Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection

A	For the 2	020 calend	dar year, or tax year beginning	, 20	20, and end	ling			, 20				
В	Check if a	oplicable:	C Name of organization ELKS R	ECREATION INC				D Emplo	yer identification number				
	Address cl		Doing business as					95-24	185566				
=	Name cha	-		mail is not delivered to street addre	ess)	Room	/suite	E Teleph	one number				
	initial retur	•	2325 SKYWAY DR SU:					(805)	925-4125				
\exists		al return/terminated City or town, state or province, country, and ZIP or foreign postal code											
\Box	Amended		receipts \$1,012,736.										
$\overline{\Box}$	Application		or subordinates? 🔲 Yes 🔀 No										
		.,		es included? 🗌 Yes 🔲 No									
	Tax-exem	ot status:	PETER STERLING, 2325 SKY	4) ◀ (insert no.)		•	If "No,"	attach a lis	st. See instructions				
	Website:		housed the same of				H(c) Group e	xemption	number ►				
			Corporation Trust Associa	tion Other▶	L Year of for	mation:	1949	M State	of legal domicile: CA				
	art I	Summa		<u> </u>									
			cribe the organization's miss	ion or most significant activ	ities: TO	FOST	ER, PRO	MOTE,	AND ENCOURAGE				
ø								AND					
Governance		PUBLIC SPORTS, ATHLETICS AND OTHER AMUSEMENTS AND RECREATIONS. AND TO FOSTER AND ENCOURAGE PUBLIC PROGRAMS AND CONTESTS FOR SUCH PURPOSES											
Ĕ	2	Chack this	box ► ☐ if the organization	discontinued its operations	or dispose	ed of	nore than	25% of	its net assets.				
ove.	3 1	Jumber of	voting members of the gove	rning body (Part VI. line 1a)				3	4				
S S			independent voting member					4	4				
es			per of individuals employed in					5	7				
Ę	li .		per of volunteers (estimate if					6	200				
Activities &			ated business revenue from					7a	0.				
			ted business taxable income					7b	0.				
	 	vot un roia	ted basilious texasio illoonio	11.011.1.011.1.000			Prior Yea	r	Current Year				
	8 (Contributio	ons and grants (Part VIII, line	1h)			174	,053.	26,089.				
Œ			ervice revenue (Part VIII, line	,056.	986,647.								
Revenue			t income (Part VIII, column (A	,415.									
æ			nue (Part VIII, column (A), line		0.								
			ue—add lines 8 through 11 (n				2,142	694.	1,012,736.				
			d similar amounts paid (Part I										
			aid to or for members (Part I)										
"			ther compensation, employee				272	,080.	230,837.				
Expenses			al fundraising fees (Part IX, c										
Dec.			raising expenses (Part IX, col		42,919.	4, , 7		E. 21					
翌			enses (Part IX, column (A), lin				1,982		879,636.				
			nses. Add lines 13–17 (must				2,254		1,110,473.				
			ess expenses. Subtract line 1					,139.	-97,737.				
- «	13 -	toveride it	Soo Oxponoco: Gabaace iii o			Beg	inning of Cur		End of Year				
St.	20	Cotal asse	ts (Part X, line 16)				683	,528.	1,016,723.				
Net Assets or Fund Balances	21		ities (Part X, line 26)					,720.	839,652.				
Set	22		or fund balances. Subtract I	ine 21 from line 20				,808.	177,071.				
Ö	art II		re Block										
Lir	der nenalt	es of perlury	I declare that I have examined this	return, including accompanying sch	edules and s	tatemer	nts, and to th	e best of r	my knowledge and belief, it is				
tru	ie, correct,	and complet	e. Declaration of preparer (other than	officer) is based on all information	of which prep	oarer ha	s any knowle	dge.					
							1:	/04/2	2021				
Sig	gn	Signat	ure of officer				Date	9					
	ere	PET	ER STERLING, PRESID	ENT									
			or print name and title										
<u> </u>		Print/Type	preparer's name	Preparer's signature		Date		Check	X If PTIN				
	nid	СУДНВА	NE GLENN					self-em	P00352125				
	eparer	Elmala nos		CPA			Firm'		77-0467183				
Us	se Only	7	dress ► 5075 S BRADLEY		Maria, C	CA 93	3455 Phor	e no. (8	05) 922-7414				
Ma	v the IR		this return with the preparer						. 🗵 Yes 🗌 No				
						DE 100	Vonina DDO		F 000 (0000)				

Part	∭ s	tatement of Program Service Accomplishments heck if Schedule O contains a response or note to any line in this Part III
1		describe the organization's mission:
• •	•	STER, PROMOTE, AND ENCOURAGE
		C SPORTS, ATHLETICS AND OTHER AMUSEMENTS AND RECREATIONS. AND
		STER AND ENCOURAGE PUBLIC PROGRAMS AND CONTESTS FOR SUCH PURPOSES
	10 10	STEC AND ENCOURAGE LOBBIC INCOMES TWO CONTROLS FOR SECURIOR STATES
2	Did the	organization undertake any significant program services during the year which were not listed on the
	prior F	orm 990 or 990-EZ?
		" describe these new services on Schedule O.
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program
		s?
		" describe these changes on Schedule O.
4	expens	be the organization's program service accomplishments for each of its three largest program services, as measured bees. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	tne tota	al expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 932,150. including grants of \$ 0.) (Revenue \$ 986,647.)
	тня с	RGANIZATION CONDUCTS THE ANNUAL SANTA MARIA ELKS RODEO. SINCE
	1943	THE RODEO GENERATES FUNDS FOR YOUTH RECREATION IN THE SANTA
	MARTA	VALLEY. THE RODEO ATTRACTS WORLD CLASS COMPETITION, AND HAS
	RANKE	D AS HIGH AS 22ND IN THE WORLD AND THIRD IN THE STATE OF
		ORNIA.
	2000000	<u> </u>
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
44	Other	program services (Describe on Schedule O.)
+u	(Exper	
40		regram service expenses 932.150

