(Rev January 2020)

2949310716504 1 Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

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

		the Treasury		ocial security numbers on this rs.gov/Form990 for instruction			114		to Public section		
			dar year, or tax year beginn	, 2019, and end	<del> </del>	erch 31	, 20 20				
<u>^</u>					<del></del>	anig Wi	_				
В		applicable	Doing business as Danbur	-of the Elks of the U.S.A. Inc.	·		-   "	nployer identific			
$\vdash$	Address			ox if mail is not delivered to street a	uddress)	Room/suite	E Tel	06-02588 ephone number	042		
$\vdash$	Name ch Initial reti	•	36 Sugar Hollow Road	iox ii maii is not delivered to street a	iduress)	Room/suite	E 161	203 791-0919			
H		m/terminated		e, country, and ZIP or foreign posta	l code	L	-	203 / 51-0	1515		
H	Amended		Danbury, CT 06810-7533	e, country, and Zir or loreign posts	ii code		G Gr	oss receipts \$	186,944		
H		on pending		m for subordinates?							
ш	Application	on pending	F Name and address of principal Same as Above	aromosi Raymona Ivara		, i		nates included?			
$\overline{}$	Tax-exen	npt status	501(c)(3) 501(c) (	8 ) ◀ (insert no ) 4947	7(a)(1) or 527	<del>\/ \-</del>   ` '		a list (see instru			
<u></u>		<del></del>	nburyelks.org		<u>,                                     </u>			ion number 🕨	1156		
ĸ				sociation ☐ Other ►	L Year of for		<del>`                                    </del>	ate of legal domi	_		
Р	art I	Summa	ry				I				
	1	Briefly des	cribe the organization's n	nission or most significant a	stivities: To in	culcate the pri	nciples	of Charity, Jus	stice,		
8	1			te the welfare and enhance th	•						
ğ	i i			p and perputate itself as a fra							
Governance				ion discontinued its operation			an 25%	of its net ass	ets.		
်စ္ပိ	3	Number of	voting members of the g	overning body (Part VI, line	1a)		. 3	<b>1</b>	7		
	4	Number of	independent voting mem	bers of the governing body	(Part VI, line 1	1b)	4	,	7		
Activities &	5	Total numb	per of individuals employe	ed in calendar year 2019 (Pa	rt V, line 2a)		. 5		1		
Ę;	6	Total numb	per of volunteers (estimate	e if necessary)			. 6	<b>;</b>	45		
Ac	7a	Total unrela	ated business revenue fro	om Part VIII, column (C), line	12		. 78	a	14,554		
	b	Net unrelat	ted business taxable inco	me from Form 990-T, line 39	9 <u>.</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	. 7t	b	0		
						Prior '	Year	Curre	ent Year		
e	8	Contribution	ons and grants (Part VIII, I	ıne 1h)			40,3	88	43,997		
eun	9	Program se	ervice revenue (Part VIII, I	ıne 2g)				0	0		
Revenue				n (A), lines 3, 4, and 7d) .				0	0		
ш.	1			lines 5, 6d, 8c, 9c, 10c, and			102,6	25	94,921		
	+			1 (must equal Part VIII, colun			143,0	13	138,918		
	13	Grants and	l similar amounts paid (Pa	art IX, column (A), lines 1-3)			6,9	24	5,210		
	1	•	aid to or for members (Pa		0		0				
es	15		her compensation, employ			2,4	71	393			
Expenses	16a		- ·	X, column (A), line 11e) .				0	0		
ă	b		aising expenses (Part IX,		0	)					
ш	17	-		, lines 11a-11d, 11f-24e)			134,2	34	121,012		
				ust equal Part IX, column (A)			143,6	<u> </u>	126,615		
	19	Revenue le	ess expenses. Subtract lir	ne 18 from line 12	<u></u>		(61		12,303		
Net Assets or Fund Balances			(0.1)			Beginning of C			of Year		
Sset	20		rs (Part X, line 16)				1,516,7		1,483,601		
E E	21		ties (Part X, line 26)			<u> </u>	692,2	<u> </u>	646,799		
			or fund balances. Subtra	ict line 21 from line 20 .		Į.	824,5	00	836,802		
_	art II		re Block		and advise and at	totomonto and to	the best of	of my konvelodos	and ballof it is		
tr.	ider penai ie, correct	ties of perjury, , and complete	e. Declaration of oreparer (other	this return, including accompanying than officer) is based on all informat	scriedules and si tion of which prep	parer has any kno	vine best t wledge	or my knowledge	and belief, it is		
_		<del>\</del> \	MIN					12/20	<del></del> -		
Si	gn	Signatu	ure of officer				Date	12/20			
	ere	Y	$\sim$	PRE, CHAIRM	a.em 1	_					
	C	Type o	r print name and title	THE CHILL	· · · · · · · · · · · · · · · · · · ·						
		1 7	preparer's name	Preparer's signature		Bate		v □ if PTIN			
	aid	"	E SERVE E CANTON		IR	ECFIVE		employed			
	epare		ne <b>&gt;</b>	<u> </u>			m's EIN (	<u> </u>			
	se Onl	y Eum'o ada	drage N		8		none no.	J			
Ma	v the IR	S discuss t	this return with the prepar	rer shown above? (see instri	uctions) AUI	G 1 7 202	<u>n</u> . 1.	¬\	/es □ No		
			ion Act Notice, see the ser			1-No. 11282V	الم		orm <b>990</b> (2019)		
. 01	· abei	ork neduct	ion not motice, see the set	arate mendenone.	0	GDEN, (	JT		444 (2019)		



