Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

nternal Revenue Service			de to www.ins.gov/i ormess to:			, 20
1	For the	2019 calend	dar year, or tax year beginning		D Emplo	yer identification number
3	Check if	applicable:	C Name of organization ELKS RECREATION INC			185566
	Address	change	Doing business as	om/suite		one number
	Name ch	ange	Number and street (or P.O. box if mall is not delivered to street address) Ro 2325 SKYWAY DR SUITE H	Jii/Juito		925-4125
	Initial retu	urn				
	Final retu	rn/terminated	G Gross	receipts \$2,324,861.		
	Amended	d return	SANTA MARIA, CA 93455	U(a) le this a gr	oun return for	r subordinates? Yes X No
\exists	Application	on pending	F Name and address of principal officer:	n(a) is this a give	bordinate	es included? Yes No
_			PETER STERLING, 2325 SKYWAY DR SUITE H, SANTA MARIA, CA 9345	H(b) Are all Si	attach a lis	st. (see Instructions)
[Tax-exer	npt status:	□ 501(c)(3) 🔀 501(c) (4) ◄ (insert no.) □ 4947(a)(1) or □ 527	H(c) Group e		
J	Website	: ► N/A			xemption	of legal domicile: CA
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	on: 1949	W State	of legal doffilolic. C11
		· C				TAID ENGOLIDACE
	1	Priofly dos	cribe the organization's mission or most significant activities: TO FOS	STER, PRO	MOTE,	AND ENCOURAGE
ø	1 .	DIIDI TO	GRODER AUDITERICS AND OTHER AMUSEMENTS AND RECE	(FATTOMS.	AND	
inc			DESTINATION OF THE PROPERTY OF	UK SUCH	E OTAT OF	SES
rns	2	Chack this	box ► if the organization discontinued its operations or disposed	of more than	1 1	its net assets.
οVe	2	Number of	f voting members of the governing body (Part VI, line Ia)			
Ğ	1	Number	findependent voting members of the governing body (Part VI, line TD)		4	4
Se	5	Total num	ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Viti	6	Total num	ber of volunteers (estimate if necessary)		6	200
Activities & Governance	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7a	0.
4	b	Not uprola	ted business taxable income from Form 990-T, line 39		7b	0.
	5	Net unitola	Lea Daelinese (Little)	Prior Yea		Current Year
	8	Contribution	ons and grants (Part VIII, line 1h)...........----		,461.	174,053.
ine	9	Drogram s	service revenue (Part VIII, line 2g)	1,800	,308.	1,977,056.
Revenue		Invoctmen	t income (Part VIII, column (A), lines 3, 4, and 7d)			-8,415.
Re	10	Uther rove	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	,600.	
	11	Other reve	nue —add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,938	,369.	2,142,694.
_	12	Total rever	d similar amounts paid (Part IX, column (A), lines 1–3)			
	13	Grants and	aid to or for members (Part IX, column (A), line 4)			
	14	Benefits p	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	215	,901.	272,080.
es	15	Salaries, o	ther compensation, employee benefits (Falt IX, column (A), line 11e)			
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			
X	b	Total fund	Taibility experises (i are in a section (-))	1,752	,307.	1,982,753.
ш	117	Other exp	enses (Fait IX, Column (X), mico i la 114)	1,968		2,254,833.
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,839.	-112,139.
	19	Revenue I	ess expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or			1. (D-st V. line 10)	881	,899.	683,528.
Sset	20		ets (Part X, line 16)	494	,952.	408,720.
et A	21	Total liabil	ities (Part X, line 26)	386	,947.	274,808.
Z	22		s or fund balances. Subtract line 21 from line 20			
i R	art II	Signati	ure Block I declare that I have examined this return, including accompanying schedules and state Output the state of property (athor then office) is based on all information of which prepare	ments, and to the	e best of r	my knowledge and belief, it is
U	nder pena	alties of perjun	y, I declare that I have examined this return, including accompanying conductivities. te. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowle	dge.	
		T L	O Double and the second	113	/02/2	2020
^ :		<u> </u>		Date		
	gn	1	ture of officer			
H	ere		ER STERLING, PRESIDENT			
		7	or print name and title	ate /	Check	X if PTIN
P	aid		e preparer's name	1. 19 3	self-em	<u> </u>
	repare	CATHR	YNE GLENN			77-0467183
	se On	👢 . I Firm's na	me ► Cathryne Glenn @PA			305) 922-7414
		Firm's ac		93433 Pnor	16 HO. (8	X Yes \(\text{No} \)
Ma	ay the IF	RS discuss	this return with the preparer shown above? (see instructions)	· · · ·	<u> </u>	

OIIII 55	
Part [Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response of note to any line in the contains a response of note to a response of note to any line in the contains a response of note to a
1	Briefly describe the organization's mission: TO FOSTER, PROMOTE, AND ENCOURAGE
	ARLIERICS AND OTHER AMISEMENTS AND RECREATIONS. AND
	PUBLIC SPORTS, ATHLETICS AND OTHER AMOUNTAINS TO FOSTER AND ENCOURAGE PUBLIC PROGRAMS AND CONTESTS FOR SUCH PURPOSES
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 2,035,492.including grants of \$ 0.)(Revenue \$ 0.) THE ORGANIZATION CONDUCTS THE ANNUAL SANTA MARIA ELKS RODEO. SINCE 1943 THE RODEO GENERATES FUNDS FOR YOUTH RECREATION IN THE SANTA MARIA VALLEY. THE RODEO ATTRACTS WORLD CLASS COMPETITION, AND HAS RANKED AS HIGH AS 22ND IN THE WORLD AND THIRD IN THE STATE OF CALIFORNIA.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other was a war and (Departing on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,035,492.
4e	Tutal program service expenses # 270007 1021