Part	V Checklist of Required Schedules			
	Oncomotor requires concession		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		×
2	complete Schedule A	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		×
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
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? If "Yes," complete Schedule D, Part V	10	a	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	en e		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_×	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	ļ	
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 I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		····
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		× ,,,*
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):		, T "	7 *
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "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		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		×
04	conservation contributions? If "Yes," complete Schedule M	31		×
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 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		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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	V Statements Regarding Other IRS Filings and Tax Compliance			Γ
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	~** * *		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		f +	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	ئىسىد ئەسىد		-
	reportable gaming (gambling) winnings to prize winners?	1c	×	

art	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			,				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	تي ٿ						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		لسنا				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b						
4a	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)?							
b	If "Yes," enter the name of the foreign country ▶	***	2',					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	23	<u> </u>					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	ба	<u> </u>	×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱						
	gifts were not tax deductible?	6b	77	 				
7	Organizations that may receive deductible contributions under section 170(c).	*4., :						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	***					
	and services provided to the payor?	7a	<u> </u>	 				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1						
	required to file Form 8282?	7c	-					
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 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 cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**	***	1				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	e imicentheise	stantiakuires				
_		, , , ,		134				
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a						
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-				
b 10	Section 501(c)(7) organizations. Enter:	7.	- ** ¢	y y *8				
10	Initiation fees and capital contributions included on Part VIII, line 12	1						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .		*	1				
11	Section 501(c)(12) organizations. Enter:	7	. ::					
a	Gross income from members or shareholders		,	. ,				
b	Gross income from other sources (Do not net amounts due or paid to other sources			1:				
D	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	* ,		. ,				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	* * * * *		,				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>				
	Note: See the instructions for additional information the organization must report on Schedule O.	5 a. +1 w		-				
b	Enter the amount of reserves the organization is required to maintain by the states in which	4,5	,;					
_	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand		1	ļ.,				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		 				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·						
	excess parachute payment(s) during the year?	15	+	-				
	If "Yes," see instructions and file Form 4720, Schedule N.		1					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-				
	if "Yes." complete Form 4720. Schedule O.	784 + 1	T+ 2	4 4				

Part		See in	struc	tions.			
Secti	on A. Governing Body and Management			,			
		څاه خو.	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		** * * *				
	committee, explain on Schedule O.		*	, ,			
h	Enter the number of voting members included on line 1a, above, who are independent . 1b 4	1		* **,			
2	b Little the number of voting members monaded on an all the state which are a hydrogen relationship with						
_	any other officer, director, trustee, or key employee?	2		×			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		×			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6		×			
6	Did the organization have members of stockholders. Or other persons who had the power to elect or appoint						
7a	one or more members of the governing body?	7a		×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b		×			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1			
	the year by the following:	8a	×	نام المالية			
a	The governing body?	8b	×	 			
b	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 U	9		×			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	<u> </u>			
-		10a	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	IVa		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14,					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	1				
	describe in Schedule O how this was done	12c		×			
13	Did the organization have a written whistleblower policy?	14	1	×			
14 15	Did the process for determining compensation of the following persons include a review and approval by	F + 3.4		1			
19	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	age to the second		, + 1 the instance			
а	The organization's CEO, Executive Director, or top management official	15a		×			
b	Other officers or key employees of the organization	15b	>-	<u>×</u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	**		, , , , , , , , , , , , , , , , , , ,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	. حدونگنست.	×			
	with a taxable entity during the year?	34 6		1			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	* t.	* * ;				
	organization's exempt status with respect to such arrangements?	16b					
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► CA			E011			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	ı (Sed	ction	5U1(0			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain on Schedule O)						
44	Own website Another's website Vi Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	erest	polic			
19	and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and respectively. Capable 1975 Santa Maria. Capable 1975 (805) 925	;-41?	2.5				

	•			
Part VII	Compensation of Officers, Directors, T	rustees, Key Employees,	, Highest Compensated Employees,	and
	Independent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (F) (E) (B) (do not check more than one Reportable Reportable Estimated amount Average Name and title box, unless person is both an compensation compensation of other hours officer and a director/trustee) compensation from related from the per week q Individual employee Highest compensated Key employee from the Institutional organization organizations (list any (W-2/1099-MISC) organization and director (W-2/1099-MISC) hours for related organizations related organizations l trustee below trustee dotted line) 4.00 (1) PETER STERLING 0. 0. × × 0. PRESIDENT 4.00 (2) TOMMY GEE 0. 0. × × VICE PRESIDENT 4.00 (3) MIKE ARNDT 0. × × 0. SECRETARY 4.00 (4) SCOTT PARSONS × 0. × 0. TREASURER 50.00 (5) TINA TONASCIA × 0. 153,753. EMPLOYEE (7) (8) (9) (10) (11) (12)(13)

