DLN: 93493277012699 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization D Employer identification number B Check if applicable BENEVOLENT PROTECTIVE ORDER OF ELKS OF USA CALIFORNIA-HAWAII ELKS ASSOCIATION □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 5450 E LAMONA AVE ☐ Amended return ☐ Application pending (559) 255-4531 City or town, state or province, country, and ZIP or foreign postal code FRESNO, CA $\,$ 93727 $\,$ G Gross receipts \$ 2,289,572 F Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 5450 E LAMONA AVE H(b) Are all subordinates FRESNO, CA 937272224 ☐Yes **V**No ıncluded? ☐ 501(c)(3) **☑** 501(c)(8) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► chea-elks org L Year of formation 1914 M State of legal domicile CA K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities STATE ORGANIZATION FOR ELKS LODGES IN CALIFORNIA AND HAWAII Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥ **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,129,926 861,487 Ravenua 9 Program service revenue (Part VIII, line 2g) . 184,178 188,114 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 97,314 114,834 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115,170 1,125,137 1,526,588 2,289,572 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 265,960 326,011 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 77,951 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 654,105 539,968 920,065 943,930 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 606,523 1,345,642 Net Assets or Fund Balances Beginning of Current Year **End of Year** 6,192,823 7,559,618 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 65,574 16,213 22 Net assets or fund balances Subtract line 21 from line 20 . 6,127,249 7,543,405 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-04 Signature of officer Sign Here TIMOTHY C MARTIN Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf P01294244 Paid self-employed Firm's name
CUTTONE & MASTRO CERTIFIED PUBLIC ACCOUNTANTS Firm's EIN ► 45-2184917 Preparer Use Only Firm's address ► 7543 N INGRAM AVENUE SUITE 102 Phone no (559) 261-4300 FRESNO, CA 93711 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	Statement	of Program Service Ac	complishments		
			r note to any line in this Part III .		<u> 🗆</u>
1	Briefly describe the o	rganization's mission			
AND TO E CAUS	PROMOTE THE INTERE	STS OF THE ORDER IN THE THE PROGRAMS OF THE GR RD ALL MANKIND, TO ENCOL	TO FURTHER GOOD FELLOWSHIP STATES OF CALIFORNIA AND HAWA AND LODGE OF THE BENEVOLENT A PRAGE PATRIOTISM AND DEVOTION	AII, TO EXCHANGE IDEAS BENEF AND PROTECTIVE ORDER OF ELK	TICIAL TO ELKS LODGES, S TO ADVANCE THE
2	Did the organization	undertake any significant pro	ogram services during the year whic	ch were not listed on	
	•	r 990-EZ?			☐ Yes ☑ No
3	•		ignificant changes in how it conduct	s, any program	
-	services?		-		☐ Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		nplishments for each of its three la e required to report the amount of o service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program service	tes (Describe in Schedule O)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program serv	rice expenses ▶			

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Par	tIV Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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 2	11b		No
	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		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
i _		1 1		

12b

13

14a

14b

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20a

20b

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Yes

Yes

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Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

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

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

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

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

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

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

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

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

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

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

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

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

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

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

valued at \$100,000 or more? Īf "Yes," complete Schedule F, Parts I and IV

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Pai	Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	Yes	No No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	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		
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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		No
4	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			ᅳ
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1		Yes	No

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

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines ✓
Se	ction A. Governing Body and Management	• •		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	Yes	
10-	Did the organization have local chapters, branches, or affiliated?	10a	res	No No
	Did the organization have local chapters, branches, or affiliates? 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?			INO
		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
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b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 112a b c 113 114 115 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
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b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed.	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? CA Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? CA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

(A)

Part VII

(F)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

(C)

(D)

(E)

- 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"

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

- List all or the organization's current key employees, if any See instructions for definition or key employee
 List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations

 List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons

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

(B)

(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee 1 00							(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
	4.00					<u> </u>				
(1) SALLY CLEMMER Trustee	0 00	x						o	0	0
(2) DR DONALD GUMM	1 00									
Trustee		Х						0	0	0
	0 00									
(3) ROBERT SCHRUM		х						o	0	0
Trustee	0 00									
(4) BILL VANCE Trustee	0 00	x						O	0	0
(5) KEVIN COREIRA	1 00									
Trustee		Х						0	0	0
(6) LARRY NELSON	0 00									
Trustee	0 00	Х						0	0	0
(7) FRANK GUTIERREZ	1 00									
Vice Chairman	0 00	Х						0	0	0
(8) RICHARD GAY Chairman	0 00	х						0	0	0
(9) GREG PEALE	1 00									
Trustee	0 00	X						0	0	0
(10) TOM COLON	0 00									_
Secretary	0 00	X						0	0	0
(11) FRED BIANCHINI Treasurer	0 00	х						0	0	0
(12) TIMOTHY C MARTIN	0 00 40 00									
				×				o	109,761	8,781
Executive Direc	40 00									
		•								Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	ligh	est Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

