALE KRENZ, EXALTED RULER	10									
		1		1				o	0	0
(2) MARCELO COSCIO, LEADING KNIGHT	8									
		1		✓				0	0	0
(3) ADAM DOEDE, LOYAL KNIGHT	8									
19 North Bollse, 2017/2 Miloti	·	1		1				ا ،	0	o
(A) PRINCE CONARD A ECTURING VALICUE	12	† ·	-	ΙĖ	1		<del>                                     </del>	<u>-</u>	<del></del>	
(4) BRUCE CONARD, LECTURING KNIGHT	12	,	•	,				_	_	_
(r)		<b>/</b>	ł	<b>/</b>	├	├	+	0	0	0
(5) KRISTIN DOLL, TRUSTEE	5		] .		ļ	J	ļ	ļ		
		<b>✓</b>	<u> </u>		ļ.,			0	0	0
(6) STEVE LAMMERS, TRUSTEE	10							1		
		.√.			۔ ۔	<u> </u>		0	· · · · · · · · · · · · · · · · · · ·	~.···· 0
(7) MIKE ZAHRT, TRUSTEE	5							-		
		<b>1</b> ✓	'					0	0	0
(8) TYLER BABL, TRUSTEE	5	<del>                                     </del>		_	t —		-	<del>                                     </del>	<u>_</u>	
(O) TILLER BABL, TRUSTEL	<del> </del>	1			l					
(0)	<del></del>	<del>-</del>	├		├──		$\vdash$	0	0	0
(9) SCOTT ZIEBELL, TRUSTEE					l					
		✓	<u> </u>		Ь_		<u> </u>	0	0	0
(10) RIDGLEY SCHOTT, SECRETARY	5				1					
	_ [			✓_				0	o	0
(11) JONATHAN FISHER, TREASURER	8									
<del></del>				✓				0	0	0
(12)										
\$1.27		1								
(13)						<u> </u>			<del></del>	
(14)			Н			<b></b> -				
V.Z										
		L	1		1	1	1 .	I		L

Comparison to the components to the components of the components	Part			mploy	yees	(0	nd F C) sition	lighe	st C			inued)		<i>e</i> :
Total from continuation sheets to Parl VII, Section A   0   0   0   0   0   0   0   0   0		(A) Name and title	hours per	box, office	unles er and	neck s pe d a d	more rson lirect	is both or/trus	an tee)	compensation	compensation from	n an	Estimated amount of	
(19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	com fr org and	pensation om the anization of the anizat	n I
(17) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	(15)													
(18)  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 P  o	(16)				-									
(19)  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a; sit hes um of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  Description of services  Compensation  NONE WITH COMPENSATION OVER \$100,000	(17)													
(20) (21) (22) (23) (24) (25)  1b Sub-total c Total from continuation sheets to Part VII, Section A	(18)	***************************************								. ~	•	1		• ,
(21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (21) (22) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (26) (26) (27) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (25) (27) (27) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (27) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)													
(22)   (23)   (24)   (25)   (25)   (25)   (26)   (25)   (25)   (26)   (25)   (26)   (25)   (26)	(20)													
(23)   (24)   (25)   (25)   (27)   (25)   (27)   (25)   (27)	(21)						_					<del>  -</del>		· <del>-</del>
(24)  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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 ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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  Description of services  Compensation  NONE WITH COMPENSATION OVER \$100,000	(22)													
1b Sub-total	(23)													
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Vection 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(24)													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such 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  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section 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  Description of services  Compensation  NONE WITH COMPENSATION OVER \$100,000	(25)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    Yes   No   No   No   No   Yes   Yes	c	Total from continuation sheets to Part	•	n A	•				<b>&gt; &gt; &gt;</b>	0		<del>`\</del>		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Total number of individuals (including but	t not limited	d to th	ose	list	ed	above	e) w	ho received me		00 of		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3								emp	oloyee, or high	est compensat		Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4 ~	organization and related organizations										ıch		
Section 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)  (B)  (C)  Compensation  NONE WITH COMPENSATION OVER \$100,000	5										ation or individ			
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE WITH COMPENSATION OVER \$100,000  Total number of independent contractors (including but not limited to those listed above) who	Section	on B. Independent Contractors	-											
Name and business address  Description of services  Compensation  NONE WITH COMPENSATION OVER \$100,000  Total number of independent contractors (including but not limited to those listed above) who	1	compensation from the organization Rep	•											ax
Total number of independent contractors (including but not limited to those listed above) who			ress								ervices			
	NONE	WITH COMPENSATION OVER \$100,000												
								_	_					
		T-1-1								and lists to the				1
Form 990 (2018									, tn	ose listed abo	ove) wno			