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	plo	yee	s, an	d H	lighest Compe	nsated E	mploy	ees (co	ntinued)
					(6	C)		•					
	(A) Name and title		(do n	ot ch		ition mor	than o	one	(D))		
			box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reporta compens			
		hours per week			_		or/trust	-	from the	from rela	ated	compe	nsation
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee		Former	organization (W-2/1099-MISC)	organizat (W-2/1099-		from organiza	
		related	idua	Į.	욕	ફ	est c	Ē	(** 2/1000 NIIGO)	(11 21 1000		related org	
		organizations below	, E	121		loye	omp						
		dotted line)	stee	Institutional trustee		"	Highest compensated employee						
			Ì	ď		-	i tea						
(15)			 										
JZ			<u> </u>					<u> </u>					
(16)			-						<u> </u>				
(17)						\vdash	<u> </u>	-					
						_	<u> </u>	_					
(18)													
(19)													
(20)				-		_	-	\vdash					
(20)													
(21)		<u> </u>	.}										
(22)				 -			 						
(00)			 	-	 	ļ	ļ	-					
(23)			1		_								
(24)				ļ									
(25)				ļ -	 	-		<u> </u>					
			<u> </u>	<u></u>		<u></u>	<u></u>	Ļ_	152 752	<u></u>	0.		0.
	Subtotal	 		•	•	•		>	153,753.		0.		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			:		•		>	153,753.		0.		0.
2	Total number of individuals (including bu	t not limite	d to th	nose	e lis	ted	abov	e) w	ho received mor	e than \$1	00,000	of	
	reportable compensation from the organ	ization ►					1						res No
•	Did the organization list any former	officer dir	ector	tri	iste	ρ,	kev e	mn	lovee or highe	st compe	nsated		2
3	employee on line 1a? If "Yes," complete	Schedule	J for s	uch	ina	ivia	lual	۷۲				3	×
4	For any individual listed on line 1a, is the	e sum of re	eporta	ble	cor	npe	nsatio	on a	and other compe	nsation fro	om the	the state	
•	organization and related organizations individual	greater th	nan \$	150	,000)? .	if "Ye	s,"	complete Sche	dule J fo	r such	4	×
5	Did any person listed on line 1a receive of									tion or inc	lividual		
	for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hea	ule J	for s	such person .	<u> </u>	<u>.</u>	5	×
Secti	on B. Independent Contractors											bon ¢10	0.000 0
1	Complete this table for your five high compensation from the organization. Rep	hest comp ort.comper	ensat nsatio	ed n fo	ind or th	epe e ca	ndeni alenda	r co ar ye	ontractors that ear ending with o	received r within the	more i e organ	ization's	tax year.
	(A) Name and business add								(B) Description of ser			(C) Compensat	
	Name and business aut	11622						\vdash	D00011p11011 01 02				
								-				·	
								+					
2	Total number of independent contractor							o th	hose listed abov	e) who			4 1 7

Part	VIII	Statement of Revo	enue	etaine a re	enon	se or note to an	v line in this Pa	rt VIII		🗆
•		Check if Schedule C	<i>y</i>	italis a re	эроп		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ္ တ	1a	Federated campaign	s.		1a					
au au	b	Membership dues .			1b					
و ا	С	Fundraising events .			1c	11,050.				
its	d	Related organization	s.		1d					
[발,	е	Government grants (1e					
Sir	f	All other contributions						14.00		
혈환		and similar amounts not			1f	15,039.				
물리	g	Noncash contribution				•				
Contributions, Gifts, Grants and Other Similar Amounts	1_	lines 1a-1f			1g		26,089.			
- "	<u>h</u>	Total. Add lines Ta-		· · · ·	<u> </u>	Business Code	20,000.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g.	2a	RESERVED GRAND	STA	ND		900099	0.	0.	0.	0.
Program Service Revenue	b	BOX SEATS				900099	0.	0.	0.	0.
Se	C	ARENA RENTALS	-			900099	32,625.	32,625.	0.	0.
gram Ser Revenue	d	SPONSORS				900099	15,026.	15,026.	0.	0.
P &	е	CONCESSIONS				900099	0.	0.	0.	0.
F	f	All other program se					938,996.	938,996.	0.	0.
	g	Total. Add lines 2a-2					986,647.		and the state of	
	3 4 5	Investment income other similar amount Income from investm Royalties	s) . ient d		pt bo	ond proceeds		1928 1927 A		
	6a	Gross rents	6a						1.3.35	
	b	Less: rental expenses	6b							Total disease
	C	Rental income or (loss)	6c							
	d	Net rental income or	(loss		<u> </u>	<u> </u>		FARTS TO THE P		
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets	_							
-	_	other than inventory	7a							
enne	b	Less: cost or other basis	7b							
	_	and sales expenses . Gain or (loss)				<u> </u>				7
æ	d d	Net gain or (loss)						34	A STATE OF THE PARTY OF THE PAR	
Other Re	8a	Gross income from	n fu	ndraising			111111111111111111111111111111111111111			
ಕ	ou.	events (not including sof contributions rep 1c). See Part IV, line	\$ <u>1</u> oorte	1,050.	8a	0.				
	b	Less: direct expense			8b	0.		12.74 TOP 1		
	C	Net income or (loss)			g eve	ents ►	0.		0.	0.
	9a	Gross income fi			9a					
	b	Less: direct expense			9b				12. 4.77.4.4. 30.4. 30.4.	*** *** ***
	С	Net income or (loss)			ctiviti	es >		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 7.3 + VA'	7 4 7 1
	10a			ory, less	40-			148 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		
	. 1_	returns and allowand			10a 10b					
	b	Less: cost of goods Net income or (loss)								7
	C	Net income of (loss)	17 () ()	i sales of it	IVOITE	Business Code	The state of the	想法推工的 5%。	The state of the	1,1
Miscellaneous Revenue	11a	·					The second secon			
scellaneo Revenue	b									
eve	С									
fisc R	d	All other revenue		, , ,				2	1 dec 1 de 1 de 1 de 1	
2	е	Total. Add lines 11a			· ·	<u> ▶</u>	1 010 506			** .* ** .
	12	Total revenue. See	instr	uctions		<u> ▶</u>	1,012,736.	986,647.	0.	0.