Part			art III	, <sub>–</sub>
1	Check if Schedule O contains a res Briefly describe the organization's mission	i.	art III	,
•	To inculcate the principles of Charity, Justic		ote the welfare and enhance the han	niness of its
	members; to quicken the spirit of American			
2	Did the organization undertake any signifi	cant program services during the ye	ar which were not listed on the	
	prior Form 990 or 990-EZ?			Yes 🗹 No
	If "Yes," describe these new services on S	Schedule O.		
3	Did the organization cease conducting,			
	services?			Yes ☑ No
	If "Yes," describe these changes on Sche	dule O.		
4	Describe the organization's program serv	ice accomplishments for each of its	three largest program services, as	s measured by
	expenses. Section 501(c)(3) and 501(c)(4)		t the amount of grants and allocat	ions to others,
	the total expenses, and revenue, if any, fo	r each program service reported.		
	(O-d-) (F	71 100	0 \ /D A	<b>70.000</b> \
4a	(Code ) (Expenses \$			
	The welfare and happiness of the members			
	provision and sales of meals and beverages			
		-		
		•		
4b	(Code) (Expenses \$	51,512 including grants of \$	0) (Revenue \$	43,997)
	The welfare and happines of the members at	re promoted and enhanced through the	social activities provided in the Lod	ge facilities
	and the maintenance thereof.			
		·····		
	(O-d-)	0.500	4.000 \ (D	4.000
4c		6,500 including grants of \$		4,000)
	We provide various youth directed activities			"Soccer
	Shoot Out" programs. In addition the Lodge	provides service to the local commun	sity.	
				<b></b>
				····
		,		
				•••••
		<del></del>		
4d	Other program services (Describe on Scho	edule O.)		
	(Expenses \$ including gra		\$ )	



### Form 990 (2019) Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." R 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 13 13 Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ...

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 . . . . .