Part	Checklist of Required Schedules		Yes	No
	"Vos."	Г	100	-110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		×
	complete Schedule A	2		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (cost institution)			
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or nave a section 501(t)	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		×
6	any similar funds or accounts for which donor advised funds or any similar funds or accounts for which donors			
O	have the right to provide advice on the distribution or investment of amounts in such funds of descents." "Ves." complete Schedule D. Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the opvironment historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
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,"	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		×
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		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		×
12a	Schodule D. Parts XI and XII	12a		×
b	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		^
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		×
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	17		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes." complete Schedule G. Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	Checklist of Required Schedules (continued)		Yes	No
Equipment of the last		Г	res	140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Ves" to Part VII Section A. line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	×	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, answer lines 24b	04-		×
	through 24d and complete Schedule K. If "No." go to line 25a	24a 24b		-
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	-	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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		×
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	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			l
	or former officer director, trustee, key employee, creator or founder, substantial contributor, or 55%	ŀ		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee creator or founder substantial contributor or employee thereot, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		×
	persons? If "Yes," complete Schedule L, Part III	21		
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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	Sulkindenilie	il umaki ili kususi sin	i Lando intentieros
а	"Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	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		X
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	20		×
	conservation contributions? If "Yes," complete Schedule M	30		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV. and Part V. line 1	34	×	- ·
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	(44)	. 63	140
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) with backup withholding fules for reportable paymons to volucio and	1c	×	

Form 990	0 (2019)						
Part	Toy Compliance (COMMICO)		V	No			
LELLY	Statements riegarang care a	A-1-1-1	Yes	No			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			defects 14 mg			
2a	Enter the number of employees reported on Form W-5, Harismittal or Harismittal or Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 Statements, filed for the calendar year ending with or within the year covered by this returns?	11.51	The state of				
	Statements, filed for the calendar year ending with of within the year every statements, filed for the calendar year ending with of within the year every statements, filed for the calendar year ending with of within the year every statements, filed for the calendar year ending with of within the year every statements, filed for the calendar year ending with of within the year every statements.						
b	o If at least one is reported on line 2a, did the organization file all required to a file least instructions)						
	at a 15th a sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions).						
3a		3a 3b		×			
	15 10 d a Form 000. T for this year? If "No" to line 3b, provide an explanation on denotation	0.5					
4a	it is a second and interest in or a signature of outlong over	4a		×			
70	At any time during the calendar year, did the organization have an interest in, or a digital account, or other financial account)? a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44	40.00	^			
b							
	10 I have the filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (1274)			لننت			
_	It is a prohibited tay engiter transaction at any time during the tax.	5a		×			
5a	Was the organization a party to a prohibited tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
b	Did any taxable party notify the organization that it was or is a party to a province of the form 1996 T2	5c					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		×			
	averagization policit any contributions that Were not tax deductible as characters of the last section and contributions that were not tax deductible as characters.						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b					
~	aiffa wara not tay deductible?	OD .		19.47.33			
7	Overalizations that may receive deductible contributions under section 170(c).		25				
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		248.42	-			
а	in-a mysuided to the payor?	7a					
1	If "Vee," did the organization notify the donor of the value of the goods or services provided?	7b					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
С	required to file Form 8282?	7c					
4	If "Yes," indicate the number of Forms 8282 filed during the year						
d	If "Yes," indicate the number of Forms 6262 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
е	Did the organization receive any funds, directly or indirectly, to pay promiting on a personal benefit contract?	7f					
f	Did the organization receive any funds, directly of indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h					
h	If the organization received a contribution of qualified intollocular property. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	a serior exercises and maintaining donor advised funds. Did a donor advised fund maintained by the	8					
· ·	sponsoring organization have excess business holdings at any time during the year?	0	2355	T Cave			
9	Changering organizations maintaining donor advised funds.						
а	Did the spansoring organization make any taxable distributions under section 4900?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:						
10	Initiation fees and capital contributions included on Part VIII, line 12						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b						
b	Gross receipts, included on Form 990, Fait VIII, line 12, 101 public des 5. 5.						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members of shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources		Serve.				
		12a	A CANADA SAN AND A SAN AND				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		200	. UNIVERSE			
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	- 100					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	F-27 Y-12				
	Note: See the instructions for additional information the organization must report on Schedule O.						
h	Enter the amount of reserves the organization is required to maintain by the states in which						
b	the organization is licensed to issue qualified health plans						
_	Enter the amount of reserves on hand						
1/o	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
b	IT "Yes," has it filed a Form 720 to report these payments: If Two, provide an explanation of some payments of the file of the						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15					
	excess parachute payment(s) during the year?		(5)				
	If "Yes," see instructions and file Form 4720, Schedule N.	16	4				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	Make.		12360			
	If "Yes," complete Form 4720, Schedule O.	CANAL C	1.56	1			