Pärt	VIII	Statement of Revenue			D4.7/III		
		Check if Schedule O contains a re	sponse 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
nts nts	1a	Federated campaigns 1a	1				
Grants nounts	b	Membership dues . 1t	83,487				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events . 10					
	d	Related organizations . 10	j				
ns, Simi	е	Government grants (contributions) 16					
utior er S	f	All other contributions, gifts, grants, and similar amounts not included above	.				
oth	_						
ont	9 h	Noncash contributions included in lines 1a–1f \$ <b>Total.</b> Add lines 1a–1f	`	192.006			
	-"	Total. Add ililes 1a-11	Business Code	183,096	· · · · · -		<u> </u>
enu	2a	NEWSLETTER TO MEMBERS	813410	1,625			
Rev	 b	MEMBER EVENTS	•	7,865			
ice	С			,			
Ser	d		i I		•		
ä	е						
Program Service Revenue	f	All other program service revenue.					
	g	Total. Add lines 2a–2f		9,490			
	3	Investment income (including divided and other similar amounts) .		277			
	4	Income from investment of tax-exempt	L	377			
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	1 12 2	(ii) Other			1	
	7a	gross amount nom sales of	(ii) Other				
	<u>.</u>	assets other than inventory  Less cost or other basis					
	b	and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	. •				
une	8a						
Other Reve		events (not including \$ of contributions reported on line 1c).	1				
<u> </u>		See Part IV, line 18	a 75,497	_			
ŧ	ь	*	b 42,412	•	-		
U	С	Net income or (loss) from fundraisin	g events	33,085			
	9a	Gross income from gaming activities.					
			a 11,188				
	ı	•	b 1,254				<del> </del>
		Net income or (loss) from gaming ac Gross sales of inventory, less		9,934		-	
	102	returns and allowances					
	ь		b 427,434				
	c	Net income or (loss) from sales of in		-84,565			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C.	All all and a second					
	d	All other revenue	900099	185			
	е 12	Total revenue. See instructions		185 151,602			<del>                                     </del>
				131,002		<u> </u>	<u> </u>

## 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 respon	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	10,516	10,516		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22 .	23,602	23,602	i	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	21,870	21,870		
5	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)		£11,000		. 19
7	Other salaries and wages	2,714		2,714	·
8	Pension plan accruals and contributions (include			-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	330		330	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,820		3,820	
d	Lobbying				
е	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	3,094	2,258	836	
14	Information technology				
15 16	Royalties	0.001	7 105	1,786	
17	Occupancy	8,891	7,105	1,700	· · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,341	2,341		
20	Interest	- 5,180		<u>:</u>	
21	Payments to affiliates	11,853	11,853		5
22	Depreciation, depletion, and amortization	19,840	13,888	5,952	
23	Insurance	14,762	12,548	2,214	<del></del>
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.)				
a	PERMITS	438		438	
b	OFFICER TUXEDOS FOR ELK RITUALS	344	344		
C	YOUTH EVENTS-PROJECT EXPENSES	480	480		
d	VETERAN'S EVENT	146	146		<u> </u>
	All other expenses  Total functional expenses. Add lines 1 through 24e	120 221	110 101	10,000	
25 26	Joint costs. Complete this line only if the	130,221	112,131	18,090	
20	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)				
	<u>`</u>				