Page 10 Form 990 (2020) 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 (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses 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, 30,750. 15,375. 107,629. trustees, and key employees 153,754. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 5,802. 11,604. 58,023. 40,617. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 1,906. 13,342. 3,812. 19,060. 10 Fees for services (nonemployees): 11 а Management Legal 625. 6,251. 4,376. 1,250. C d Professional fundraising services. See Part IV, line 17 e Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 1,494. 1,494. 0. Advertising and promotion 12 36,037. 0. 0. 36,037. 13 14 Information technology 15 Royalties 0. 34,400. 58,237. 92,637. Occupancy 16 14,367. 7,736. 22,103. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 Ó. 0. 21,508. 21,508. 20 21 0. 0. 14,755. 14,755. 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. 0. RODEO DIRECT COSTS 0. 0. 320. 320. TAXES b 206. 103. 1,036. 727. BANK AND MERCHANT FEES C 1,159. 330. 165. 1,654. d DUES AND FEES 9,279. 4,576. 667,986. All other expenses 681,841. 1,110,473. 932,150. 135,404. 42,919. Total functional expenses. Add lines 1 through 24e 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) . . .

Page 11 Form 990 (2020) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 342,705. 4,869. 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 3 16,901. 20,015. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 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 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a 1,160,743 506,740. 661,758. 10c 654,003. Less: accumulated depreciation | 10b | 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 1,016,723. 16 Total assets. Add lines 1 through 15 (must equal line 33) . . 683,528. 16 72,500. 17 205,230. Accounts payable and accrued expenses . . . 17 18 18 147,132. 19 322,287. 19 20 20 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% 50,879. 22 50,000. controlled entity or family member of any of these persons 51,898. Secured mortgages and notes payable to unrelated third parties . . . 53,724. 23 23 1,827. 54,982. 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. 207,531. 25 408,720. 839,652. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ 🗵 Balances and complete lines 27, 28, 32, and 33. 27 167,071. 264,808. Net assets without donor restrictions . 27 28 10,000. 10,000. 28 Net assets with donor restrictions Fund Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. ö 29 Capital stock or trust principal, or current funds 29 Net Assets 30

177,071.

31

32

33

274,808.

683,528.

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

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

30

31

32

33

Page	1	2

Part					_		
	Check if Schedule O contains a response or note to any line in this Part XI			• •	_Ц		
1	Total revenue (must equal Part VIII, column (A), line 12)			2,7 .0,4			
2							
3	Revenue less expenses. Subtract line 2 from line 1			7,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	┼	27	14,8	08.		
5	Net unrealized gains (losses) on investments	 					
6	Donated services and use of facilities						
7	Investment expenses ,						
8	Prior period adjustments	 -					
9	Other changes in het assets of fund balances (explain on schedule o)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1 -	77 0	71		
	32, column (B))			77,0	<u>/ </u>		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		·	Yes	No		
_	Accounting method used to prepare the Form 990: Cash Accrual Other	٢	. 5.				
1	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," expla	in in			*,		
	Schedule O.		4 P. E.				
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?	. "	2a	×	and the second		
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or		45 \$ 17	***		
	reviewed on a separate basis, consolidated basis, or both:		` `;,	, ,	F. 15		
	Separate basis Consolidated basis Both consolidated and separate basis		.,,-	***			
h	Were the organization's financial statements audited by an independent accountant?		2b		×		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	141.77	, ₊ 3° , *			
	separate basis, consolidated basis, or both:	ŀ	* .	As 24	* 4		
	Separate basis Consolidated basis Both consolidated and separate basis		* > +2	,,,	+ ,		
С	If "Ves" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ght of					
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×			
	If the organization changed either its oversight process or selection process during the tax year, explain	in on		* an +			
	Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n the	_		١.,		
	Single Audit Act and OMB Circular A-133?	•	3a		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	3b				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	ເຮ .		000	<u> </u>		
	REV 09/08/21 PRO		Forr	n 990	(2020)		

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ELKS	RECREATION INC		95-2485566
Part	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	•	
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	? Yes 🗀 No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefi	t of the donor or donor advisor, or fol	r any other purpose
	conferring impermissible private benefit?		· · · · · · · Yes L No
Part			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recre		f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contributior	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements	3	. 2b
С	Number of conservation easements on a certified h	istoric structure included in (a)	. 2c
d	Number of conservation easements included in ((c) acquired after 7/25/06, and not c	on a
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg	parding the periodic monitoring, insp	ection, nariding of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	\$		No 470/L\(4\/D\/\)
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	section 170(n)(4)(b)(i)
	and section 170(h)(4)(B)(ii)?	and the second of the revenue	Yes . No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of	the feetnets to the organization's fina	and expense statement and
	organization's accounting for conservation easeme	nte	ariolal state from the description and
			Other Similar Assets
Part	Organizations Maintaining Collections	No." on Form 000 Port IV line 8	Other Similar Assets.
	Complete if the organization answered "	Yes on Form 990, Fart IV, line 6.	e statement and balance sheet works
1a	If the organization elected, as permitted under FAS	se ASC 958, not to report in its revenue	or research in furtherance of public
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items
_	service, provide in Part Aili the text of the foothote	OD ACC OFF. to report in its revenue of	statement and halance sheet works of
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	search in furtherance of public service.
	art, historical treasures, or other similar assets held provide the following amounts relating to these item	us. Hot bang evilingal, education, of tes	Joseph III Idi didi di Iladi di Pabilo dal 1004
			•
	(i) Revenue included on Form 990, Part VIII, line 1		· · · •
_	(ii) Assets included in Form 990, Part X	Listendaria de la compansión de la compa	accets for financial cain, provide the
2	If the organization received or held works of art,	historical treasures, or other similar	assets for infancial gain, provide the
	following amounts required to be reported under FA		▶ •
а	Revenue included on Form 990, Part VIII, line 1 .		· · · · •
h	Accete included in Form 990 Part X		