Form 990) (2019)	and t	or a	"No"
Part \		See ins	struct	tions.
	Governance, Management, and Disclosure For each "Yes" response to line 82 till digit in the Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Second response to line 8a, 8b, or 10b below, describe the circumstances of the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line 8a, 8b, or 10b below, describe the circumstances of the second response to line			X
	Check if Schedule O contains a response or note to any line in this reactive			
Section	on A. Governing Body and Management		Yes	No
	1 1a 4		1	
1a	The number of voting members of the doverning body at the end of the tax your			
	If there are material differences in voting rights among members of the governing body, or			
	if there are material differences in voting rights among members of the committee or similar if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. 1b 4			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 4 Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2		×
	any other officer, director, directo			
3		3		×
		4		×
4	Did the organization make any significant changes to its governing documents and the organization assets? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
5 6		6		×
	Bill the appearance that a members stockholders or other persons who had the power to elect of appoint	70		×
7a		7a		
b	decisions of the organization reserved to (or subject to approval by) members,	7b		×
	11 I I I I I I I I I I I I I I I I I I			5,500
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	×	/ unlaudi image ma/
а	The governing body?	8b	×	
b	Each committee with authority to act on behalf of the governing body? Esthere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Socti	the organization's mailing address? If "Yes," provide the hames and addresses on General Policies on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.,)
0001	OH DIT CHOICE (TIME		res	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	the religion and procedures governing the activities of such chapters,	10b		
_	the state of the s	11a	×	
11a	Use the examination provided a complete copy of this Form 990 to all members of its governing body botole ming are			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		×
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b	Were officers, directors, or trustees, and key employees required to disclose difficulty interest and the policy? If "Yes," Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	I will a la Cahadula O how this was done	12c		
40	Bit the appropriation have a written whistlehlower policy?	13		×
13 14	Did the except ation have a written document retention and destruction policy?	14		×
15	to the second provided a fellowing persons include a review and approval by	10.00		
10	in-learned and paragraphic data and contemporarieous supstantiation of the deliberation and	15a		×
а	The example of the CEO Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	435	MAX.	¥ 2,44,51
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
WE:	to the state of th	14.12		
b	of "Yes," did the organization follow a written policy of proceeding the organization follows a written policy of proceeding the organization of the orga			-
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	Living the which a capy of this Form 990 is required to be filed CA	T /C		E04/-\
18	On the C104 requires an organization to make its Forms 1023 (1024 or 1024-A, it applicable), 990, and 990-	ı (Sed	ction	5U7(C)
1200	(3)s only) available for public inspection. Indicate now you made these available. Other (organic on Schedule O)			
	Own website Another's website X Upon request Other (explain on schedule o)	of inte	rest	nolicy
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	, iiic	COL	Policy
N=0-7	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and respectively.	cords		
20	State the name, address, and telephone number of the person who possesses the organization of the person who person of the person of the person who person of the perso	-412	5	
	CELLEN DIEDITION COCO Printing the second contract the second cont			_

Form 990 (2019	9) Karanga Highest Compensated Employees, a	nd
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	
NAME OF TAXABLE PARTY.	Independent Contractors	

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 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.

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.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	ot ch unles er and	Pos neck	ition more	e Is or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PETER STERLING	4.00									0
PRESIDENT		×		×				0.	0.	0
(2) TOMMY GEE VICE PRESIDENT	4.00	×		×				0.	0.	0
(3) MIKE ARNDT SECRETARY	4.00	×		×				0.	0.	0
(4) SCOTT PARSONS TREASURER	4.00	×		×				0.	0.	C
(5) TINA TONASCIA EMPLOYEE	50.00					×		203,000.	0.	С
(6)										
(7)										
(8)										
(9)										
10)										
[11]										
[12]				1						
[13]										
(14)		-	+-	+-	+		-			

Form 990	(2019) Section A. Officers, Directors,	Cruetone I	Kov F	mr	olov	/ee	s. an	d H	lighest Compe	nsated Emp	loyee	s (contir	nued)	
Part \	(A) Name and title	(B) Average hours	(B) Average hours (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the		Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amoun of other compensation		nount
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		from the rganization ted organiz	and	
(15)														
(16)														
(17)														
(18)														
(19)			-											
(20)														
(21)														
(22)														
(23)														
(24)													-	
(25)			-					Ļ	203,000.		0.		0.	
С	Subtotal	t VII, Secti	on A	٠	0.●0	•		A A	203,000.		0.		0.	
2	Total (add lines 1b and 1c)	ut not limite	ed to t	hos	e lis	sted	abov	/e) v	who received mo	e man \$100,0		Yes	s No	
3	Did the organization list any former employee on line 1a? If "Yes," complete											3	×	
4	For any individual listed on line 1a, is the organization and related organizations	ne sum of residence to	eporta han \$ 	able 150	,00 ,00	mpe 0?	ensati If "Y • •	on es,"	and other compe " complete Sche	dule J for s		4 ×		
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue on? If "Yes,"	comp	ensa olete	ation Sc	n fro	om ar dule J	ıy u <i>for</i>	inrelated organiza such person	ation or individ	dual	5	×	
Secti												an \$100	000 o	
1	Complete this table for your five his compensation from the organization. Re	ghest compe port compe	pensa ensatio	ted on fo	ind or th	ne c	ender alend	ar y	our criaing in	received mo	ganiza		x year.	
	(A) Name and business a								(B) Description of se	1		(C) mpensation		
2	Total number of independent contrac	tors (includ	ling b	out	not	lim	ited	to	those listed abo	ve) who				