1	P	art X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Pal	rt X		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(k)(1)), persons described in section 4958(k)(3)), and contributing employees and sponsoring organizations of section 501(k)) voluntary employees beneficiary organizations (et section 501(k)) voluntary employees beneficiary organizations (et section 501(k)) voluntary employees and sponsoring organizations of section 501(k)) voluntary employees and sponsoring organizations of section 501(k)) voluntary employees beneficiary organizations (et section 501(k)) voluntary employees and sponsoring organizations of section 501(k) voluntary employees and sponsoring organizations of section 501(k) voluntary employees and sponsoring organizations of section 501(k) voluntary employees and sponsoring employees and despension or other basis. Complete Part IV iof Schedule D 10a 1.401.190						(B) End of year
Pledges and grants receivable, net		1	Cash—non-interest-bearing	23,576	1	18,565
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from the disqualified persons (as defined under section 4958(0(1)), persons described in section 4958(0(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part II of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities. 12 Investments—building the reservable of the securities. See Part IV, line 11 13 Investments—building the securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 47,627 17 47 Accounts payable and accrued expenses 47,627 17 48 Grants payable 49 Deferred revenue 56,354 19 57 Accounts payable and accrued expenses 58 47,627 17 59 4 50 Accounts payable and accrued expenses 51 Accounts payable and accrued expenses 52 Accounts payable and accrued expenses 53 Accounts payable and accrued expenses 54 Accounts payable and accrued expenses 55 Accounts payable and accrued expenses 56 Accounts payable and accrued expenses 57 Accounts payable and accrued expenses 58 Accounts payable and accrued expenses 59 Accounts payable and accrued expenses 50 Accounts payable and accrued expenses 50 Accounts paya		2	Savings and temporary cash investments	108,856	2	145,729
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(s)(B), and contributing employers and sponsoning organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—bublicly traded securities 13 Investments—bublicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Excount payables to current and former officers, directors, trustees, key employees, linghest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Cans and other payables to current and former officers, directors, trustees, key employees, linghest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortagaes and notes payable to unrelated third parties 23 Secured mortagaes and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or equipment fund 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Permanently restricted net assets 33 Total net assets or fund balances . 34 Secured armags, endowment, a		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(p(II)), persons described in section 4958(p(3)(B), and contributing employers and sponsoring organizations of section 501(p(g)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D  10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities. See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 47,627 17 47 Accounts payable and accrued expenses 47,627 17 48 Bratis payable 48 Gratis payable 56,354 19 57 Accounts payable and accrued expenses 57 Accounts payable and accrued expenses 58 Article Part IV of Schedule D 58 Capter of revenue 59 Capter of revenue 50 Tax-exempt bond liabilities 50 Tax-exempt bond liabilities 50 Tax-exempt bond liabilities 50 Capter of revenue 50 Capter of revenue 50 Capter of revenue 51 Capter of revenue 52 Capter of revenue 53 Secured mortgages and notes payable to unrelated third parties 51 Cother liabilities (including federal income tax, payables to related third parties 52 Cother liabilities and lines 17 through 25 53 Secured mortgages and notes payable to unrelated third parties 53 Cothedule D 54 Unrestricted net assets 55 Captedule D 56 Capter of revenue 57 Capted Part X 58 Capter of Part X 59 Capter of Part X 5		4		757	4	2,179
Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part II of Schedule D 10b Less accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 19 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Tax-exempt bond liabilities 22 Other liabilities and lines 17 through 25 25 Other liabilities and lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanty restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Septiment funds 31 Pad-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 Total net assets or fund balances		5	· · · · · · · · · · · · · · · · · · ·			
4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501c)(9) outlinary employees' beneficiary organizations (see instructions). Complete Part II of Schadule L. 7   7   Notes and loans receivable, net   7   7   7   7   7   7   7   7   7			The state of the s		5	
7   Notes and loans receivable, net   7	<b>"</b> 0	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges	ěţ	7	·		<del></del>	<del></del>
9 Prepaid expenses and deferred charges	Ass		· · · · · · · · · · · · · · · · · · ·	10 676	<del>-                                    </del>	20,696
10a Land, buildings, and equipment, cost or other basis. Complete Part Vi of Schedule D   10a   1,401,190   1,319,909   80,655   10c   3   1   1   1   1   1   1   1   1   1	•				<del>                                     </del>	2,273
b Less accumulated depreciation		_	Land, buildings, and equipment, cost or			2,213
11 Investments — publicly traded securities		h	1,101,100	80 655	10c	81,281
12   Investments – other securities. See Part IV, line 11   13   113   114   114   114   114   114   114   114   115   115   115   116   115   116   115   116   116   116   116   116   117   117   117   118   118   118   118   119   118   119				00,000		
13   Investments — program-related See Part IV, line 11   14   Intangible assets   14   15   15   15   15   16   21   15   16   15   16   22   17   Accounts payable and accrued expenses   47,627   17   Accounts payable and accrued expenses   47,627   17   Accounts payable and accrued expenses   47,627   17   Accounts payable   18   Grants payable   18   19   Deferred revenue   56,354   19   Accounts payable   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   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   23   Secured mortgages and notes payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   26   Total liabilities. Add lines 17 through 25   163,981   26   16   16   27   28   28   29   29   29   29   29   29			The state of the s		12	
14			<b>F</b>		13	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)			· -		14	,
16					15	
17		16	F	232,571	16	270,723
19 Deferred revenue		17		47,627	17	48,299
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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. 23 Secured mortgages and notes payable to unrelated third parties . 24 Unsecured notes and loans payable to unrelated third parties . 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. 26 Total liabilities. Add lines 17 through 25		19	Deferred revenue	56,354	19	47,453
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		20	Tax-exempt bond liabilities		20	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 1,17 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	es	22				]
Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 1,17 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	≝					
Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 1,17 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	jab		· · · · ·			·
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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 1,17 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	_			60,000	-	85,000
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25		24			24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17–24). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets			<b>-</b>			100.750
Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		163,981	20	180,752
	es			•	i j	
	anc	27	Unrestricted net assets	-631	27	-45,060
	Bal	28	Temporarily restricted net assets [	69 <u>,2</u> 21	28	135,031
	٦	29			29	
	or Fu		• • • • • • • • • • • • • • • • • • • •			
	ts (	30	Capital stock or trust principal, or current funds		30	
	sse	31	Paid-in or capital surplus, or land, building, or equipment fund [		31	
	ξ	32	Retained earnings, endowment, accumulated income, or other funds			
	Š	33	Total net assets or fund balances	68,590		_89,971
	_	34	Total liabilities and net assets/fund balances	232,571	34	270.723 Form <b>990</b> (2018)