Part	Organizations Maintaining Coll	ections of Art	, Historica	l Treasures,	or Other	r Similar Asse	ts (contin	iuea)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other					nificant use	ot its
а	☐ Public exhibition			an or exchange				
b	Scholarly research		e 🗌 Otl	ner				
С	☐ Preservation for future generations		•					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part	V Escrow and Custodial Arrange	ments.				_		
	Complete if the organization answ	wered "Yes" oı	า Form 990), Part IV, line	9, or rep	orted an amo	unt on Fo	rm
	990 Part X. line 21.							
1a	Is the organization an agent, trustee, cust	odian or other	intermedian	y for contributi	ons or ot	her assets not	r	
	included on Form 990, Part X?						∐ Yes □	No
b	If "Yes," explain the arrangement in Part XII	II and complete	the followin	g table:		Λ		
					<u> </u>	Ame	ount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on	Form 990, Part	X, line 21, fo	or escrow or cu	istodial ad	count liability?	Yes [∐ NO
b	If "Yes," explain the arrangement in Part XI	II. Check here if	the explana	ition has been	provided (on Part XIII	<u> </u>	
Par	V Endowment Funds.							
	Complete if the organization ans			J, Part IV, line	10.	Three years back	(a) Four year	e back
		Current year	(b) Prior year	(c) Two years	s back (d)	Inree years back	(e) Four year	5 Daux
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							
f	Administrative expenses							
g	End of year balance				 .			
2	Provide the estimated percentage of the cu	urrent year end b	oalance (line	a 1g, column (a)) held as:			
а	Board designated or quasi-endowment ▶	%	, ,					
b	Permanent endowment ▶%	ò						
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100	%.		المصاحب المسا	-i-toward for the		
3a	Are there endowment funds not in the pos	ssession of the o	organization	that are neid	and admi	nistered for the	Yes	s No
	organization by:							3 140
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as	required of	n Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		s endowme	nt tunds.				
Par	VI Land, Buildings, and Equipmen	1 t.	E 00	O Dort IV line	110 80	o Form 990 E	art Y line	10
	Complete if the organization ans			U, Part IV, IIII	3 11a. Se	cumulated	(d) Book va	lue
	Description of property	(a) Cost or other (investment)		ost or other basis (other)	depr	eciation		
1a	Land	527,	600.	0.		47.7		600.
b	Buildings	273,				99,864.		296.
C	Leasehold improvements	210,				.87 , 285.		517.
d	Equipment	149,	181.			19,591.	29,	590.
e	Other							
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X, col	umn (B), line 10)c.)	▶	654,	003.

	(a) Description of security or category	(b) Book value	11b. See Form 990, Part X, line 12.
	(including name of security)	(b) Book Value	Cost or end-of-year market value
	derivatives	•	
	eld equity interests	•	
/D\			
(C)			
(D)			
<u>(E)</u>			
(F) (G)			
. <u>(G)</u> .(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)	F	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments-Program Related.	m 000 D 40/ (b)	44- Cas Farm 000 Port V line 12
	Complete if the organization answered "Yes" on		(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
5)			
(6) (7)			
(8)			
(9)			4.5
otal (Colu	(L) Come COO Dort V col (D) line 12		
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
Part IX	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15
Part IX	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on		e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (mn (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (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.	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (mn (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	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, line	e 11d. See Form 990, Part X, line 15. (b) Book value 2. 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columbia X X X X X X X X X X X X X X X X X X 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 LL LIABILITIES	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columna X X (1) Federal i (2) PAYRO (3) PAYAB	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 LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value 2, 31 21, 82
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columeter X (1) Federal i (2) PAYRO (3) PAYAB (4) FFA P	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 ncome taxes LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS AYABLE	Form 990, Part IV, line	2, 31 21, 82 6 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation 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 LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS AYABLE OAN	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value 2, 31 21, 82 66 150, 00
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia) Part X (1) Federal i (2) PAYRO (3) PAYAB (4) FFA P (5) SBA L	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 LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS AYABLE OAN	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value 2, 31. 21, 82. 66. 150, 00
(1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Columbia) (1) Federal i (2) PAYRO (3) PAYAB (4) FFA P (5) SBA L (6) SBA P (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 LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS AYABLE OAN	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) PAYRO (3) PAYAB (4) FFA P (5) SBA L (6) SBA P (7) (8) (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 LL LIABILITIES LE GOLDEN CIRCLE OF CHAMPIONS AYABLE OAN	Form 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value 2, 31 21, 82 66 150, 00 32, 72

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	أستنصف
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	I	
b	Other (Describe in Part XIII.)		1 42 * * *
C	Add lines 4a and 4b		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	Reconciliation of Expenses per Audited Financial Statem	jenis with Expenses po Dort IV. ling 12a	er neturn.
	Complete if the organization answered "Yes" on Form 990,	raitiv, mie 12a.	11
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	**
a	Prior year adjustments		
b	Other losses		-
c C	Other losses		1.74
d	Add lines 2a through 2d		2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		**
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	/*
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part	VIII Supplemental Information		<u> </u>
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2l	b; Part V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	mormation.
		w#=====	
		#= == =	