Part	ΥШ	Statement of Revenue Check if Schedule O conta	aine a roen	onse or note to ar	y line in this Pa	rt VIII		🗆
		Check it Schedule O come	ams a respe	TIOU OF TIOUS TO SE	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(0, (0)	1a	Federated campaigns	1	а				
ant:	b	Membership dues	1	0				
S S	c	Fundraising events	1.00	23,228.				
ts,	d	Related organizations		d				
ia Gi	е	Government grants (contrib		Э				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, and similar amounts not include	, grants, ed above 1	f 150,825.				
oth	g	Noncash contributions incli						
ont		lines 1a-1f		g \$	174,053.			
<u>a</u>	h	Total. Add lines 1a-1f	<u> </u>	Business Code	174,000.		A. N. S. S. S. S. S.	Section 5
		CDANDCHAN	D	900099	181,342.	181,342.	0.	0.
Program Service Revenue	2a	RESERVED GRANDSTAN	D	900099	46,816.		0.	0.
ne n	b	BOX SEATS		900099	48,670.		0.	0.
gram Sen Revenue	C	ARENA RENTALS		900099	465,386.		0.	0.
rar Zev	d	SPONSORS CONCESSIONS		900099	34,195.		0.	0.
,0g	e		OVODUA		1,200,647.	1,200,647.	0.	0.
م	T	All other program service re Total. Add lines 2a–2f			1,977,056.			
	g	Investment income (include	ding divider					
	3	other similar amounts)	allig divides					
	4	Income from investment of	tax-exempt	bond proceeds ▶				
	5	Royalties						VI CONTROL OF THE CON
	3	Hoyanies :	(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c				4.83.25.35.25.		
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets						
		sales of assets other than inventory 7a		173,752.				
4)	_	Less: cost or other basis	1		7			
venue	D	and sales expenses . 7b		182,167.				1987
		Gain or (loss) 7c		-8,415.				
æ	d	Net gain or (loss)			-8,415.	-8,415.	0.	0_
Other Re	8a	Gross income from fund	draising		Collins No. 12			
Ö	- Oa	events (not including \$ 23						
		of contributions reported						
		The same of the sa	1	a				
	b	Less: direct expenses	8	b				
	С	Net income or (loss) from f		events 🕨				
	9a	Gross income from						
		activities. See Part IV, line		a				
	b	Less: direct expenses	9	b		TABLE SEALING		
	С	Net income or (loss) from g	gaming activ	rities 🕨				
	10a							
)a				1.00
	b	Less: cost of goods sold .	. , . 10	Ob				
	С	Net income or (loss) from s	sales of inve	ntory 🕨				
<u>v</u>				Business Code				
og e	11a							
ane	b							
scellaneo Revenue	С							
Miscellaneous Revenue	d	All other revenue					\$4475.0 NAVA	
≥	е	Total. Add lines 11a-11d.				1 050 545	2	0
	12	Total revenue. See instruc	etions	🕨	12,142,694.	1,968,641.	, 0.	U

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 26,007. 52,014. 182,052. trustees, and key employees 260,073. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 1,200. 2,401. 8,406. 12,007. 10 Fees for services (nonemployees): 11 a b Legal 463. 926. 3,246. 4,635. Accounting C Lobbying 1447 - 1-14, 18. Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 0. 54,965. 54,965. Advertising and promotion 12 0. 53,984. 0. 53,984. Office expenses 13 Information technology 14 15 3,435. 6,870. 24,042. 34,347. 16 32,261. 18,159. 50,420. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 0. 0. 89,924. 89,924. 20 21 0. 0. 22,301. 22,301. Depreciation, depletion, and amortization . 22 23 Other expenses. Itemize expenses not covered 24 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.) 0. 713,646. 713,646. RODEO DIRECT COSTS 0. 0. 40,389. 40,389. b TAXES 200. 400. 1,408. 2,008. BANK AND MERCHANT FEES C 321. 642. 2,251. 3,214. d DUES AND FEES 7,649. 12,409. 912,920. 892,862. All other expenses 71,536. 147,805. 2,254,833. 2,035,492. Total functional expenses. Add lines 1 through 24e 25 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) . . .

