Form **990** (2019)

Cat. No 11282Y

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For Paperwork Reduction Act Notice, see the separate instructions.

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	(Re	January	2020)			4947(a)(1) of the li		=	•	` ^			
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	_	rnal Revent	<del></del>	<del></del>		gov/Form990 for i							spection
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2020	B	•	ication number										
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C.	H	Initial retu	n/terminated			country, and ZIP or fo	rough portal co				<del> </del>	610-334	.4499
_	吕	Amended		Reading, PA	*	country, and zir or to	reigii postai co	ue			G Gross	receipts \$	0042.20
=	Η		n pending			fficer Allyn I Swa	velv			H(a) is this a di			9843.36 ? ☐ Yes ☑ No
ţ	Application pending F Name and address of principal officer Allyn L. Swavely  3217-B Garfield Avenue Reading, PA 19605  H(a) Is this a group return for su H(b) Are all subordinates												
J	I Tax-exempt status											•	
靛	J	Website:	► reading	elks115@hot		· · · · · · · · · · · · · · · · · · ·	1			H(c) Group e			1156
	ĸ			Corporation [		ıatıon ☐ Other ►		L Year of for		1890	$\overline{}$	of legal don	
කි	Р	art I	Summa	ry			- 1				·		
<u>α</u>		1	Briefly des	cribe the org	janization's mis	sion or most sigr	nificant activ	ities: To an	d in th	e care and	treatmen	t of cripp	led children
	e			ds of the con									
	Governance							-		11 /= -			
	Š	2	Check this	box ▶ 🔲 if	the organization	n discontinued its	s operations	or dispose	ed-oFi	more than	25% of	its net as	sets.
	ĝ					erning body (Par					187		10
	<b>්</b>	4	Number of	ındependen	it voting membe	ers of the governi	ng body (Pa	rt VI, line	b) 1.	<b>5 2</b> 020.	04		0
	Activities &	1				ın calendar year	2019 (Part V	Ĥine 2a)			148-05(		0
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	ĕ					Part VIII, columr		. 00	<u>אָעי</u>	N, UT	T <sub>a</sub>		0
		b	Net unrelat	ted business	taxable incom	e from Form 990-	-T, line 39	<u> </u>	<del></del>		7b		0
									<u> </u>	Prior Yea	ır	Cur	rent Year
	ē	1		_		e 1h)			ļ		7549.76		9843.36
	Revenue	1	-		ue (Part VIII, line				<u> </u>				
	æ	1				A), lines 3, 4, and	-		L		-		<del></del>
		1				nes 5, 6d, 8c, 9c,		-	-				
						must equal Part \					7549.76		9843.36
		1				IX, column (A), lin	-		<u> </u>				
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	penses					column (A), line							
	ĕ					olumn (D), line 25)							
	ă					nes 11a–11d, 11			.		1027.02		12500.07
			-		• •	t equal Part IX, c	-	· · · · ·	-		1037.82		12586.67
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	Net Assets or Fund Balances	20	Total asset	ts (Part X, lin	e 16)				1223		4626.56		1883.25
i	ASS	21		ties (Part X, I							0.00		0.00
] } 	E E	22			•	line 21 from line	20				4626.56		1883.25
•	Р	art II		re Block									1000,20
					have examined this	return, including acc	ompanying sch	edules and st	atemen	nts, and to the	e best of m	y knowledg	e and belief, it is
1	tru	e, correct,	and complet	e. Declaration of	f preparer (other tha	in officer) is based on	all information	of which prep	arer has	s any knowle	dge.		,
				AM	12	2					61	22/	2020
	Sig	gn	Signati	ure of officer					•	Date	)		
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			Firm's add							Phon	e no		
	Ma	v the IR	S discuss t	this return wi	th the preparer	shown above? (	see instructi	ons)					Yes No

	•		
	990 (2019)	F	Page 2
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:	<del></del>	
	To aid in the care and treatment of crippled children and the needs of the community.		
2	Did the organization undertake any significant program services during the year which were not listed on the	ne	
	prior Form 990 or 990-EZ?	☐ Yes 🗸	] No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any progra	m	
·	services?		] No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.	es, as measure locations to of	ed by thers,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	)	
	•••••••••••••••••••••••••••••••••••••••		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$		
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			<b></b>
4c	: (Code) (Expenses \$including grants of \$) (Revenue \$	)	