					•	,
orm 99	90 (2018)				Pag	ge <b>12</b>
Part	XI Reconciliation of Net Assets					٠,
	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			15	1,602
2	Total expenses (must equal Part IX, column (A), line 25)	2			13	0,221
3	Revenue less expenses Subtract line 2 from line 1	3			2	1,381
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6	8,590
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			8	9,971
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>				
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_			- 1
	If the organization changed its method of accounting from a prior year or checked "Other;" ex	plaın ı	n			
	Schedule O.			_ _		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled c	or			1
	reviewed on a separate basis, consolidated basis, or both:			ł		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		]	_	.	
b	Were the organization's financial statements audited by an independent accountant?	•	. <u>  2</u>	b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on .	a	- 1	-	
	separate basis, consolidated basis, or both				- 1	l
	Separate basis Consolidated basis Both consolidated and separate basis		_	_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2	С	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		ĺ	1
	Schedule O.			_	.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	n		į	

the Single Audit Act and OMB Circular A-133?

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.

Form **990** (2018)

3b

#### **SCHEDULE D** (Fòrm 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name o	the organization		Employer identification number
BENE	OLENT & PROTECTIVE ORDER OF ELKS #248 INC		39-1735837
Par	Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<del></del>
		<del></del>	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the ben-	efit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit? .		Yes No
Par	II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., recre		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribute	ion in the form of a conservation
_	easement on the last day of the tax year.	Total a qualified correct valion contribut	Held at the End of the Tax Year
			<b></b>
a	Total number of conservation easements .		. <u>2a</u>
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		l f
			· 2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy re	egarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforci	ng conservation easements during the year
	<b>S</b> ,	3. 3	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
•	►\$	mig, manding of trolations, and officeroning	,
8	Does each conservation easement reported on lin	e 2/d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
Ū			· · · · · · · · · · · · Yes   No
•	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen		Handlai Statements that describes the
	5		Other Cimiles Assets
Pari			
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela	iting to these items:	
	(i) Revenue included on Form 990. Part VIII. line	1	▶ \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	ar assets for financial dain, provide the
_	following amounts required to be reported under		
_	•		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	· ·

Part						
3	Using the organization's acquisition, collection items (check all that apply):		ner records,	check any of the	e following that are a s	ignificant use of its
а	☐ Public exhibition		d □ L	oan or exchang	e programs	
b	☐ Scholarly research		e 🗌 (	Other		
С	Preservation for future generations					
4	Provide a description of the organizat XIII.	tion's collections a	ınd explaın h	ow they further	the organization's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					ar 🗌 Yes 🗌 No
Part	Complete if the organization 990, Part X, line 21.		on Form 99	90, Part IV, line	9, or reported an an	nount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian or oth		-	ons or other assets no	ot Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the follow	ng table:	A	mount
С	Beginning balance		%	1. 1. 1. Lat. 41	* 1c January	,e
d	Additions during the year				1d	
е	Distributions during the year .				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21,	for escrow or cu	stodial account liability	<sup>?</sup> ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
_	t V Endowment Funds.					
	Complete if the organization	answered "Yes"	on Form 99	00, Part IV, line	10.	
-		(a) Current year	(b) Prior yea	(c) Two years	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions			,		
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					†
g	End of year balance		<u>.</u>			
2	Provide the estimated percentage of t	he current vear en	d balance (lin	e 1a. column (a)	) held as:	<del></del>
a	Board designated or quasi-endowmer		%	- 19,	,	
b	Permanent endowment ▶	%				
c	Temporarily restricted endowment ▶					
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in the			n that are held a	and administered for th	е
	organization by:	•	J			Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related o			n Schedule R?		3b
4	Describe in Part XIII the intended uses					
Part						-
T CIT	Complete if the organization		on Form 99	n Part IV line	11a See Form 990	Part X line 10
	Description of property	(a) Cost or oth	ner basis (b) (	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
12	Land		-	· , ,		12 110
1a h	Buildings	·		13,119	774 042	13,119
b	· ·	'	<del></del>	830,726	774,843	55,883
C	Leasehold improvements			500 500	404.304	12.270
d e	Equipment			506,563	494,284	12,279
	Add lines 1a through 1e (Column (d) n	nust equal Form 90	00 Part X co	50,782 Jumn (B) June 10	50,782	<u>0</u> 81.281