Part I	V Checklist of Required Schedules (continued)	ŕ		
			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>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
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		1
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		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	<u></u>	res	NO
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
J	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	n .		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	ni.		
L		- Ch		***
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>₹</b>	000 CS
_	Note: 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	<b>√</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>/</b>
b	If "Yes," enter the name of the foreign country ▶		ÕŪ	24
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		A LONG	2860
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
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).		1. 2	V.28.1
	,	1, 1,3		138418
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?	<u>र्थ- धर्म</u> 7a	A (4)	n arthur
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		70	_	<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	7.0	1	i. Št.
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	. استالناناً	غاد كالأدادا
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		<b></b>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		· ·
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	.7h		
		Jr, .		11 -B
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		_ <u></u>
9	Sponsoring organizations maintaining donor advised funds.	7 2		4.4家。
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	\$200 m A	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30	32 Ja	4 4 (1.1. 1 4 (2.1.
	Initiation fees and capital contributions included on Part VIII, line 12	學家		P. SE
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			71.587
11	Section 501(c)(12) organizations. Enter:	444	例報	MA
	Gross income from members or shareholders		HAH	
a	Gross income from other sources (Do not net amounts due or paid to other sources			ž. Ž.
ь	against amounts due or received from them.)		77 S	500 P
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	المستخصي	13 148 m
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	後間	1300000	Part Hall Day
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		A SOL	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	2200	£**7*366**
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	·	TOTAL S
<b>.</b>	Enter the amount of reserves the organization is required to maintain by the states in which		A SEC	
b	the organization is licensed to issue qualified health plans		11	
_	Enter the amount of reserves on hand			M.
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	14a	heridatelo i i	
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		,
_b		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45	١, ١	,
	excess parachute payment(s) during the year?	15	iarendel it	<b>√</b> Yaliyaya
46	If "Yes," see instructions and file Form 4720, Schedule N.		小洲洲	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	/2992 (S	√ Min Addis
	If "Yes," complete Form 4720, Schedule O.		40000000000000000000000000000000000000	427

Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	hrough 7b below s on Schedule O	v,"and See v	for a	"No"
	Check of Cabadula O cantains a recommendate and the annulus on the Deat M.	· · · · · ·			. [7]
Secti	on A. Governing Body and Management				
	,			Yes	No
1a	5	1a	<b>7</b> 编辑:	Ejan Mir	148.4
	If there are material differences in voting rights among members of the governing body, or		ereston.	F	i de la cr
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		) residence	Mar M	TO ME LET
h	·	45		in a	Taken
ь 2	Enter the number of voting members included on line 1a, above, who are independent.	1b		新春	, , ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business if any other officer, director, trustee, or key employee?	elationship with	2	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or	under the direct	_		<b>                                     </b>
-	supervision of officers, directors, trustees, or key employees to a management company or of		3		1
4	Did the organization make any significant changes to its governing documents since the prior Fori	*	4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		1
6	Did the organization have members or stockholders?		6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to	• • •			
<b>L</b>	one or more members of the governing body?		7a	<b>/</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	76	,	
8	Did the organization contemporaneously document the meetings held or written actions un		7b	長小谷	ás. á
	the year by the following:	Jertaken during	undikula undikula	(T) 1 100	: Fred
а	The governing body?		8a	<b>√</b>	10.0.028
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the	<u>: Internal Rever</u>	<u>านe C</u>		
10a	Did the organization have lead chapters, branches, or offiliates?		40-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?		10a		-
U	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		0 1/2 471	1941	प्रतासम्बद्धाः अ
12a			12a	<u> </u>	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?		14	g/inc	✓
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation			· 罗.	nija rej
а	The organization's CEO, Executive Director, or top management official		<u>ாகிய</u> 15a	ម្ចីត្រីរ សេដ្ឋក្	minhad 1
b	Other officers or key employees of the organization		15b		<del>-</del>
_	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 simil	ar arrangement	<b>有勒</b> 论		
	with a taxable entity during the year?	•	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		AL PORT	igh (indising	nijeri (
	participation in joint venture arrangements under applicable federal tax law, and take steps t	o safeguard the	l ciliana	Mathacalaga	ábatá
Saati	organization's exempt status with respect to such arrangements?	· · · · ·	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► N/A				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable		T (600	tion 5	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that	,, ээ∪, апо ээ∪- : apply.	ı (Sec	นบกอ	) I (C)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Sc				
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu	•	of inter	est n	olicv
	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	n's books and re	cords	<b>&gt;</b>	
	Lisa Knapp, Treasurer 36 Sugar Hollow Road, Danbury, CT 06810-7533				

Part VII	<b>Compensation</b>	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Co								