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chedule D (For	m 990) 2020	Page 5
Part XIII	Supplemental Information (continued)	
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#### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ELKS	RECREATION INC	95-2485566			
Part					
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a	person listed on Form		ts P	4, 4,
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding	ng these items.		; ************************************	
	☐ First-class or charter travel ☐ Housing allowance or residence		* , * ,		
	☐ Travel for companions ☐ Payments for business use of pe		7% **	* 2~	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initi		4, +4	4 °	•
	☐ Discretionary spending account ☐ Personal services (such as maid,	chauffeur, chef)	- 17 5 7 0-19 7 9	6. 1	*
			; .	; ,47, *	,
b	If any of the boxes on line 1a are checked, did the organization follow a written police	cy regarding payment	3.4 m		initia sirrenta di
	or reimbursement or provision of all of the expenses described above? If "No,"	complete Part III to	4.		
	explain		1b		· · · · · · · ·
					أستشمي
2	Did the organization require substantiation prior to reimbursing or allowing expe	nses incurred by all			<u> </u>
	directors, trustees, and officers, including the CEO/Executive Director, regarding the i	tems checked on line	2		
	1a?			ye. *	- 1
_	and the control of the component of the control of the component	ion of the	v. ***		
3	Indicate which, if any, of the following the organization used to establish the compensatorganization's CEO/Executive Director. Check all that apply. Do not check any boxes for	r methods used by a	, , , , , , , , , , , , , , , , , , ,	4 4	
	related organization to establish compensation of the CEO/Executive Director, but explain	in in Part III.	>	Frank.	1
					*
	<u>_</u>		*,	* * ,	
		nsation committee	£ *	***	,
	Form 990 of other organizations Approval by the board or compe		453	3.	* * *
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with resp	pect to the filing	.4.		
-	organization or a related organization:			*	
а	Receive a severance payment or change-of-control payment?		4a		×
b	Participate in or receive payment from a supplemental nonqualified retirement plan? .		4b		×
C	Participate in or receive payment from an equity-based compensation arrangement? .		4c		×
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each	ch item in Part III.	4 .	., ., .,	, ,
	The terminal is specially and the terminal is a special terminal t		A graph of	4 35 3	, ,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines	5–9.	4	25.	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any	*9,* ,	, ,	1
	compensation contingent on the revenues of:		.g.		
а	The organization?		5a	×	<u> </u>
b	Any related organization?		5b	ļ	×
	If "Yes" on line 5a or 5b, describe in Part III.			7	
			100	. + %	. 1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any	1 4	,	100
	compensation contingent on the net earnings of:		£		×
а	The organization?		6a	<u> </u>	×
b	Any related organization?		6b		^
	If "Yes" on line 6a or 6b, describe in Part III.			***	
-	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	provide any nonfixed	سند الدست		
7	payments not described on lines 5 and 6? If "Yes," describe in Part III.	piorido dily nomitod	7	×	
_	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contra				<b> </b>
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)	? If "Yes," describe		!	1
	in Part III		8	}	×
					-
٥	If "Vee" on line 8 did the organization also follow the rebuttable presumption pr	ocedure described in		المستنسسة الم	of all third states in the

Regulations section 53.4958-6(c)?

9

### Part II 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.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
TINA TONASCIA	(i)	60,000.	93,754.	0.	0.	0.	153,754.	0.
1 EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(1)							
3	(ii)							
	(1)							
4	(ii)							
	(1)							ļ
5	(ii)							
	(i)						 	
6	(ii)							
	(i)							
7	(ii)							
	(ī)				<b></b>			
8	(ii)							
	(i)				<u> </u>			
9	(ii)							
	(i)				<b></b>			
10	(ii)							
	(i)				ļ		ļ	
_11	(ii)							
	(i)				. <b></b>		ļ	
12	(ii)							
	(1)					ļ	ļ	<u> </u>
13	(ii)							<u> </u>
	(1)						ļ	ļ
14	(ii)							
	(i)			<u> </u>			ļ	
15	(ii)							
-	(i)				<u> </u>	ļ	ļ	
16	(ii)				1			L

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Pt I Line 5a: KEY EMPLOYEE RECEIVES COMMISSIONS BASED ON PERCENTAGE OF FUND RAISING AS APPROVED BY BOARD OF
DIRECTORS.
Pt I Line 7: See above 5a
~-