Part VII	Complete if the organization answer	ed "Yes" on For	m 990 Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category	00 100 011101	(b) Book value	1	hod of valuation
	(including name of security)			Cost or end-	of-year market value
(1) Financia		<del>.</del>			
	neld equity interests				·
(3) Other					
(A)					
(B)		<del>-</del>			<del></del>
(C)					
(D) (E)		·			
<del>(C)</del> (F)		<del></del>			<del></del>
'(G)			<u> </u>		
(H)				· ·	
	b) must equal Form 990, Part X, col (B) line 12 ) ▶	•••			
Part VIII	Investments – Program Related.				
	Complete if the organization answer	ed "Yes" on For	m 990, Part IV, lin	e 11c. See Form	.990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation
				Cost or end-	-of-year market value
(1)		······			
(2)					
(3)					<del></del>
_(4)					
(5)					
(6)			<del></del>		
		<del></del>			<del></del>
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)	b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets.		l		, <u>.</u>
T dit IX	Complete if the organization answer	ed "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
		scription	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	man (h) mand and Form 000 Bort V and (i	7) (mo 15 )			
	mn (b) must equal Form 990, Part X, col (l Other Liabilities.	3) III ( 15.) .	<u> </u>	<u> ▶</u> ;	•
Part X	Complete if the organization answer	ed "Ves" on For	m 990 Part IV lin	a 11a or 11f Sac	Form 990 Part X
	line 25.	ed les ontoi	iii 330, r art iv, iii	e i le oi i ii. See	er omi 990, rait A,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	* * * * * * * * * * * * * * * * * * * *				
(2)			<u> </u>		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	<sup>6</sup> b) must equal Form 990, Part X, col. (B) line 25 ) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provide t	he text of the footne	ote to the organizatio	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2018				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents V	With Revenue per	Retu	rn. *
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	622,702
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	<u> </u>		
C	Recoveries of prior year grants	2c	<del>-</del>		
d	Other (Describe in Part XIII.)	2d	471,100		
e	Add lines 2a through 2d		471,100	2e	151,602
	Subtract line 2e from line 1	•		3	131,002
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	 		· · · · · · · · · · · · · · · · · · ·
4		100			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	151,602
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,		V, line 12a.		
1	Total expenses and losses per audited financial statements ,			1	601,321
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	471,100		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	-	·	3	130,22
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<i>i</i> .	' ' ' ' '		100,22
	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
a	Other (Describe in Part XIII.)	4b			
b	,	L1		40	
c	Add lines <b>4a</b> and <b>4b</b>			4c	400.004
5		16 10)	· · · · · ·	5	130,221
Part	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	-d 4 D-	art IV Junes the and Oh	. Dort	V line 4: Dort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part				
PART	XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENT.	ATION (	ON PART VII, "STATEI	MENT (	OF REVENUE",
DIREC	T EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENT	TORY A	RE NETTED AGAINST	THE F	RELATED GROSS
RECE	PTS				
	•				
	<u> </u>				
					•
					<del>-</del>
	en	d Sched	dule D		
<b>-</b>					
		· <b></b>			
				<b>-</b>	

#### **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name o	f the organization					Employer iden	tification number
BENE	VOLENT & PROTECTIVE ORDER O	F ELKS #248 INC					39-1735837
Part		Complete if th	e organiza	ation answ this part.	vered "Yes" on F	orm 990, Part I	V, line 17.
1	Indicate whether the organization	on raised funds t	hrough any	of the follo	owing activities. C	heck all that appl	y.
а	✓ Mail solicitations		е [	Solicitati	on of non-govern	ment grants	
b	✓ Internet and email solicitation	ns	f [	Solicitati	on of government	grants	
С	☐ Phone solicitations		g 🖸	Special f	fundraising events	<b>i</b>	
d	✓ In-person solicitations						
2a	Did the organization have a writ	ten or oral agree	ement with	anv individ	iual (including offic	cers, directors, tri	ustees.
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreem	ents under which	the fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	· · (v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1 N	ONE						
2							
3							
4							
						<u>.</u>	
5							
6							
7							
8							
9	·						
10							
- Total			·	<b>.</b>			
3	List all states in which the organized registration or licensing.			ensed to s	olicit contribution	s or has been no	tified it is exempt from
							••••
	••••						
••						·	<del>-</del>
		••••					

Cat No 50083H

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1  18 RAFFLES (event type)	(b) Event #2 6 FOODSTANDS (event type)	(c) Other events 10(golf, dinner, etc) (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	34,338	13,370	27,789	75,497
æ	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	34,338	13,370	27,789	75,497
	4	Cash prizes	9,680			9,680
suses	5	Noncash prizes	3,329		200	3,529
	6	Rent/facility costs .	-	v. 425	វិទ (រនា10,797	<del>-</del> 11,222
Direct Expenses	7	Food and beverages .	685	4,591	6,157	11,433
Direc	8	Entertainment			3,603	3,603
	9	Other direct expenses	375	330	2,240	2,945
	10 11	Direct expense summary. Ac Net income summary. Subtra			_	42,412 33,085
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	·
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<b>&gt;</b>	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	9? 	
10		ere any of the organization's g "Yes," explain.	jaming licenses revoked	l, suspended, or termina	ated during the tax year	? .

