Department of the

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/Form990 for instructions and the latest information.

DLN: 93493211012051 OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021 C Name of organization D Employer identification number B Check if applicable: MONTPELIER LODGE OF ELKS 924 ☐ Address change 03-0104560 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 203 COUNTRY CLUB ROAD □ Application pending City or town, state or province, country, and ZIP or foreign postal code MONTPELIER, VT $\,$ 05602 $\,$ G Gross receipts \$ 300,959 Name and address of principal officer: H(a) Is this a group return for RENEE LAWRENCE □Yes ☑No subordinates? 203 COUNTRY CLUB ROAD H(b) Are all subordinates MONTPELIER, VT 05602 ☐ Yes ☐No included? Tax-exempt status: 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list. (see instructions) 501(c) (8) ◀ (insert no.) **H(c)** Group exemption number ▶ 1156 Website: ▶ montpelierelks.com L Year of formation: 1905 **M** State of legal domicile: VT K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE, AND FIDELITY. TO SERVE THE PEOPLE AND COMMUNITY THROUGH BENEVOLENT PROGRAMS DEMONSTRATING ELKS CARE AND ELKS SHARE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 6 30 7a 52,567 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 11,446 2,540 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 160,295 158,105 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 4,271 -98,359 91,049 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,536 267,061 83,822 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 125,264 97,413 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 224,539 163,584 349,803 260,997 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . -82,742 -177,175 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 467,811 272,107 21 Total liabilities (Part X, line 26) . 55,365 13,689 22 Net assets or fund balances. Subtract line 21 from line 20 . 258,418 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2021-07-28 Signature of officer Sign Here RENEE LAWRENCE Treasurer Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | if P00199835 Paid self-employed Firm's EIN ▶ 03-0300841 Firm's name Fothergill Segale & Valley CPAs Preparer Use Only Firm's address > 143 Barre Street Phone no. (802) 223-6261 Montpelier, VT 05602 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

Form	990 (2020)				Page 2
Pa	rt III Statement	of Program Service Ac	complishments		
	Check if Sche	dule O contains a response o	r note to any line in this Part III .		🗆
1	Briefly describe the o	organization's mission:			
		IPLES OF CHARITY, JUSTICE, DEMONSTRATING ELKS CARE		Y. TO SERVE THE PEOPLE AND CO	MMUNITY THROUGH
DEIVE	EVOLENT PROGRAMS L	DEMONSTRATING ELKS CARE	AND ELKS SHAKE.		
_					
2	<u>-</u>	, -	gram services during the year w	hich were not listed on	
	the prior Form 990 o	☐ Yes 🗹 No			
_	•	ese new services on Schedule			
3	•		gnificant changes in how it condu	ucts, any program	
	services?	🗌 Yes 🗹 No			
	If "Yes," describe the	ese changes on Schedule O.			
4	Describe the organiz Section 501(c)(3) an expenses, and reven				
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program servi	ces (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program serv	vice expenses >			
					Form 990 (2020)

16

17

18

19

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

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Pa	Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No

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

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

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

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

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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

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

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

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

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

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

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

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

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Pa	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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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? <i>If "Yes," complete Schedule L, Part I</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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <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		No

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			

Yes

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0

0

1c

1a

1b

No

Check if Schedule O contains a response or note to any line in this Part V

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

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

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3			
	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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	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:	4a		No			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ——			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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	Yes				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes				
	Organizations that may receive deductible contributions under section 170(c).						
	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?			No 			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	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 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
	Enter the amount of reserves on hand	14a		No			
	14a 14b		140				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess						
	parachute payment(s) during the year?	15 16		No No			
	If "Yes," complete Form 4720, Schedule O.						

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O. See instructions.	•	onse to	lines √ l
Se	ection A. Governing Body and Management			•	
	<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other				No
4	Did the organization make any significant changes to its governing documents since the	•	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nization's assets?	5		No
6	Did the organization have members or stockholders?		6	Yes	
	Did the organization have members, stockholders, or other persons who had the power members of the governing body?		7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?		7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions the following:	undertaken during the year by			
	The governing body?		8a	Yes	
	Each committee with authority to act on behalf of the governing body?		8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the second section of the second seco)	9		No
Se	ection B. Policies (This Section B requests information about policies not requ	ired by the Internal Revent	ie Codi	e.) Yes	N.
10-	Did the organization have local chapters, branches, or affiliates?		10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities	es of such chanters, affiliates	100		110
	and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its go	urposes?	10b		
	form?		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form		<u> </u>	.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually intended conflicts?		12b		No
	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done		12c		No
13	Did the organization have a written whistleblower policy?		13		No
14	Did the organization have a written document retention and destruction policy?		14		No
15	Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation an				
	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or si taxable entity during the year?		16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegu status with respect to such arrangements?	ard the organization's exempt			
<u> </u>	ection C. Disclosure		16b		
17	List the states with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), only) available for public inspection. Indicate how you made these available. Check all the	990, and 990-T (501(c)(3)s nat apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Se				
19	Describe in Schedule O whether (and if so, how) the organization made its governing do policy, and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organ ▶RENEE LAWRENCE 256 Bunker Hill Circle Plainfield, VT 05667 (802) 223-2600	ization's books and records:			
				orm 99	0 (202

