

ORIGINAL - MAILED 4-12-21  
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Form **990-EZ**

**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)

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning APRIL, 2020, and ending MARCH 31, 2021**

<b>B Check if applicable</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<u>STILLWATER ELKS LODGE #1859</u>	<u>73-0816763</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>E Telephone number</b>
<input type="checkbox"/> Initial return	<u>202 E. MCFARLAND ROAD</u>	
<input type="checkbox"/> Final return/terminated	Room/suite	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code	
	<u>STILLWATER OK 74075-3800</u>	<b>F Group Exemption Number</b>
		<u>1156</u>

**G Accounting Method**  Cash  Accrual  Other (specify) ►

**I Website:** ►

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1 <u>23,032</u>	2
	2 Program service revenue including government fees and contracts	2 <u>40,942</u>	
	3 Membership dues and assessments	3 <u>5a</u>	
	4 Investment income	4 <u>5b</u>	
	5a Gross amount from sale of assets other than inventory	5a <u>5a</u>	
	b Less cost or other basis and sales expenses	5b <u>5b</u>	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c <u>5c</u>	
	6 Gaming and fundraising events.	6a <u>1379</u>	RECEIVED DEC 13 2021 OGDEN, UT
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b <u>3192</u>	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c <u>788</u>	
	c Less direct expenses from gaming and fundraising events	6d <u>6d</u>	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e <u>3783</u>	
	7a Gross sales of inventory, less returns and allowances	7a <u>134,581</u>	
	b Less cost of goods sold	7b <u>73,188</u>	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c <u>59,393</u>	
	8 Other revenue (describe in Schedule O)	8 <u>943</u>	RECEIVED DEC 13 2021 OGDEN, UT
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <u>127,715</u>	
	<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10 <u>12,124</u>
11 Benefits paid to or for members		11 <u>38,819</u>	
12 Salaries, other compensation, and employee benefits		12 <u>58,814</u>	
13 Professional fees and other payments to independent contractors		13 <u>54,49</u>	
14 Occupancy, rent, utilities, and maintenance		14 <u>20,295</u>	
15 Printing, publications, postage, and shipping		15 <u>13,150</u>	
16 Other expenses (describe in Schedule O)		16 <u>(4,351)</u>	
17 <b>Total expenses.</b> Add lines 10 through 16		17 <u>148,842</u>	
18 Excess or (deficit) for the year (subtract line 17 from line 9)		18 <u>99,341</u>	
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 <u>243,832</u>	
20 Other changes in net assets or fund balances (explain in Schedule O)		20 <u></u>	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 <u></u>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)

ENVIRONMENTAL  
POSTMARK DATE DEC 10 2021

SCANNED AUG 25 2022

? **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	33754	22 51388
23	Land and buildings	155319	23 206458
24	Other assets (describe in Schedule O)	13991	24 4764
25	<b>Total assets</b>	203194	25 262610
26	<b>Total liabilities</b> (describe in Schedule O)	57352	26 18978
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	148842	27 243832

? **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? \_\_\_\_\_

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	.....		
29	.....		
30	.....		
31	.....		
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32

?) (Grants \$ ) If this amount includes foreign grants, check here ►  28a

?) (Grants \$ ) If this amount includes foreign grants, check here ►  29a

?) (Grants \$ ) If this amount includes foreign grants, check here ►  30a

?) (Grants \$ ) If this amount includes foreign grants, check here ►  31a

**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
EXALTED RULER - CHAD DUNLAP	8			
LEADING NIGHT - PAVIA QUIRING	4			
ROYAL KNIGHT - WADE PERSON	2			
LECTURING KNIGHT - ANGELA JONES	2			
ESQUIRE - VALERIE KISLING	2			
SECRETARY - LYNDIA CASEY	6			
TREASURER - VIVIA SPICKLER	2			
CHAPLAIN - DEE PORTER	2			
INTER GUARD - MIKE KACHNER	2			
TRUSTEE CHAIR - DWIGHT STODDARD	4			
JUDGE - JIM AULGAT	4			
TRUSTEE - TOMMY FORMAN	4			
TRUSTEE - IRA BLACKBURN	4			
TRUSTEE - BRINTY BREDESEN	4			
.....				
.....				
.....				
.....				
.....				

**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	X	?
34	X	
35a	X	
35b		
35c	X	
36	X	?
37a	37a	-
37b	X	
38a	X	?
38b		
39a		
39b		
40a		
40b		?
40e	X	
41	OKLAHOMA	
42a	VINA SPICKLER - TREASURE	Telephone no ► 405-543-3300
	Located at ► 202 E. MELROSE ST., OKLAHOMA CITY, OK	ZIP + 4 ► 73105-3300
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 ►	Yes No
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42b X
42c		42c X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/>	
	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	Yes No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44c	Did the organization receive any payments for indoor tanning services during the year?	
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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	45a X
45b		45b X

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 . . . . . Yes  No  46 X 7

**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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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."

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 <span style="font-size: 2em;">? ▶</span>	Signature of officer <i>Dwight Stoddard</i>	Date <i>4-9-21</i>			
	Type or print name and title <i>DWIGHT STODDARD - TRUSTEE CHAIRMAN</i>				
Paid Preparer Use Only	Print/Type preparer's name <i></i>	Preparer's signature <i></i>	Date <i></i>	Check <input type="checkbox"/> if self-employed	PTIN <i></i>
	Firm's name ► <i></i>		Firm's EIN ► <i></i>		
	Firm's address ► <i></i>		Phone no <i></i>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

MAILED 4-12-21

STILLWATER ELKS LODGE #1859

**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](http://www.irs.gov/Form990) for the latest information.

**2020**

Employer identification number  
73-0616763

**PART I - LINE 10 - GRAND LODGE ASSESSMENTS** 9,548

**STATE ASSOC ASSESSMENTS** 2,576

**TOTAL** 12,124

**PART I - LINE 16 - DEPRECIATION** 3,061

**INSURANCE** 10,331

**EQUIPMENT** 3,084

**TRUSTEE PROJECTS** 3,839

**TOTAL** 20,295

**PART I - LINE 20 - CHANGES FROM PREVIOUS YEAR**

**ADJ INCREASE IN LAND & BUILDINGS** 107,167

**DECREASE IN ESTIMATE TO ACTUAL**

**INVENTORY** (7,826)

**TOTAL** 99,341

**PART II - LINE 24 - PRE PAID INSURANCE** 808

**PRE PAID EXPENSE** 3,956

**TOTAL** 4,764