### 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	•		anız	atic	on c	ompe	nsa	ted any current	officer, director,	or trustee.
	(C) Position (D) (E)									
(A)	(B)							(D)	(E)	(F)
Name and title	Average					than one is that		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any	익	l Ig	앞	ĕ	ᆲ	Б	from the organization	from related organizations	compensation from the
	hours for	dire	Ē	Officer	yen	ples	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	Individual trustee or director	ğ	·	Key employee	/ee	_			related organizations
	below	trus	1 th		yee	g g				
	dotted line)	tee	Institutional trustee		"	Highest compensated employee				
			ď			it ed.				
(1) Eric Svege	2									
Exalted Ruler	<u> </u>	<b>✓</b>	_	✓	ļ			0	0	0
(2) Raymond Ward	2									
Esteemed Leading Knight		✓	_	✓				0	0	0
(3) Erin Domenech	2									
Esteemed Loyal Knight		✓		✓				0	0	0
(4) Alexander Karsanıdı Sr	2							1		
Esteemed Lecturing Knight		✓		✓				0	0	0
(5) Kent Roher	2									
Trustee		✓		✓				0	0	0
(6) Todd Deitzman	2									
Trustee		✓		✓				0	0	0
(7) Michael Cummings	2									
Trustee		✓	ļ	✓				0	0	0
(8) Karyn Palanzo	10									
Secretary				✓				o	o	o
(9) Vacant	2							-		
Treasurer		1		1				o	o	o
(10) Richard Sterzinger	1									
Chaplain	<u> </u>			1				l	o	o
(11) Michael Jaber	1									
Esquire	1	1		1				o	o	o
(12) Vacant	1									
Tiler	†	1		1			i	0	o	0
(13) Jennifer Tanner	1	l		T						
Inner Guard	†	1	1	1			1	0	o	0
(14)		1	1	Ė		_		1		
(17)	†	1					1			

Part	Section A. Officers, Directors, 1	Trustees,	Key I	Emį	plo	yee	s, an	id H	lighest Compe	nsated	<b>Emplo</b>	yees (co	ntinued)
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	rson	e than on the state of the stat	n an tee)	(D)  Reportable compensation from the	(E) Report compens from re	able sation	(F Estimated of of comper	d amount ther
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	from organiza related org	the tion and
(15)													
(16)		-											<u> </u>
(17)													
(18)					-			-					
(19)													
(20)				_									
(21)													
(22)						_						-	
(23)													
(24)													
(25)													
1b	Subtotal		<u> </u>	<u> </u>	<u>.                                    </u>	L		<u> </u>	0		0		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•				<b>&gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th	ose	· list	ed	above	e) w	ho received more	e than \$1	<b>0</b> 0,000		0
	reportable compensation from the organi	Zalion							0			Y	es No
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							mpl	oyee, or highes	t compe	nsated	3	<b>-</b>
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive o									on or inc	 dividual		<b>√</b>
Secti	for services rendered to the organization? on B. Independent Contractors	? IT "Yes," C	ompi	ete	Scr	ieal	ile J 1	or s	sucn person .	• • •		5	✓
1	Complete this table for your five high compensation from the organization. Repo	nest compe	ensate	ed	inde	eper	ndent	CO	intractors that r	eceived	more t	han \$100	0,000 of
	(A) Name and business addi		341101	1 101		, 04	icrida	ye.	(B) Description of serv			(C) Compensation	
N/A	Harrie and business add					_			Description of serv	ices		Jonipensand	
			· _										
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abov	e) who			