Scriedu	ile G (FORTI 990 of 990-E2) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
_	revenue?	☐ Yes	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party.	·	
	Name ►		
	Address►		
16	Gaming manager information.		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	••••	
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part	spent in the organization's own exempt activities during the tax year ▶ \$  V Supplemental Information. Provide the explanations required by Part I, line 2b, columns ( Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal inforr	v); and
		· · · · · · · · · · · · · · · · · · ·	
			<b></b>
			<b></b>
		<del>-</del>	•••

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2018

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.

Open to Public Inspection

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC	39-1735837
EXPLANATIONS OF FORM 990, PART VI "GOVERNANCE, MANAGEMENT, AND DISCLOSURE"	
QUESTIONS 6 AND 7aTHE DUES PAYING MEMBERS ELECT THE OFFICERS AND TRUSTEES THAT (	COMPRISE THE "BOARD OF
DIRECTORS" (GOVERNING BODY) IN EITHER AN ANNUAL ELECTION OR AS VACANCIES (	OCCUR DURING THE YEAR
QUESTION 7bTHE DUES PAYING MEMBERS APPROVE THE ANNUAL BUDGET AT THE SECOND ME	MBERSHIP MEETING OF APRIL
QUESTION 8bTHE PRACTICE OF THE ORGANIZATION IS TO ENCOURAGE, BUT NOT MANDATE THA	AT MINUTES OF COMMITTEE
MEETINGS BE DOCUMENTED	5 f
QUESTION 11aCOPIES OF THE DRAFT FORM 990 WERE PROVIDED TO MEMBERS OF THE GOVERN	IING BODY, WITH A REVIEW
CONDUCTED PRIOR TO FORM 990 BEING FILED	
QUESTION 19NO SUCH DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC, BUT THIS FORM 990	WILL BE PROVIDED TO ALL
UPON REQUEST	
	·
END SC	HEDULE O
	•••••
	<del>-</del>
r ,	······································

# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-0047	2018
------------------	------

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 0 **%** □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 39-1735837 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC (P) EIN (1) NE EXCEEDING \$5,000 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part I Part II (12) <u>8</u> <u>4</u> 9 8 ପ <u></u>

Schedule I (Form 990) (2018)

Cat No 50055P

(a) Type of grant or assistance (b) Num	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 CLOTHING & FOOD TO FAMILIES AT XMAS	110		15,995	15,995 PURCHASE COST	CLOTHING & FOOD
l					
2 SCHOLARSHIPS AND AWARDS CEREMONY	б	5,200	:	352COST OF FOOD	MEALS AT AWARD CEREMONY
3 FEED THE NEEDY SUPPERS	95		916	916 PURCHASE COST	COST OF FOOD
4 BABY SUPPLIES TO NEEDY MOTHERS	43		1,086	1,086 PURCHASE COST	COST OF DIAPERS, FORMULA, ETC
5 WHEELCHAIR RAMPS FOR ELDERLY AND				•	
6 DISABLED	1		53	53 PURCHASE COST	SUPPLIES
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addir	ional information.
MONITORING OF GRANT FUNDS					
Cash Assistance checks are written out to a non-individual whenever possible	ual whenever possib	- :	larship checks are writ	en to both the individual an	For example, scholarship checks are written to both the individual and school they will be attending.
Recipients for the bulk of the non-cash assistance are screened by		sial service agencies to	determine need. The	non-cash assistance is direc	local social service agencies to determine need. The non-cash assistance is directly provided to, or consumed
by, the recipients					-
				de v	
				5 44	

Schedule I (Form 990) (2018)