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t ch unle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) LUCILLE CAMPBELL Trustee	0.00	×						О	0	0	
(2) KEVIN GOSS LOYAL KNIGHT	1.00	х		х				0	0	0	
(3) Phillip Maynard Trustee	0.00	х						0	0	0	
(4) DAVE LAWRENCE LEADING KNIGHT	1.00	Х		x				0	0	0	
(5) SCOTT PHILLIPS Trustee	1.00	х						0	0	0	
(6) LISA DILENA EXALTED RULER	1.00	Х		х				0	0	0	
(7) ALISON HOWE Secretary	1.00	х		х				0	0	0	
(8) RENEE LAWRENCE Treasurer	0.00	Х		х				0	0	0	
(9) MARK CAMPBELL Trustee	1.00	х						0	0	0	
(10) PAT CORSEY Trustee	1.00	×						0	0	0	
	0.00										
										F 000 (2020)	
										Form 990 (2020)	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

	Name and title	Average hours per week (list any hours	Average hours per week (list any hours for related							Reportable Reportable compensation compensation from the organization (W-2/1099- (W-2/1099			Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)	MISC)		relati organiza	ed	
c ·	Total from continuation sheets to	 Part VII, Section	Α.				>					\pm			
	Total number of individuals (includin of reportable compensation from the			e list	ed a	bov	e) who	rece	eived mo	ere than \$10	00,000				
	Did the organization list any former	officer director	or truct	oo k	ov o	mnl	01/00	or bi	ahast sa	mnoncatod	omployee en		Yes	No	
	line 1a? If "Yes," complete Schedule			•	•	•	• •	•		• • • •	• •	3		No	
	For any individual listed on line 1a, i organization and related organizatio individual										the				
	Did any person listed on line 1a rece services rendered to the organizatio											5		No No	
Se	ection B. Independent Contrac	tors												NO	
	Complete this table for your five hig from the organization. Report comp	hest compensate	d indep	ender	nt co	ntra	actors	that r wit	received	more than	\$100,000 of co	mpens	ation		
		(A) and business addre		, cai		9	With 0	. ,,,,			(B) iption of services	\Box	(C Compen		
												\dashv			
_										i					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

orm s Part		Statement	of E	Pavanua						Page 9
Pan	VIII				respo	nse or note to any	line in this Part VIII			🗆
		Greek in School	aut	o comanis a	ГСЭРО	inse of mote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ह इ		Federated campaig		<u> </u>	.a	I_		revenue		312 314
s, Grants Amounts	b Membership dues 1b c Fundraising events 1c									
Gifts, Grants ilar Amounts		Related organization		<u> </u>	.c .d					
Contributions, Gifts and Other Similar		Government grants (.e					
Sim	f	All other contributions and similar amounts i	s, gift	scludod						
utic her	_	above Noncash contributions		<u> </u>	Lf	2,540				
Contributions, and Other Sim	g	lines 1a - 1f:\$	5 11101		.g					
<u>5</u> <u>5</u>	h	Total. Add lines 1a	a-1f			•	2,540			
						Business Code	3,160	3,160		
æ	2a	FUND RAISING	ID RAISING				3,100	3,100		
Program Service Revenue	b	GOLF MEMBERSHIPS	/FEES	5		713910	138,967	88,355	50,612	
a a	l c	Membership Dues & A	Asses	sments		900099	15,978	15,978		
rvice						300093				
% ⊊	d									
grar	e									
Æ										
		All other program				150 105				
	⊢	Total. Add lines 2 Investment income				158,105 nterest, and other				
	s	similar amounts) .	•		•	•	1,947	<u> </u>		
	l	Income from invest Royalties		t or tax-exen	•	ond proceeds	0			
		·		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b				-			
	c	expenses Rental income	00				-			
		or (loss)	6с	(1)						
	d Net rental income or (loss) (i) Securities			(ii) Other	Ĭ					
	7a	Gross amount	7a			. ,	- 			
		from sales of assets other than inventory	/ a		77,237	1,375	,			
	b	Less: cost or	ss: cost or			-				
		other basis and sales expenses		1.	/8,918		_			
	c	Gain or (loss)	7c	-10	01,681	1,375	;			
	l	Net gain or (loss)					-100,306	-100,306		
ne	8a			of						
Ven		contributions reported See Part IV, line 18			8a					
Re	b	Less: direct expen	ses		8b		-			
Other Revenue	c	: Net income or (los	s) fr	om fundraisii	ng eve	ents Þ	0			
Õ	9a	Gross income from								
	١.	See Part IV, line 19			9a	11,677	-			
		Less: direct expen : Net income or (los			9b ctiviti	4,095] 7,582	690		6,892
		•	•							
	10a	Gross sales of inve returns and allowa	entor ances	y, less	10a	47,159				
	b	Less: cost of good	s sol	d	10b	34,124				
	c	Net income or (los			nvent		13,035	11,080	1,955	
	11	Miscellaneo FACILITY RENTAL		evenue		Business Code 722320	514	514		
	b	MISCELLANEOUS				900099	405	405		
	C									
		All ather								
	l	All other revenue Total. Add lines 1		 	. l					
		Total revenue. S					919			
			11	.S. GOLIOLIS I	•	· · · •	83,822	21,823	52,567	6,892