Part	Vill	Statement of Rev	venu	е		a + 13	•		÷ *	<u> </u>
	•	Check if Schedule	O co	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII	·· · · · · · ·	· · ·
•	,				•	,	Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigi	ns .		1a	29,570	375.7			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	, ;			A STATE OF THE STA	
5 E	С	Fundraising events			1c				a in plantage	it ilitariya ya ma
ifts ar A	d	Related organization			1d					() was decided a
% <u>₩</u>	e	Government grants			1e				and stand the	en (Constantino) Edward Constantino
Si Si	f	All other contribution					100 m			
he ti		and similar amounts no			1f	14,427			tangende er er er	No and a second
	g	Noncash contribution			4	· ·		at Paparation in Subsection in		
Sel	h	Total. Add lines 1a-			1 <u>g</u>	<u> </u>	42.007		100	
-		Total. Add liftes Ta-		• • •	·	Business Code	43,997		CALL CONTRACTOR ASSESSMENT	
e,	2a				,		Anni merchantia (as. 12		Lata special Cartilla kings	a contract of the contract of
اہ کے	b	<del>-</del>						.*.	,	· .
gram Ser Revenue	, ~ C	,						,		
E S	d	•••••				,		•		-*
Program Service Revenue	е							,	•	7
품	f	All other program se	ervice	revenue		*			p.	
	g	Total. Add lines 2a-	-2f .	<u> </u>		<u> </u>	0	And the supplication of th		
	3	Investment income						•		•
	_	other similar amoun					0	0	0	· 0
	4	Income from investm	nent c	of tax-exem	npt bo	nd proceeds .	0	0	0	0
	5	Royalties	<u> </u>	(i) Rea	· · ·	(ii) Personal	0 	0 2.5%. 33.5%. 88.188.23. 33	O Review Strumenting Live	O
		Cross roots '	60			`-'		District Secretary		
	6a	Gross rents Less rental expenses	6a 6b	,	53,989 0					
	b	Rental income or (loss)	$\overline{}$	· ·		<del></del>	A PARTIE		Waller British Commence	
	d	Net rental income o	-	53,989 )		<u> </u>	53,989	47,621	6,368	P. West Community of the Community of th
	_	Gross amount from	7,050	(i) Securit	ies	(ii) Other	33,303	But let Laft tracking of our brighting of		9 M-87 W-15 CM 67 M
-	/a		oss amount from		15	mana and an analysis and an an	Committee Commit		Mary Committee Committee	
		other than inventory	7ā		0				vine unit illustration de la comparticación de la c	
ē	b	Less cost or other basis								
nua		and sales expenses	,7b		0	- , o			managan managan da	
Revenue	С	Gain or (loss)	7c		0	0	Water St. F. Water			
_	d	Net gain or (loss)				<u> </u>	. 0	, , ,	. 0	0
Othe	8a	Gross income from		ndraising				amagningan Jamanda Malang		
0	-	events (not including		0						
	•	of contributions rep 1c). See Part IV. line			ي ا					
	_	3			8a 8h	1,183				
	b	Less. direct expense Net income or (loss)				1,183	(*************************************		· · · · · · · · · · · · · · · · · · ·	
	9a	Gross income f		-	g eve	111.5		PERSONAL PROPERTY.		
,	Ja	activities. See Part I			9a	۰ ۵			and the second s	
	b ·	Less: direct expens			9b	. 0	Comment Linear Comment			
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>	0	. 0	. 0	0
	10a	Gross sales of in		-						
		returns and allowan			10a	87,775			(Tapina) is a production of the	The physical security
	b	Less: cost of goods	sold		10b	46,843				data Karatan Baratan B
	С	Net income or (loss)			vento	ory ▶	40,932	32,746	8,186	Ů
Sn			_			Business Code				
e c	11á							, s	,	
lan	b						,	· · · · · ·	:	• *
scellanec Revenue	С						ļ	,	,	,
Miscellanecus Revenue	d	All other revenue						The state of the s	Standard Standard	STATES STATES AND A STATE OF THE STATES AS A STATES AS A STATE OF THE STATES AS A S
	<u>е</u> 12	Total. Add lines 11a			<u> </u>	<u> </u>	0	######		
	12	Total revenue: See	unstri	uctions			138,918	80,367	14,554	ı 0