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$



Form 99	0 (2019)		F	age 🤄
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<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		✓
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<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		<b>√</b>
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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
þ	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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	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		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 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		1
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>-</b>	<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		. 68	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
	- Carlotte in Square in the standard compliance (commisses)			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Г			1.0				
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		<del> </del>				
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<u> </u>							
3a									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	⊢	3b		<del> </del>				
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		1				
b	If "Yes," enter the name of the foreign country ▶	" }			<b>├</b>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FI	BAB)			ł				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		1				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	<u>-</u>	5b	_	1				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>—</b>	5c		<del></del>				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	-	-		<del></del>				
	organization solicit any contributions that were not tax deductible as charitable contributions?	. [	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gi	oods			<u> </u>				
	and services provided to the payor?	. [	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. [	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			]				
	required to file Form 8282?	. [	7c		<u> </u>				
	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 contri	<b>—</b>	7e		L				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	<u> </u>	7g		<u> </u>				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	-	7h		<b>├</b> ─				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by								
_	sponsoring organization have excess business holdings at any time during the year?	. +	8		<del> </del>				
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	-	9a						
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>—</b>	9a 9b		<del> </del>				
10	Section 501(c)(7) organizations. Enter:		90		├──				
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				ſ				
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
_	against amounts due or received from them.)	]		'	) '				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11?	12a	_					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b								
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.	Ī							
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								
C	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u>,                                    </u>	14a		1				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u> </u>	14b		L				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on 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 to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income to the section 4968 excise tax on net investment income tax of the section 4968 excise tax of tax o	me?	16	<u> </u>	<b>/</b>				
	If "Yes," complete Form 4720, Schedule O.	1	- 1		Ι.				

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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
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 1a 10			1 1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			ļ <b>i</b>
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?		_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<b>✓</b>	
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>✓</b>	
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	<b>-</b> ✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
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 be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	ļ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<del></del>	igsquare
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	_✓_	<u> </u>
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	1	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	✓	<u> </u>
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?		<u></u>	
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
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		e_	ا ا
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		- <b></b>	
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.  Own website   Other (explain on Schedule O)			, ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Allyn L. Swavely, Secretary P.O. Box 15065 Reading, PA 19612-5065 610-334-4499	cords	-	

Form	990	(2019)

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ted any current	officer, director,	or trustee.
				(	C)					
(A)	(B)				ation			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any	우궁	la Se	₽	6	S 9 7 7		from the organization	from related organizations	compensation from the
	hours for	dre	Ê	Officer	۱×	ploy	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	호트	Š		Key employee	8 6	`			related organizations
	below	Individual trustee or director	5		yee	mg				
	dotted line)	8	Institutional trustee			Highest compensated employee				
		<u> </u>				ed				
(1) Elwood J. Oxenreider	1.50	ļ								
Exalted Ruler	ļ		<u> </u>	✓				0.00	0.00	0.00
(2) Brenda L. Spencer	1.50	1								
Esteemed Leading Knight	<u> </u>	<u> </u>	L	✓	<u> </u>		L	0.00	0.00	0.00
(3) Joseph G. McCarthy	1.50			Į						
Esteemed Loyal Knight		L	<u> </u>	✓	<u> </u>	ļ		0.00	0.00	0.00
(4) Timothy M. Antosy	1.50	ļ	ŀ				İ	-		
Esteemed Lecturing Knight		ļ	$oxed{oxed}$	✓	<u> </u>			0.00	0.00	0.00
(5) Allyn L. Swavely	1.50	Į	ļ							
Secretary	<u> </u>		<u> </u>	✓	_	ļ	L.	0.00	0.00	0.00
(6) Barbara A. Rowlands	1.50	1								
Treasurer			_	✓	_		L.	0.00	0.00	0.00
(7) Thomas J. Spencer	1.50									
Trustee - One Year		✓	lacksquare	lacksquare	lacksquare		<u> </u>	0.00	0.00	0.00
(8) David C. Sassaman	1.50	Į						}		
Trustee - Two Year	<u> </u>	<b>✓</b>	_	<u>L</u>	┞		<u> </u>	0.00	0.00	0.00
(9) Deborah Demarco	1.50			ŀ						
Trustee - Three Year	<u> </u>	1			Ļ	ļ	<u> </u>	0.00	0.00	0.00
(10) William R. Thurber	1.50	1		i						
Inner Guard		<b>✓</b>	Ļ	<u> </u>	<u> </u>		<u> </u>	0.00	0.00	0.00
(11) Angel L. Torres	1.50									
Chaplain		1		<u> </u>		ļ	_	0.00	0.00	0.00
(12)		1		ŀ				ŀ		
(13)			<del> </del>	-	├		_			
<u></u>	+	1								
(14)										10
		I		1	1	I	!			