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(7) (8) (9) (10) ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name o	i ine organization								,,						
ELKS	RECREATION IN									2485					
Part	Excess Bene Complete if th	fit Transaction e organization	s (section 501) answered "Yes	(c)(3), s s" on F	section form 990	501(c)(4 0, Part l	), and se V, line 2	ection 501 5a or 25b	(c)(29) , or For	organ m 990	izatio )-EZ,	ns on Part \	ly). V, line	40b.	
		(b) Relationship between disqualified person and (c) Description of transaction				(d) Corrected									
1	(a) Name of disqualified	person		organiza		·		(6) [7	(c) Description of transaction			Yes	No		
(1)															
(2)															<u> </u>
(3)															
(4)															<u> </u>
(5)															
(6)							-11	6!l	ana din	rina th	· · · · ·			<u> </u>	L.—
2	Enter the amount	of tax incurred	by the organ	ızatıor	n manag	gers or	aisquaii	nea perso	ons du	nng u	ie ye	aı ▶ \$			
_	under section 4958											► \$			
3	Enter the amount o	tax, it any, on	line 2, above,	reimbi	ırsea by	tne org	ganizatio	n	• •	• •	,	Ψ			
Part	Loans to and	<b>/or From Inter</b> e organization	ested Persons	S. e" on F	orm 99	0-EZ P	art V (in	e 38a or F	orm 99	30. Pa	rt IV.	line 2	6: or i	if the	
	organization r	eported an am	ount on Form 9	90, Pa	art X, lin	e 5, 6, c	or 22.								
						Ι		T		Ī				(2) 141	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or m the		Original al amount	(f) Balan	(f) Balance due		etault?	it? (h) Approved by board or		(i) Written agreement	
		With Organization	10411		ization?	7						comm	nittee?		
				То	From	1				Yes	No	Yes	No	Yes	No
(1)	TOMMY GEE	OFFICER	OPERATING	×		10	0,000.	50,878.			×	×		×	
(2)														<u> </u>	<u> </u>
(3)															<u> </u>
(4)															<u> </u>
(5)												<u> </u>		<u> </u>	<u> </u>
(6)														<u> </u>	<u> </u>
(7)						<u> </u>						ļ <u>.</u>		<u> </u>	<u> </u>
(8)					<u> </u>	<u> </u>				ļ				<u> </u>	<u> </u>
(9)					ļ			<u> </u>		<u> </u>				<del> </del>	<del> </del> -
(10)						<u> </u>		<u> </u>			Ļ		<u> </u>	* , ,	<u></u>
Total		<u> </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>	<u>, ,▶</u>	<b>\$</b> 50	<u>,878.</u>			1 * . *	<u>.                                     </u>	<u> </u>	
Part	Grants or As	sistance Bene ne organization	fiting Interest	ed Per	rsons.	O Dort	IV line 2	7							
	Complete if tr	e organization	answered te								Γ.				
(a)	Name of interested person		ship between inter- and the organization		(c) Amoun	t of assist	ance	(d) Type of	assistand	.e	(e	) Purpo	ose of a	assistar	ice
(1)											<u> </u>				
(2)															
(3)															
(4)															
(5)						1					ļ	**			
(6)															

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 09/08/21 PRO BAA

Schedule L (Form 990 or 990-EZ) 2020

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring zation nues
				Yes	No
					<u> </u>
					├—
					<del>                                     </del>
					<u> </u>
					<del> </del>
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Supplemental Information.				l	ــــــــــــــــــــــــــــــــــــــ
					. <b></b>
					<b>-</b>

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

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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

Open to Public Inspection

Employer Identification number

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: \$0 Program services: \$0 Management and general: \$0 Fundraising: \$0 Description: INSURANCE Total: \$23,454 Program services: \$15,609 Management and general: \$5,230 Fundraising: \$2,615 Description: POSTAGE Total: \$352 Program services: \$247 Management and general: \$70 Fundraising: \$35 Description: PRINTING Total: \$500 Program services: \$350 Management and general: \$100 Fundraising: \$50

Name of the organization	Employer Identification number
ELKS RECREATION INC	95-2485566
Description: DONATIONS	
Description: Donarions	
Total: \$2,000	,
Program services: \$2,000	
Management and general: \$0	
Fundraising: \$0	
Description: MEALS	
Total: \$8,604	
Program services: \$6,024	
Management and general: \$1,720	
Fundraising: \$860	
Description: QUEEN CONTEST EXP	
Total: \$430,333	
•	
Program services: \$430,333	
Management and general: \$0	
Fundraising: \$0	
Description: APPAREL	
Total: \$4,461	
Program services: \$4,461	
Management and general: \$0	
Fundraising: \$0	
Description: HAUNTED HILLS EXPENSES	
Total: \$17,050	
Program services: \$17,050	
Management and general: \$0	
Fundraising: \$0	
Description: CHRISTMAS IN THE COUNTRY	
Total: \$141,724	

Name of the organization	Employer identification number
ELKS RECREATION INC	95-2485566
Program services: \$141,724	
Management and general: \$0	
Fundraising: \$0	
Description: PHOTOGRAPHY	
Total: \$190	
Program services: \$190	
Management and general: \$0	
Fundraising: \$0	
Description: HOSPITALITY	
Total: \$2,198	
Program services: \$2,198	
Management and general: \$0	
Fundraising: \$0	
Description: LATE FEES	
Total: \$127	·
Program services: \$0	
Management and general: \$127	
Fundraising: \$0	
Description: HAY	
Total: \$907	
Program services: \$907	
Management and general: \$0	
Fundraising: \$0	
Description: SUPPLIES GROUNDS	
Total: \$2,437	
Program services: \$2,437	
Management and general: \$0	
•	

Name of the organization	Employer identification number
ELKS RECREATION INC	95-2485566
Fundraising: \$0	
Description: JUDGES/ANNOUNCERS	
Total: \$10,152	
Program services: \$10,152	
Program Services: \$10,132	
Management and general: \$0	
Fundraising: \$0	
Pagarintian, RIEI	
Description: FUEL	
Total: \$8,691	
Program services: \$6,081	
Management and general: \$1,740	
Fundraising: \$870	
Description: PERMITS	
matal. \$267	
Total: \$267	
Program services: \$267	
Management and general: \$0	
Fundraising: \$0	
Description: REPAIRS	
Total: \$332	
Program services: \$332	
Management and general: \$0	
Fundraising: \$0	
Description: SECURITY FOR EVENTS	
Total: \$17,351	
Program services: \$17,351	
Management and general: \$0	
Fundraising: \$0	
Description: TELEPHONE	

Name of the organization	Employer Identification number
	95-2485566
Total: \$1,465	
Program services: \$1,027	
Management and general: \$292	
Fundraising: \$146	
rundraising. Vi40	
Description: TICKET SERVICE FEES	
Total: \$9,246	
TOCAT: \$9,240	
Program services: \$9,246	
Management and general: \$0	
Management and general. 90	
Fundraising: \$0	
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SCHEDULE R (Form 990)