	,	 i age i
Part IX	Statement of Functional Expenses	 

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp										
	Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations			BENEW TOPPIE	<b>学术学的美术学</b> 的						
	and domestic governments. See Part IV, line 21 .	5,210									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	,								
3	Grants and other assistance to foreign				<del>同</del> 的名词形式						
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	. 0			A STATE OF THE PROPERTY OF THE PARTY OF THE						
4.	Benefits paid to or for members	0		FF de la Company							
5	Compensation of current officers, directors, trustees, and key employees	0	·								
6	Compensation not included above to disqualified	_									
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	. o		,							
7	Other salaries and wages	330									
8	Pension plan accruals and contributions (include	•									
	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	63									
11	Fees for services (nonemployees):		-								
а	Management	0		•							
b	Legal	548									
C	Accounting	0									
d	Lobbying	0		ACTOR TO COMMANDED TO A COMMAND AND COMMAND ACTOR ACCORDANCES							
e	Professional fundraising services. See Part IV, line 17	0		min white the man inv.							
f	Investment management fees	0									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	0			· .						
12	Advertising and promotion	81		,							
13	Office expenses	2,013									
14	Information technology	0									
15.	Royalties	0									
16	Occupancy	55,001									
17	Travel	0		, ,							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,								
19	Conferences, conventions, and meetings .	1,711									
20	Interest	33,565			<u> </u>						
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization .	17,948									
23	Insurance	2,549	James and James State Land Comment	PV SSSE PRESS SERVING SERVINGEN, SERVINGER, NEW PROPERTY AND THE PROPERTY OF T	We don't recognite the common of the com-						
24	Other expenses. Itemize expenses not covered			unitarian (filosofia) (grad)							
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
_	•	A.A	Alemander (1975)	18", 2. T. W. 131114 W-T							
a b	National & State per capita assessments Supplies	5,857									
C.	VIP Visits	1,622			<del></del>						
d d		117	,								
e	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24e	126,615			<u> </u>						
26	Joint costs. Complete this line only if the	120,613									
	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)										

					9+
Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt X		
	•	*	(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing		1	2,094
-	2	Savings and temporary cash investments	15,395 713	<del></del>	. 713
	3	Pledges and grants receivable, net	713	<del></del>	/ 13
•	4	Accounts receivable, net	. 0	4	
	5	Loans and other receivables from any current or former officer, director,		ro To	
	5 ,	trustee, key employee, creator or founder, substantial contribution, or 35%			
		controlled entity or family member of any of these persons	0	5	· C
	6	Loans and other receivables from other disqualified persons (as defined			
	٠,	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	, O
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	6,033	8	· 3,635
Ÿ	9	Prepaid expenses and deferred charges	315	9	308
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,587,827			
	ь	Less: accumulated depreciation 10b 110,976		100	1,476,851
	11	Investments—publicly traded securities	1,494,269		1,476,651
	12	Investments—publicly traded securities	0		
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	- 0	<del>-</del>	0
	15	Other assets. See Part IV, line 11	0		0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,516,725		1,483,601
	17	Accounts payable and accrued expenses	41,959	<del>                                     </del>	40,894
	18	Grants payable	41,555		10,031
	19	Deferred revenue	210,037		176,762
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	. 0	21	0
Ś	22	Loans and other payables to any current or former officer, director,	And the continue of the continue of the		umgratio publigi ani interna dan dan dan dan dan dan dan dan dan d
itie		liustee, key employee, creator or founder, substantial contributor, or 35%	or things the rither of the love runn, or said, the said of the sa	र्यमात ५, कृतिपाष्ट्र स	nthanten juit "Althogs chui est ganha eili men vagatationgs muniggandier in minen ma
Liabilities		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	316,229	23	305,143
	24	Unsecured notes and loans payable to unrelated third parties	124,000	24	124,000
	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	o	25	0
	26	Total liabilities. Add lines 17 through 25	692,225	26	646,799
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.		を変え	
au	27	Net assets without donor restrictions	A STATE OF THE STA	27	. 3 . 5 . Gen San I . San att Chin Hill Will
Ва	28	Net assets with donor restrictions		28	
힏		Organizations that do not follow FASB ASC 958, check here ▶ □	ENTER THE TENT	THE P	MIN FFILMFREE
Ţ		and complete lines 29 through 33.	Copick colored strukturicki. 13. da Corio 11. dopou aktivistorickionisco		
ō	29	Capital stock or trust principal, or current funds	0	29	n
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		. 0
SS	31	Retained earnings, endowment, accumulated income, or other funds	824,500	-	836,802
ΪA	32	Total net assets or fund balances	824,500		836,802
Ž	33	Total liabilities and net assets/fund balances	1,516,725		1,483,601