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part $X \ \ . \ \ .$ (B) (A) End of year Beginning of year 4,869. 909. 1 Cash—non-interest-bearing 1 2 131. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 16,901 4 22,024. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other 10a 1,153,743. 10a basis. Complete Part VI of Schedule D . . . 661,758. 10c 858,835. Less: accumulated depreciation 10b 491,985. b 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 14 15 Other assets. See Part IV, line 11 15 683,528. 16 881,899 Total assets. Add lines 1 through 15 (must equal line 33). 16 72,500. 97,061. 17 Accounts payable and accrued expenses . . . 17 18 Grants payable 18 147,132. 19 85,010. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 50,000. controlled entity or family member of any of these persons 22 53,724. Secured mortgages and notes payable to unrelated third parties . . . 244,976. 23 23 54,982. 50,707. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 30,382. 25 17,198. 408,720. 494,952. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ 🗵 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 264,808. 385,239. 27 Net assets without donor restrictions . . 27 1,708 28 10,000. Net assets with donor restrictions 28 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 . . . 31 386,947. 32 274,808. 32 683,528. 33 881,899. Total liabilities and net assets/fund balances . 33

Form 990	0 (2019)					
Part	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			•		
	The state of the s	1	2	,14:	2,69	<u> </u>
1	ID AVIII column (A) IDA (Z)	2	2	2,25	4,83	33.
2		3		-11	2,13	39.
3		4		38	6,9	<u>47.</u>
4	the complete of Vear (mils) equal (all A) mile of	5				
5	Net unrealized gains (losses) on investments	6				
6	Denoted conjuges and use of facilities	7				
7		8				
8		9				
9						
10		10		27	4,8	08.
10	32. column (B))	1				
Palit	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O contains a response or note to any line in this research				Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conceived on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		.	2a 2b	×	×
b	Were the organization's financial statements audited by an independent described and separate basis, consolidated basis, or both:					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsible the sudit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year,	explai	n on	2c	×	
3a	As a result of a federal award, was the organization required to undergo an audit of addits as osti-	nderge	the	3a		×
b	with the amenication undergo the required audit of audits? If the organization	audit	s.	3b	00	0 (2012)
	required audit or audits, explain why on conseque 8			For	n 99 (0 (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Departme	evenue Service	► Go to www.irs.gov/Form9	90 for instructions and the latest morning	Employer identification number					
	the organization		ä.	95-2485566					
ELKS	RECREATI	ON INC izations Maintaining Donor Advis	- J Funds or Other Similar Fund	is or Accounts.					
Part	Organ	izations Maintaining Donor Advis	/os" on Form 990 Part IV. line 6.						
	Comp	ete if the organization answered "	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number	at end of year							
2	Aggregate va	lue of contributions to (during year) .							
2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) .									
4	Aggregate va	lue at end of year	Ladvisors in writing that the assets he	eld in donor advised					
5	Did the organ	nization inform all donors and donor or organization's property, subject to the	organization's exclusive legal contro	l? □ Yes □ No					
	funds are the	organization's property, subject to the nization inform all grantees, donors, ar	nd donor advisors in writing that gran	t funds can be used					
6	Did the organ	nization inform all grantees, donors, are table purposes and not for the benefit	t of the donor or donor advisor, or fo	or any other purpose					
	conferring im	table purposes and not for the benefit permissible private benefit?							
Par									
FECT		" " " the examination answered "	Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of	conservation easements held by the	organization (check all that apply).	of a historically important land area					
•	☐ Preservation	f conservation easements held by the one of land for public use (for example, recre	eation or education) Preservation	of a certified historic structure					
	☐ Protection	of natural habitat	Preservation	51 a 551 an					
	☐ Preservat	on of open space		on in the form of a conservation					
2	Complete line	ion of open space es 2a through 2d if the organization he	id a quaimed conservation contribute	Held at the End of the Tax Year					
		the last day of the tax year. r of conservation easements							
а	Total numbe	r of conservation easements		2b					
b		II ON O CONTITION I	ile in ile si il citi e il citado a il ile						
С									
d	Number of o	conservation easements included in cture listed in the National Register .		2d					
_	Number of o	opservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the					
3									
4	Number of s	tates where property subject to conse	vation easement is located	enaction handling of					
5	Does the o	rganization have a written policy reg	garding the periodic monitoring, inc	Yes No					
-	violations, ar	rganization have a written policy required and enforcement of the conservation ea	sements it noids?	ng conservation easements during the year					
6	Staff and volu	ınteer hours devoted to monitoring, inspe	cting, nandling of violations, and official	.g					
	>		ag handling of violations, and enforcing	g conservation easements during the year					
7	Amount of ex	kpenses incurred in monitoring, inspection	ig, flariding of violations, and are	•					
	▶ \$	conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)					
8	Does each c	onservation easement reported on line	Z(d) above dation, and	f section 170(n)(4)(B)(l) Yes No e and expense statement and					
	and section	170(h)(4)(B)(ii)?	conservation easements in its revenue	e and expense statement and					
9	In Part XIII, C	describe how the organization reports et, and include, if applicable, the text of	of the footnote to the organization's fi	nancial statements that describes the					
	organization	's accounting for conservation easeme	ents.	Oll - Cimilar Accate					
Pa		· Line Maintaining Collection	s of Art. Historical Treasures, or	r Other Similar Assets.					
1a									
14	of art, histo	rical treasures, or other similar asset	s held for public exhibition, education	on, or research in furtherance of public libes these items.					
	service, pro	vide in Part XIII the text of the loothole	to its illustrated states.	statement and balance sheet works of					
b	If the organ	ization elected, as permitted under FA	SB ASC 958, to report in its revenue	e statement and balance sheet works of esearch in furtherance of public service,					
	art, historica	al treasures, or other similar assets her	a for public extribution, care						
	provide the	following amounts relating to these ite		> \$					
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1									
is a second or hold worke of art historical fleasures, of other summer									
2	following an	nounts required to be reported under F	ASB ASC 958 relating to these items	:					
а									
b	Assets inclu	cluded on Form 990, Part VIII, line I lided in Form 990, Part X		▶ \$ Schedule D (Form 990) 2019					
			000	Schedule D (Form 990) 2019					