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
						C)					
	(A)	(B)	/			ition			(D)	(E)	(F)
	Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
		hours					or/trus		compensation	compensation	of other
		per week (list any	익호	<u> </u>	Q	7	9.∄	77	from the organization	from related organizations	compensation from the
		hours for	로	藚	Officer	y e	병물	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related	Individual trustee or director	Institutional trustee	7	Key employee	Highest co	"			related organizations
		organizations below	<b>1</b>	<u>≡</u>	Ì	l &	l B				
		dotted line)	stee	I SE		•	) ĕ				
				8			Highest compensated employee				
(15)		<del> </del>	1	-	-	├	<u> </u>	├	<del>                                     </del>		
1		<del> </del>	1								
(16)			<del>                                     </del>	$\vdash$	$\vdash$	┢	<del>                                     </del>	<u> </u>			
1		<del> </del>	1								
(17)			<del> </del>	<del>                                     </del>	╁	┢	<del> </del>	┢┈	<del>                                     </del>		
V		<del> </del>	1								
(18)			<del> </del>	<del> </del>	╁	┢	<del> </del>		1		
(10)		<del> </del>	1								
(19)			1	$\vdash$	⊢	$\vdash$	├	├	<u> </u>		
(19)		<del> </del>	1	İ			<b>\</b>	l			}
(00)			<u> </u>	<b>├</b> ─	<del> </del>	┝	<u> </u>	-			
(20)		<del> </del>	┨								
(04)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	ļ	ļ	-	ļ	ļ			
(21)		ļ	1								
			ļ	Ļ_	<u> </u>	ļ	ļ	├	ļ <u>-</u> .		
(22)		ļ									
		<u> </u>	<u> </u>	ļ	ļ	<u> </u>	ļ	_			
(23)			1								
								<u> </u>			
(24)			]								
					<u> </u>						
(25)	- "										
			]				l	l			
1b	Subtotal							<b></b>	0.00	0.00	0.00
С	Total from continuation sheets to Part	VII, Section	n A	`.				▶	0.00	0.00	0.00
d	Total (add lines 1b and 1c)							▶	0.00	0.00	0.00
2	Total number of individuals (including bu							e) w	ho received mor	e than \$100,000	
	reportable compensation from the organ							•	0		
							-				Yes No
3	Did the organization list any former	officer dire	ector.	trı.	iste	e l	cev e	mn	lovee or highes	st compensated	4
•	employee on line 1a? If "Yes," complete										3 /
4	For any individual listed on line 1a, is the										<del></del>
•	organization and related organizations										
								-			4 1
5	Did any person listed on line 1a receive of			-	tion	fro	 m an		rolated organiza	tion or individua	<del>   -                            </del>
	for services rendered to the organization										5 /
Secti	on B. Independent Contractors	. 11 100, (	301110			1001		-	Sacri person .	· · · · ·	<b>       </b>
1					ind				antroptore that r	rossived more	than \$100,000 a
•	Complete this table for your five high compensation from the organization. Rep										
		ort comper	isatio	1110	rune	e Ud	ienaa	i yu	<del></del>	within the organ	
	(A) Name and business add	frace							(B) Description of ser	vices	(C) Compensation
	Hanne and Dashless duc							<del> </del>			
	<del></del>							-			
				_							
					,		_	<u> </u>			
								<u> </u>	- <del></del> -		
2	Total number of independent contractor							o th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	rgan	ıızat	ion	▶		0		

	90 (2019	9)				Page <b>S</b>
Part	VIII	Statement of Revenue			· · · · · ·	
		Check if Schedule O contains a response or note	e to any line in this Pa	art VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a				
ran	b	Membership dues 1b 5	157.70		]	
S,E	С	Fundraising events 1c				
iifts ar A	d	Related organizations 1d				
s, g	е	Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f		685.66			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$	·······			
ם כ	h	I otal. Add lines 1a-1f	9843.36	5		
an a	_	Business	Code			
Š	2a					
Ser en	b					
Tel S	ر. C					
Program Service Revenue	d			:		<u>-</u>
jo	e f	All other program service revenue				
-	, g	Total. Add lines 2a–2f	<b>•</b>			
	3	Investment income (including dividends, interest				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proces	eds ▶			
	5	Royalties	<b>•</b>			
		(i) Real (ii) Perso	onal			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c			ļ	
	d	Net rental income or (loss)	<b>•</b>			
	7a	Gross amount from (i) Securities (ii) Oth	er			
		sales of assets other than inventory /a				
ø.	h	Less: cost or other basis				
evenue		and sales expenses . <b>7b</b>				
	С	Gain or (loss) 7c				
ď.		Net gain or (loss)	<b>•</b>			
Other R	8a	Gross income from fundraising				
Ò		events (not including \$				
		of contributions reported on line				
i		1c). See Part IV, line 18 8a				
		Less: direct expenses				
	C	Net income or (loss) from fundraising events	<b>•</b>			
		Gross income from gaming activities. See Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities	<b>•</b>	<b>-</b>	-	<del> </del>
	10a	Gross sales of inventory, less			ļ	
	h	returns and allowances 10a  Less: cost of goods sold 10b	<del></del>			
	C	Less: cost of goods sold 10b  Net income or (loss) from sales of inventory	<b>&gt;</b>	1		
·		Business		-		
Miscellaneous Revenue	11a	·				
ane	b					
scellaneo Revenue	С				· · · · · · · · · · · · · · · · · · ·	
isc R	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	<b>&gt;</b>			