Page	12	

-orm	990	(201	91

Part	Reconciliation of Net Assets		-		
	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		13	38,91
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	26,61
3	Revenue less expenses. Subtract line 2 from line 1	3		•	12,30
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		82	24,50
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 on Schedule O)	9			(1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	•	83	36,8 <u>0</u>
Part	XII Financial Statements and Reporting		•		_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	xplaın	ın		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were commercial on a separate basis, consolidated basis, or both:	npiled (	or		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ted on	а		
	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 ove	ersight	of		
•	the audit, review, or compilation of its financial statements and selection of an independent accounta	int? .	2c		
Ū	and death, review, or complication of the manifest electronic and colocition of all independent accounts				1
J	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	kplain c	on		
	If the organization changed either its oversight process or selection process during the tax year, ex				<b>✓</b>
3а	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ne 3a		<b>-</b> -

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# SCHEDULE D (Form 990) ,

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

Name o	the organization		Employer identification number
B.P.O.	of the Elks of the U.S.A. Inc.	<del></del>	06-0258842
Par			
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6	<b>3.</b>
		(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	<del> </del>	held in donor advised
•	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
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		·
'	Preservation of land for public use (for example, 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 he	ald a qualified conservation contribut	ion in the form of a conservation
_	easement on the last day of the tax year.	sia a qualifica dell'idei vationi dell'illibat	Held at the End of the Tax Year
_	· · · · · · · · · · · · · · · · · · ·		
a	Total acreage restricted by conservation easement	• • • • • • • • • • • •	
b	Number of conservation easements on a certified I		
C	Number of conservation easements included in		
d			
_	5		
3	Number of conservation easements modified, tran	sterred, released, extinguished, or te	eminated by the organization during the
4	tax year ►	nyation easement is located >	
4 5	Does the organization have a written policy re		spection handling of
J	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
U	Starr and volunteer riours devoted to monitoring, inspec	cang, nandang or violations, and emore	ing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectif	ng handling of violations, and enforcin	a conservation easements during the year
•	►\$	ig, hariding of violations, and emorein	g conservation casements during the year
	Does each conservation easement reported on line	2(d) above satisfy the requirements	of coction 170/h)/4)/P)/i)
8		2(u) above satisfy the requirements to	
•	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text of	of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easeme		
Part			r Other Similar Assets
· uii	Complete if the organization answered		
<u></u>			· · · · · · · · · · · · · · · · · · ·
та	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
L	•		
D	If the organization elected, as permitted under FA art, historical treasures, or other similar assets held	· ·	
	provide the following amounts relating to these itel		secure in rando and or public service,
			<b>▶</b> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		· · · · • • • • • • • • • • • • • • • •
^	the appropriate a received or held works - f - d	historical transverse or other commit	or accepts for financial acres provide the
2	If the organization received or held works of art following amounts required to be reported under F		
_	Revenue included on Form 990, Part VIII, line 1		
d	Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
			<del>.</del> w

