

Form **990EZ**


Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
IOWA ELKS ASSOC OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1956 GENEVA HILLS ROAD
City or town, state or province, country, and ZIP or foreign postal code
MUSCATINE, IA 52761

D Employer identification number
42-0713808
E Telephone number
F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.IOWAELKS.ORG
J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 71,807

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	19,769
	4	Investment income	4	594
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,854
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,854
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	46,590
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	71,807

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	7,536
	13	Professional fees and other payments to independent contractors	13	13,186
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	52,985
	17	Total expenses. Add lines 10 through 16 ▶	17	73,707
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,900
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	172,632
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,471
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	172,203

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	8,640	22	15,483
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	163,992	24	156,720
25 Total assets	172,632	25	172,203
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	172,632	27	172,203

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒
What is the organization's primary exempt purpose?
TO PROMOTE AND PROVIDE OUR YOUTH, VETERANS, AND COMMUNITY CHARITABLE SERVICES
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title
28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT BURNS	1 00	0		
PRESIDENT-EL				
BILL OETKEN	1 00	0		
PRESIDENT				
DAVID STARKWEATHER	1 00	4,000		
SECRETARY				
JERRY LONG	1 00	3,000		
TREASURER				
DAN OLSON	1 00	0		
TRUSTEE				
ROGER MCQUEEN	1 00	0		
TRUSTEE				
WILLIAM KEHE	1 00	0		
TRUSTEE				
JEFF KOONTZ	1 00	0		
TRUSTEE				
DAVE DAVIS	1 00	0		
STATE VICE-P				
LARRY KELLEY	1 00	0		
STATE VICE-P				
JUSTIN MANN	1 00	0		
STATE VICE-P				
MICHELLE STEER	1 00	0		
STATE VICE-P				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>DAVID STARKWEATHER</u> Telephone no ▶ <u>(563) 263-3663</u> Located at ▶ <u>1956 GENEVA HILLS ROAD MUSCATINE , IA</u> ZIP + 4 ▶ <u>52761</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2020-08-15 Date		
	DAVID STARKWEATHER SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER J DECKER CPA	Preparer's signature	Date 2020-08-04	Check ☐ if self-employed	PTIN P01269017
	Firm's name ► HOGAN - HANSEN PC			Firm's EIN ► 42-0991212	
	Firm's address ► 2750 FIRST AVENUE NE SUITE 150 CEDAR RAPIDS, IA 524024800			Phone no. (319) 366-8267	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 42-0713808
Name: IOWA ELKS ASSOC OF THE BENEVOLENT
AND PROTECTIVE ORDER OF ELKS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 IOWA AND GRAND LODGE RITUAL - TO ENHANCE THE PRINCIPLES OF ELKDOM (Grants \$)		28a	
If this amount includes foreign grants, check here . . . ☐			

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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29 ELEVENTH HOUR PUBLICATION - VENUE FOR EDITORIALS AND ARTICLES COVERING ELKDOM PRINCIPLES AND CHARITABLE EVENTS IN WHICH THE ELK'S ASSOCIATION IS INVOLVED (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
30 A PORTION OF THE MANAGEMENT AND COMMITTEE EXPENSES ARE FOR PROMOTING MEMBERSHIP AND PROVIDE MANAGEMENT FOR THE ORGANIZATION'S NEWSLETTER TO MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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

IOWA ELKS ASSOC OF THE BENEVOLENT
AND PROTECTIVE ORDER OF ELKS INC

Employer identification number

42-0713808

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PAGE 1, ITEM C	IOWA ELKS ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 8	ALLOCATION MGMT EXPENSE 45,390 NEW LODGE INITIATION FEES 1,200 TOTAL 46,590

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INSURANCE PREMIUMS 1,757 PRESIDENT EXPENSE 5,703 PRESIDENT-ELECT EXPENSE 1,307 VICE PRESIDENT EXPENSE 4,776 TRUSTEE EXPENSE 7,613 TREASURER EXPENSE 2,020 SECRETARY EXPENSE 1,848 GIFT-PRESIDENT 1,100 OFFICER TRAINING 288 PUBLIC RELATIONS 3,154 DIVISION CHAIRMAN EXPENSE 2,372 PSP ADVISORY CHAIRMAN (GR 1,041 ELK OF THE YEAR 245 APPOINTED OFFICERS 2,152 RITUAL-STATE 52 STATE CONVENTION EXPENSE 6,420 GRAND LODGE HOUSING 2,780 GRAND LODGE CONVENTION 2,750 NEW LODGE 59 OFFICE EXPENSE 4,520 GOLF COMMITTEE 128 DEPRECIATION EXPENSE 900 TOTAL 52,985

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	UNREALIZED INVESTMENT GAIN 1,471

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ELK PIN MOLDS 4,500 4,500 LESS ACCUMULATED DEPRECIATION 2,250 3,150 LS-US GOVT FUND 26,790 28,854 DUE FROM CHARITABLE TRUST 134,952 126,516 TOTAL 163,992 156,720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	TO PROMOTE AND PROVIDE OUR YOUTH, VETERANS, AND COMMUNITY CHARITABLE SERVICES