Schedule	D (Form 990) 2019 Organizations Maintaining (0 - 11 - 0	tions of A	rt His	torica	l Treasures, o	r Oth	er Similar Ass	ets (continued)
Part	Organizations Maintaining C	Collec	tions of A	1 L, 1113	rde ch	eck any of the f	ollowi	ng that make sig	nificant use of its
2	Organizations Maintaining Output Using the organization's acquisition, accollection items (check all that apply):	ccessic	on, and our	61 1000	100, 01.	an or exchange			
а	☐ Public exhibition			d		an or exchange	progra		
b	Scholarly research								
c	Preservation for future generations						ora:	anization's exemp	ot purpose in Part
4	Preservation for future generations Provide a description of the organizati	on's co	ollections a	nd expl	lain hov	w they further th	ie orga	A III LONG III L	•
	YIII						DOLLKOC	or other similar	
5	XIII. During the year, did the organization assets to be sold to raise funds rather	unan to	DO THAILTE						
Part		ngem	ents.	Го	um 001	n Part IV line	9. or r	eported an amo	ount on Form
	Complete if the organization	answe	ered "Yes"	on ro	יכפ וווו	0, 1 art 10, m/o	-,	•	
	990, Part X, line 21.					y for contribution	ns or	other assets not	
1a	990, Part X, line 21. Is the organization an agent, trustee,	custo	dian or other	er inter	mediar	y for contribute	, ,		☐ Yes ☐ No
	Is the organization an agent, trustee, included on Form 990, Part X?		, , , ,	to the f	 followin	na table:			
b	If "Yes," explain the arrangement in Pa	art XIII a	and comple	ite trie i	Ollowin	ig tablet		An	nount
							1c		
С	Beginning balance						1d		
d	Additions during the year						1e		
е	Distributions during the year						1f		П. П.
f	Ending balance			 art X lir	ne 21. f	or escrow or cus	stodial	account liability	? ∐ Yes ∐ No
2a	Ending balance	nt on Fo	Chock ber	ait A, iii	explan	ation has been p	orovide	ed on Part XIII .	<u> Ll</u>
b	If "Yes," explain the arrangement in P	art Am.	Officer flor	0 11 41.0					
Par	Endowment Funds. Complete if the organization	onew	ared "Yes"	" on Fo	orm 99	0, Part IV, line	10.		
	Complete if the organization	(a) C	urrent year	(b) F	Prior year	(c) Two years	back	(d) Three years back	(e) Four years back
		(a) C	urrorit your	,					
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
	Administrative expenses					I .			
f				1					
g	End of year balance Provide the estimated percentage of	the cur	rent year er	nd bala	nce (lin	ie 1g, column (a)) held	as:	
2	Board designated or quasi-endowme	ent 🕨		%					
a	Permanent endowment ▶								
b	Term endowment ▶%	ó							
С	u 0 0	2c sho	ould equal 1	100%.					10
		ne poss	session of t	he orga	anizatio	n that are held	and ac	dministered for it	Yes No
3a	organization by:								3a(i)
	(1) Unrelated organizations							*	3a(ii)
					407 ANN 21	,			3b
b	is in a line Op(ii) are the related i	organiz	ations lister	d as rec	quired (on Schedule R?			
4	Describe in Part XIII the intended use	es of the	e organizati	ion's er	ndowm	ent tunas.			
	Land, Buildings, and Equi	pmen	t.		- 0	oo Dort IV line	a 11a	See Form 990.	Part X, line 10.
	t VI Land, Buildings, and Equi Complete if the organizatio	n ansv	vered Yes	s" on F	orm 9	90, Part IV, IIII	(c)	Accumulated	(d) Book value
	Description of property		(a) Cost or o	otner basi	is (b)	Cost or other basis (other)	(6)	depreciation	
			(investr			V=	20.000 k		527,600
1a	Land			27,60			Ye is a great	199,941.	73,219
b	D 11 11			73,16				184,522.	26,280
C	Leasehold improvements			10,80				107,522.	34,659
d	Equipment		14	42,18	1.			2017022	
е	Other			000 5	ut V o	olumn (R) line 11)c.)		661,758
Tota	Other	must e	qual Form	990, Pa	iri X, Co	numm (b), ime m		Sah	edule D (Form 990) 20
-			F	REV 06/02/	/20 PRO			301	