Part	III- Organizations Maintaining	Coll	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her recor	ds, chec	k any of the	e follov	ving that make	significan	t use of its
а	☐ Public exhibition			d	☐ Loan (	or exchange	e progi	am		
b	☐ Scholarly research			e	☐ Other					
C	☐ Preservation for future generations	6								
4	Provide a description of the organiza XIII.	tion's	collections a	and expla	un how tl	hey further	the org	ganization's exe	empt purp	ose in Par
5	During the year, did the organization assets to be sold to raise funds rathe									es 🗌 No
Part	V Escrow and Custodial Arra	ange	ments.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fo	llowing ta	able:	_			
							-	_	Amount	
C	Beginning balance						10	_		
d	Additions during the year						10	_		
e f	Distributions during the year Ending balance						11	_		
2a	Did the organization include an amou								tv? 🗆 <b>Y</b>	es 🗆 No
	If "Yes," explain the arrangement in P									
Par				-	·		•			
	Complete if the organization	n ansv	wered "Yes	" on For	m 990, F	Part IV, line	e 10.			
	· · · · · ·	(a)	Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years ba	ick (e) Fou	ır 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									
2	Provide the estimated percentage of				e (line 1g	, column (a	)) held	as:		
a	Board designated or quasi-endowme	ent ►		%					•	
b	Permanent endowment									
С	Term endowment ▶ %			000/						
0-	The percentages on lines 2a, 2b, and				4 46-				41	
3a	Are there endowment funds not in the organization by:	ie pos	session of the	ne organi	zation tha	at are neid	and ad	iministered for	tne	Yes No
	(i) Unrelated organizations								. 3a(i)	<del>† †                                    </del>
									. 3a(ii)	-
b	If "Yes" on line 3a(ii), are the related of								. 3b	
4	Describe in Part XIII the intended use	•								
Pari	VI Land, Buildings, and Equi	pmen	ıt.							
	Complete if the organization	n ans	wered "Yes	" on For	m 990, F	Part IV, line	e 11a.	See Form 990	D, Part X,	line 10.
	Description of property		(a) Cost or of (investm			or other basis ther)		Accumulated epreciation	( <b>d</b> ) Bo	ok value
1a	Land			0		1,017,513				1,017,513
b	Buildings			0		496,524		66,073		430,45
C	Leasehold improvements	•		. 0	-	0		0		(
d	Equipment	•		0		68,555		43,496		25,059
E Total	Other	must s	agual Form 0	00 Part 1	( column	5,235	)c 1	1,407	<del></del>	3,828
i viai.	Add lines to through te. (Column (a)	must 6	yuari Ullil 9	ou, rail/	s, colullii	יו <i>וו, עט</i> וי ,	··. <i>)</i> .	▶		1,476,851

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ie 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		· · · · · · · · · · · · · · · · · · ·
Part VIII	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11c See Form 990 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)	<del></del>		
(2)			
(3)			-
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) line 13.) .		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(3)		<del> </del>	
(4)			
(5)			<del></del>
(6)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, Im	e 11e or 11f. See Form 990, Part X,
	line 25.	, , , , , , , , , , , , , , , , , , , ,	,
1.	(a) Description of liability		(b) Book value
(1) Federal ır	icome taxes		
(2)		<del></del>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25) .		•
	uncertain tax positions. In Part XIII, provide the text of the footn		
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of the	e footnote has been provided in Part XIII . [

∘Part			Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	·
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	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, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
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		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
ь	Prior year adjustments		
C	Other losses	2c	_
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		- <b>i</b>
b	Other (Describe in Part XIII.)	<del></del>	
С 5	Add lines <b>4a</b> and <b>4b</b>		<del></del>
	XIII Supplemental Information.	ie 10.)	.1. 9 1
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1h and 2	h: Part V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
•		•	
	•		
•			
		•	
			·
			-

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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number B.P.O. of the Elks of the U.S.A. Inc. 06-0258842 Form 990, Part VI, Line 6 - The organization had 278 members st the start of the fiscal year and 264 at its end. Form 990, Part VI, Line 7a & b - All currently paid members have the right to elect members of the governing body at the annual election of officers. Any currently paid member is entitled to participate in all Regular and Special meetings of the Lodge and at such meetings can ratify, change, modify or override the decisions of the governing body (composed of the Trustees and Exalted Ruler, Esteemed Leading Knight, Esteemed Loyal Knight and Esteemed Lecturing Knight) of the Lodge. Form 990 Part VI Line 11b - Form 990 was reviewed by the governing Body of the organization with the return preparer at its annual meeting Form 990 Part VI Line 19 - Governing documents and financial statements are available for review by the public upon written request at the address of the Treasurer. Form 990 Part XI Line 9 - Roundings

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
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