Part II

Related Organizations and Unrelated Partnerships

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization

ELKS RECREATION INC

Employer identification number 95-2485566

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled (c) Legal domicile (state (f) (a)
Name, address, and EIN of related organization Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity entity? Yes No (1) BENEVOLENT & PROTECIVE ORDER OF ELKS 95-0541119 × N/A 1309 N BRADLEY RD SANTA MARIA CA 93454 SERVICE COMMITTES TRACES ENTROPER PROGRAS CA 8 (4)

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)									•			
(2)								_				
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	i) 512(b)(13) rolled ity?
								Yes	No
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)						,			
(7)									

Part V Tran	sactions With Related Or	ganizations. Comp	lete if the orga	anization answered	"Yes"	on Form 9	390, Part IV	, line 34,	35b, or 36
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Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Yes	
1	During the tax year, did the organization engage in any of the following transactions with one or	or more related organi	izations listed in Parts	II–IV?	1	a ferra
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b	Gift, grant, or capital contribution to related organization(s)				1b	×
С	Gift, grant, or capital contribution from related organization(s)				1c	×
d	Loans or loan guarantees to or for related organization(s)				1d	×
е	Loans or loan guarantees by related organization(s)				1e X	
				2	7 37 11	
f	Dividends from related organization(s)				1f	×
q	Sale of assets to related organization(s)				1g	×
h	Purchase of assets from related organization(s)				1h	×
ī	Exchange of assets with related organization(s)				1i	×
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	×
-		•			13.4 drg	ئ تمسمستند ساء
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	×
I	Performance of services or membership or fundraising solicitations for related organization(s) .				11	×
m	Performance of services or membership or fundraising solicitations by related organization(s)			[1m	×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n ×	
o	Sharing of paid employees with related organization(s)				10	×
	•					
р	Reimbursement paid to related organization(s) for expenses				1p	×
q	Reimbursement paid by related organization(s) for expenses				1q	X
				ļ		ieni hantiti
r	Other transfer of cash or property to related organization(s)				1r	×
s	Other transfer of cash or property from related organization(s)		<u> </u>		1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must con-	omplete this line, inclu	iding covered relation	ships and transaction	n thresh	olds.
	(a)	(b)	(c) Amount involved	(d) Method of determining	amount in	volved
	Name of related organization	Transaction type (a-s)	Amount involved	Mediod of determining	amountin	VOIVEG
				NORTH DAVABLE		
(1) B	ENEVOLENT AND PROTECTIVE ORDER OF ELKS	<u>e</u>		NOTE PAYABLE		
				FAIR VALUE		
_(2) E	ENEVOLENT AND PROTECTIVE ORDER OF ELKS	m		TAIK VALUE		
103			ļ			
(3)				-		
_(4)		· 				
(E)						
_(5)						_
(C)						
(6)	REV 09/08/21 PRO		<u>. </u>	Schedule R	(Form 9	90) 2020
BAA						

Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all p sec 501	e) partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
			from tax under sections 512—514)	Yes	No			Yes	No		Yes	No	
(1)	-												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)	-												
(9)													
(10)	-												
(11)	-												
(12)													
(13)													
(14)													
(15)	-												
(16)	-												
		•									احليات	- /=	000\ 2020

Schedule R (F	Form 990) 2020	Page 3
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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Page 5

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Internal Revenue Service (99) Identifying number Business or activity to which this form relates Name(s) shown on return 95-2485566 Form 990 / Form 990EZ ELKS RECREATION INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 2 Total cost of section 179 property placed in service (see instructions) . . . 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling 5 (c) Elected cost (b) Cost (business use only) (a) Description of property 6 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 14,755 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (g) Depreciation deduction (d) Recovery (f) Method (e) Convention (business/investment use only—see instructions) (a) Classification of property service The State of the S 3-year property 19a 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L · maria 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental MM S/L 27.5 yrs. property S/L MM 39 yrs. i Nonresidential real MМ property Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System S/L 7 6 6 6 6 W 20a Class life S/L 12 yrs. b 12-year S/L MM 30 yrs. c 30-year S/L MM 40 yrs. d 40-vear Part IV Summary (See instructions.)

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22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

21

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

21 Listed property. Enter amount from line 28

23

Name ELKS RECREATION INC Employer Identification No. 95-2485566

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GOLF TOURNAMENT	0.	0.	0.	0.
INSURANCE	23,454.	15,609.	5,230.	2,615.
POSTAGE	352.	247.	70.	35.
PRINTING	500.	350.	. 100.	50.
DONATIONS	2,000.	2,000.	0.	0.
MEALS	8,604.	6,024.	1,720.	860.
QUEEN CONTEST EXP	430,333.	430,333.	0.	0.
APPAREL	4,461.	4,461.	0.	0.
HAUNTED HILLS EXPENSES	17,050.	17,050.	0.	0.
CHRISTMAS IN THE COUNTRY	141,724.	141,724.	0.	0.
PHOTOGRAPHY	190.	190.	0.	0.
HOSPITALITY	2,198.	2,198.	0.	0.
LATE FEES	127.	0.	127.	0.
HAY	907.	907.	0.	0.
SUPPLIES GROUNDS	2,437.	2,437.	0.	0.
JUDGES/ANNOUNCERS	10,152.	10,152.	0.	0.
FUEL -	8,691.	6,081.	1,740.	870.
	267.	267.	0.	0.
PERMITS	332.	332.	0.	0.
REPAIRS		17,351.	0.	0.
SECURITY FOR EVENTS	17,351.		292.	146.
TELEPHONE TICKET SERVICE FEES	1,465. 9,246.	1,027. 9,246.	0.	0.
Total to Form 990, Part IX, line 24e	681,841.	667,986.	9,279.	4,576.