9843.36

12

Total revenue. See instructions

	0 (2019)  Statement of Functional Expenses		<del></del>		Page 10
	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ехрепзез	general expenses	вирепѕеѕ
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal		<del> </del>		
C	Accounting				
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	1911,12		1911.12	
14	Information technology				
15	Royalties				<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				····
19	Conferences, conventions, and meetings .	1296.42		1296.42	
20	Interest		<del> </del>		·
21	Payments to affiliates	+			
22 23	Depreciation, depletion, and amortization .	202.00	<del> </del>	900.00	
	Insurance	803.00		803.00	
24	Other expenses. Itemize expenses not covered 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.)				
_	Donations	F 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		2200.00	
a	Donations	5532.00		5532.00	
C	Dues Storage	1901.45		1901.45	
d	Storage	1142.68	<del></del>	1142.68	
e	All other expenses			<del> </del>	
25	Total functional expenses. Add lines 1 through 24e	12586.67		12586.67	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	12300.07		12300.07	- 10
	following SOP 98-2 (ASC 958-720)			1	

		,			
_	n 990 (20				Page 1
P	art X				-
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	· · ·	(B) End of year
	1	Cash—non-interest-bearing	4626.56	1	1883.2
	2	Savings and temporary cash investments	4020.00	2	1003.2
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<del>~ · · · · · · · · · · · · · · · · · · ·</del>	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			* * A
	_	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	· · · · · · · · · · · · · · · · · · ·
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	,	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4626.56	16	1883.2
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	. <u>-</u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	<del></del>
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
nces	,	Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	4626.56		308.2
Net Assets or Fund Balances	28	Net assets with donor restrictions	0.00	28	1575.00
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4626.56	32	1883.2
	33	Total liabilities and net assets/fund balances	4626.56	33	1883.2

Total liabilities and net assets/fund balances

1883.25

4626.56 33

Form 9	90 (2019)				Pa	ge <b>12</b>
Pari	XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			98	43.36
2	Total expenses (must equal Part IX, column (A), line 25)	2			125	86.67
3	Revenue less expenses. Subtract line 2 from line 1	3			(27	13.31)
4	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			4626.56		26.56
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	T.				
	32, column (B))	10			18	83.25
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	xplaın	ın		- 1	ł
_	Schedule O.			_ -		
2a			<u> </u>	a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled (	or			.
	reviewed on a separate basis, consolidated basis, or both.				- 1	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	_ -	<del></del> -	
Þ	Were the organization's financial statements audited by an independent accountant?		_	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	ı		. !
	separate basis, consolidated basis, or both.					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	<b></b> ∤-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				_	
	the audit, review, or compilation of its financial statements and selection of an independent accounta		<b></b>	c	✓	<del></del> ;
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	cplain c	n			
_				<b></b>  -		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	1e			

**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 on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

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3b

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

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2019

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Benevolent and Protective Order of Elks #115	23-0400960
Part VI Line 02 Brenda L. Spencer, Esteemed Leading Knight and Thomas J. Spencer, Trustee - One Ye	ear are husband and wife.
Part VI Line 06 The organization is made up of general members.	
Part VI Line 07a The governing body are elected by a vote of the general membership.	
Part VI Line 07b The decisions of the governing body are subject to approval by the general membership	р.
Part VI Line 11b The Form 990 is reviewed by the Auditing Committee and given to the general members	ship for questions and approval.
Part VI Line 12c All officers are reviewed periodically to ensure there is compliance with this policy.	
Part VI Line 19 Governing documents, conflict of interest policy and financial statements are made ava	ilable to the general membership by
contacting the Secretary or Exalted Ruler and making arrangements with them to review	v the requested documents.
······	••••
<del></del>	

Schedule O (Form 990 or 990-EZ) (2019)			
Name of the organization	Employer identification number	-	
	•••••		
		<b>-</b>	
		•	
	······		
	***************************************		
		.5555-555	
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