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	Offil 990, Fart IV, in	(a) Motho	nd of valuation:
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-o	f-year market value
) Financial	derivatives			
) Closely h	eld equity interests			
Other				
		M 4 5 W		
(B)				
(C)				
(D)				
(E) (F)				
(G)				
/I IS	(/D) !: 10 \			
otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.)		1 the sale who ex	
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	Complete if the organization answered Test Street	(b) Book value	(c) Meth	od of valuation: of-year market value
	(a) Description of Investment		Cost or end-	or-year market value
(4)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)	ump (b) must equal Form 990. Part X, col. (B) line 13.)	>		
(9) Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.	Dec Park IV I	L. market H. R. B. a.	
(0)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) 「otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Fotal. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Fotal. (Columbia) Part X (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Fotal. (Columbia) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I	L. market H. R. B. a.	
(9) Fotal. (Column (Co	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Total. (Column 1) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	L. market H. R. B. a.	
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	ine 11d. See Form	
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description wmn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value e Form 990, Part X, (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value e Form 990, Part X, (b) Book value
(9) Total. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X 1. (1) Federal (2) PAYR(Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes OLL LIABILITIES	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15. (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86
(9) Total. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X 1. (1) Federal (2) PAYR((3) PAYAI	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X 1. (1) Federal (2) PAYR((3) PAYAR((4) FFA I	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86
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(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X 1. (1) Federal (2) PAYRO (3) PAYARO (4) FFA (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86
(9) Total. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) (1) Federal (2) PAYRO (3) PAYARO (4) FFA (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86
(9) Fotal. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X 1. (1) Federal (2) PAYRO (3) PAYAR (4) FFA I (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS PAYABLE	Form 990, Part IV, II	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86
(9) Total. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) (1) Federal (2) PAYRO (3) PAYARO (4) FFA (5) (6) (7) (8) (9) Total. (Columbia) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes DLL LIABILITIES BLE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, I	ine 11d. See Form	990, Part X, line 15 (b) Book value e Form 990, Part X, (b) Book value 2,84 26,86 66 30,38 ents that reports the

Schedule	Reconciliation of Revenue per Audited Financial Statemers Reconciliation Re	ents With Revenue per	Return.
Part	Reconciliation of Revenue per Audited Financial Statem	Part IV line 12a.	
	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990,	raitiv, into 1201	1
1	and other support per audited illiancial statements		
_	A manufactured included on line 1 hut not on Form 990, Fait viii, into 12.	2a	
a	Net unrealized gains (losses) on investments	2b	
h	Donated services and use of facilities		
C	Recoveries of prior year grants	2c	
_	Other (Describe in Part XIII.)	2d	2e
d	Add lines 2a through 2d		3
е 3	Out the at line 90 from line 1	1 . 1	
4	handled on Form 990 Part VIII, line 12, but not on line 1.	1 1	
4 a	Investment expenses not included on Form 990, Part VIII, line 75	4a	
a b			4c
C	Other (Describe in Part XIII.) Add lines 4a and 4b		5
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)		per Return.
Part			
			1
1	Tatal expanses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 23.	1 1	
a	Donated services and use of facilities	2a 2b	
b	Prior year adjustments	2c	
c	Other losses	2d	
d	Other (Describe in Part XIII.)	20	2e
e	Add lines 2a through 2d		3
3	Cubtroat line 2a from line 1	i 'i ' ' ' ' ' ' ' ' '	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	
а	Investment expenses not included on Form 990, Part VIII, III C D	4b	
b	and the lie Dort VIII \		4c
С		ine 18.)	5
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, I		
Part	Supplemental Information.	and 4: Part IV, lines 1b and	2b; Part V, line 4; Part X, line
Provi	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additional	information.
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 45.71.00 00.71		
		Andrew Marketon (1975)	
			200,0040

Schedule D (For	1 990) 2019
Part XIII	Supplemental Information (continued)
CULCALL	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 95-2485566

ET.KC	RECREATION INC			
Part	The Commonation	T	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance of residence of resi			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	2		
	1a?		, i	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract			
	☐ Compensation survey or study ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4a		×
а	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
b c	Participate in, or receive payment from, an equity-based compensation arrangement. If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		×
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	5a	×	
a b	The organization?	5b		×
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	6a		×
а	The expenient on?	6b		×
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	3.300		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		×
	in Part III			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2019

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

-	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns in column (B) reported compensation (C) Retirement and (D) Nontaxable (E) Total of column (B) reported column (B) report	W-2 and/or 1099-MIS	1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(i) Base compensation	noi	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner derefred compensation	benerits	なといる	as deferred on prior Form 990
(i) 47,00	00.	156,000.	0	0	0	203,00	0
0.0	0.		0.	0.	0	0.	
(1)							
(E)							
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(i)							
E							
		REV 06/02/20 PRO					Schedule J (Form 990) 2019

Page 3

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

Inspection

OMB No. 1545-0047

Name of the organization 95-2485566 ELKS RECREATION INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction Yes No (a) Name of disqualified person 1 organization (1) (2)(3)(4)(5)Enter the amount of tax incurred by the organization managers or disqualified persons during the year (6)2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3

Part II

Loans to and/or From Interested Persons.Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	n to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	efault?	(h) App by bo comm	ard or	(i) Wr agreer	nent?
				From			Yes	No	Yes	No	Yes	No
			To	From	100,000.	50,000.		×	×		×	
(1) TOMMY GEE	OFFICER	OPERATING	X		100,000.	00/						
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)				<u></u>		\$ 50,000.	1.10	15. 14.	10			

Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Complete if the o	rganization answered "Yes" on			(e) Purpose of assistance
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Furpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		000 000 E7	Sche	edule L (Form 990 or 990-EZ) 2