Forr	n 990 (2020)				Page 10
P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		olumn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>U</u>
	not include amounts reported on lines 6b, 8b, 9b, 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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
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)	0			
7	Other salaries and wages	84,396			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	13,017			
	Fees for services (non-employees):				
a	Management	0			
	Legal	0			
	Accounting	4,415			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,210			
12	Advertising and promotion	164			
	Office expenses	0			
	Information technology	0			
	Royalties	0			
	Occupancy	90,602			
	Travel	,			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	36			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,794			
23	Insurance	7,131			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a REPAIRS & MAINTENANCE	10,910			
	b EQUIPMENT RENTAL	8,000			
	c DUES	7,312			
	d TELEPHONE/INTERNET	4,024			
	e All other expenses	4,986			
25	Total functional expenses. Add lines 1 through 24e	260,997	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				Form 900 (2020)

Form 990 (2020)

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Liabilities 22

Fund Balances

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Assets 30 3

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5,000

197,712

95.984

467,811

37,599

373 19

17,393

55.365

345.592

66.854

412,446

467,811

Page **11**

91,062

53,159

0

0

0

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0

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5,500

122,386 0

272,107

9,454

4.235

13.689

247,514

10,904

258,418

272,107

Form 990 (2020)

0

0

0

Check if Schedule O contains a response or note to any line in this Part IX $$.	
	Π

Accounts receivable, net .

Pledges and grants receivable, net

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Investments—other securities. See Part IV, line 11 . . .

Investments—program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here > $\ lacksquare$ and

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

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

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

basis. Complete Part VI of Schedule D

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances . .

Total liabilities and net assets/fund balances .

complete lines 29 through 33.

b Less: accumulated depreciation

Grants payable .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	24,536	1	
Savings and temporary cash investments	137,591	2	

Assets	

Form	990 (2020)				Page 12
Pa	Reconcilliation 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			83,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,997		
3	Revenue less expenses. Subtract line 2 from line 1	3	-177,175		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	412,446		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			258,418
Pa	rt 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:				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

3b

Additional Data

Software ID: 20011551
Software Version: 2020v4.0

EIN: 03-0104560

Name: MONTPELIER LODGE OF ELKS 924

Farm 000 (202)

Form 990 (2020)

Form 990, Part III, Line 4a:

THE LODGE PROVIDES SPACE. FOOD & SUPPORT FOR CHARITABLE ORGANIZATIONS IN ADDITION TO MEMBERS.

Form 990, Part III, Line 4b: THE LODGE PROVIDES A NINE HOLE GOLE COURSE FOR THE USE OF ITS MEMBERS AND THEIR GUESTS.

Form 990, Part III, Line 4c: THE LODGE PROVIDES BAR AND DINING FACILITIES FOR THE BENEFIT AND USE OF ITS MEMBERS AND THEIR GUESTS.

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493211012051	
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific questions from 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No. 1545-0047 2020 Open to Public Inspection	
IONTPELIER LODGE OF ELKS 924 03-0104560		' '	ification number	
Return Reference	e O, Supplemental Information Explanation			
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	DAVE LAWRENCE AND RENEE LAWRENCE ARE MARRIED.			

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990, Part VI, Line	THE TREASURER REVIEWS AND SIGNS THE 990. THE BOARD REVIEWS AND ACCEPTS THE 990 AT A SUBSEQUENT MEETING.
11b: Form	
990 Review	
Process	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	COMPENSATION IS DECIDED BY THE GOVERNING BODY IN EXECUTIVE SESSION AND THEN VOTED IN OPEN
Part VI, Line	MEETING.
15a:	
Compensation	
Review &	
Approval	
Process -	
CEO, Top	

Management

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION IS DECIDED BY THE GOVERNING BODY IN EXECUTIVE SESSION AND THEN VOTED IN OPEN MEETING.

990 Schedule O, Supplemental Information

Doturn

Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Forms 990 are available online at guidestar.org. Governing documents, policies and financial statements are made available upon request.

Evalanation