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 06/02/20 PRO

BAA

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. Inswered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.	(e) Sha	ring of
	(a) Name of Interested person	(b) Relationship between Interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ation's ues?
					Yes	No
(1)					_	
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information.		0.1	o instructions)		
	Supplemental Information. Provide additional information	n for responses to questions	on Schedule L (se	e instructions).		
		*				
			3 4 4 5 5 1 4 5 5 5 1 5 5 5 5 5 5 5 5 5 5			
		300707				
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

SCHEDULE 0 (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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 95-2485566 ELKS RECREATION INC Pt VI, Line 11b: FORM 990 IS PREPARED BY THE ENTITY'S ACCOUNTANT AND THE BOARD OF DIRECTORS REVIEW AT THE NEXT REGULAR MONTHLY MEETING BEFORE FILING THE FORM. Pt V, PBC: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. Pt IX, Line 24e: Description: GOLF TOURNAMENT Total: \$1,445 Program services: \$0 Management and general: \$0 Fundraising: \$1,445 Description: INSURANCE Total: \$39,372 Program services: \$27,560 Management and general: \$7,875 Fundraising: \$3,937 Description: POSTAGE Total: \$2,628 Program services: \$1,842 Management and general: \$524 Fundraising: \$262 Description: PRINTING Total: \$18,626 Program services: \$18,626 Management and general: \$0

Fundraising: \$0

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Vame of the organization

ELKS RECREATION INC

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

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

Open to Public Inspection OMB No. 1545-0047

Employer identification number 95-2485566

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part Part II 0 9 ල **£** (D Ξ

one of more related tax-exempt organizations during	ווווא ווום ומע אכמוי						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	o)(13) d
						Yes	No
(1) BENEVOLENT & PROTECTIVE ORDER OF ELKS 95-0541119	SATIC CHANTELS TROUG BETWEEN PICAUS CA	CA	8		N/A		×
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Dangamork Reduction Act Notice see the Instructions for Form 990, By	AA	REV 06/02/20 PRO			Schedule R	Schedule R (Form 990) 2019) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

Schedule R (Form 990) 2019

Part III

Schedule R (Form 990) 2019 (i) Section 512(b)(13) controlled entity? ž (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (I) General or managing partner? Yes No Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ž (f) Share of total Yes income (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) REV 06/02/20 PRO (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV BAA E 9 ල Ð. **£** N E E E 9 9 (3) **£** 2

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Motor Complete line 1 if any entity is listed in Parts II III or IV of this schedule.				Yes No
Note: Complete mile in any charity to have any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organiza	tions listed in Parts I	I-IV?	
Beceint of (i) interest (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity	•		•	1
		•	- · · ·	
	•			×
				×
d Loans or loan guarantees to or for related organization(s)			- T	×
e Loans or loan guarantees by related organization(s)			•	
			‡	
f Dividends from related organization(s)			10	
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)			•	
j Lease of facilities, equipment, or other assets to related organization(s)				
				1k x
k Lease of facilities, equipment, or other assets from related organization(s)				
I Performance of services or membership or fundraising solicitations for related organization(s)				<u> </u>
 m Performance of services or membership or fundraising solicitations by related organization(s) 				×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				+
				Town State of the
				×
p Reimbursement paid to related organization(s) for expenses				x x
			•	
				×
r Other transfer of cash or property to related organization(s)				
(s)				SI SI
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, includ	ding covered relation	iships and transaction	Turesnoids.
(6)	(p)	(0)	ලි : :	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount involved
	(a =) ad6			
			NOTE PAYABLE	
(1) BENEVOLENT AND PROTECTIVE ORDER OF ELKS	υ			
פאום מס ממתמס היידה בייר הייר הייר בייר בייר	E		FAIR VALUE	
(2) BENEVOLENT AND PROTECTIVE URDER OF ELAS				
δ				
(4)				
Į				
(c)				
(9)			R elipedes	Schodule R (Form 990) 2019
REV 06/02/20 PRO				1 (1 OIII 1 OO) 1 1

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Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	Snare of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512—514)	Yes No			Yes No		Yes No	
(1)										
(2)								ī		
(5)										
(4)										
(5)	į									
(9)										
ω										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
ВАА			REV	REV 06/02/20 PRO				й	chedule R (F	Schedule R (Form 990) 2019

Schedule R (F	edule R (Form 990) 2019					
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.					
	Floring additional information to the property of the property					

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All Other Expenses

Form 990 Part IX, Line 24e

Name
ELKS RECREATION INC

Employer Identification No. 95-2485566

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
COLUMN MENU	1,445.	0.	0.	1,445.
GOLF TOURNAMENT	39,372.	27,560.	7,875.	3,937.
INSURANCE	2,628.	1,842.	524.	262.
POSTAGE	18,626.	18,626.	0.	0.
PRINTING	5,320.	5,320.	0.	0.
DONATIONS	20,050.	14,035.	4,010.	2,005.
MEALS	817,240.	817,240.	0.	0.
QUEEN CONTEST EXP	8,239.	8,239.	0.	0.
APPAREL	0,233.	0,200		
	-			
Total to Form 990, Part IX, line 24e	912,920.	892,862.	12,409.	7,649