	4.	i i		sated		
						_
		·				_

c ·	Sub-Total	art VII , Section	Α		*			100.761		0 701
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos		▶ ≘) who	rece	eived more than \$1	109,761		8,781
									Yes	No

1b Sub-Total						>							
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c)												8,781
	·												
												Yes	No

	ub-Total						•									
	otal from continuation sheets to Pa otal (add lines 1b and 1c)	•					>						109,7	61		8,781
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed ab	ove)) who	rece	eived	more t	han \$1	00,000				
															Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,			•				-			•	•	3		No
4	For any individual listed on line 1a, is	the sum of rep	ortable (comp	ensat	ion	and c	other	comp	ensati	on fror	n the				

1b 5	Sub-Total			•			▶										
c T	Total from continuation sheets to Pa	art VII , Section	Α.				▶										
d_	Total (add lines 1b and 1c)			<u></u>	<u></u>		>							109,7	61		8,781
2	Total number of individuals (including of reportable compensation from the c			se list	ed al	bove	∍) wh	o rec	eived	l more	than	\$100),000				
																Yes	No
3	Did the organization list any former of	•			•				-								
	line 1a? If "Yes," complete Schedule J	for such individ	iuai .	•	•	•		•	•			•			3		No
4	For any individual listed on line 1a, is	the sum of rep	ortable	comp	ensa	ation	and	other	com	pensa	tion fr	om i	the				

c 1	iub-Total			
d 7	otal (add lines 1b and 1c)	761		8,781
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0		V	N-
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes." complete Schedule I for such			

u	Total (add lines 1b and 1c)	109,701		0,701
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employed line 1a? <i>If "Yes," complete Schedule J for such individual</i>	e on 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

2	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No.

			res	ИО
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a ⁷ If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensatio	 n

•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	• 4	No
5 S e	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	of compens	ation
	(4)		(0)

	services rendered to the organization? If "Yes," complete Schedule J for such person				
Se	ction B. Independent Contractors	·		•	
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year				
	(A) Name and business address	(B) Description of services		(C) Compensation	

	Section B. Independent contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services	(C) Compensation				

2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0				
			Form 990 (2018)		

Part		Statement of	Revenue										rage 3
		Check if Schedul	e O contains a	a respo	nse or n	ote to any							🗆
								A) revenue	e fu	(B) lated or xempt inction	Unr bus	(C) related siness renue	(D) Revenue excluded from tax under sections 512 - 514
	1:	a Federated campaigi	ns	1a					16	evenue			312 - 314
nts ants		b Membership dues		1 b		256,545							
Gra nou		c Fundraising events		1c									
ts' A		d Related organizatio	ns	1d		482,165							
ila is		e Government grants (co	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions,	gifts, grants,										
utio er		and similar amounts no above	ot included	1 f		122,777							
를 돌		g Noncash contributio	ns included										
Contain and		in lines 1a - 1f \$ h Total. Add lines 1a-	.1f										
<u>0</u>		II Iotal. Add lines 1a		•	· · ·	Business	Codo	861,487	I				
RIE	2=	MAGAZINE SUBSCRIPTI	ONS			Dusiness		1	88,114	188	,114		+
Program Service Revenue	20	- Intertable 30000cttl 12					511120						+
e B	b			_	-								
er vic	d			_									
S.	e												
grar	f	All other program se	rvice revenue		L								
ď	g	Total. Add lines 2a-2	f		>		188,114						
		Investment income (in			nterest, a	and other		111.03		114.024			
		similar amounts). Income from investme			and arose	eda •	_	114,83	0	114,834			
		Royalties					-		0				
	_		(ı) Rea			ersonal							
	6a	Gross rents											
	Ŀ	Less rental expenses					+						
							_						
	•	Rental income or (loss)											
	c	l Net rental income of	r (loss)			•	1		o				
			(ı) Securit	ies	(II)	Other							
	7 a	Gross amount from sales of											
		assets other than inventory											
	Ŀ	Less cost or					+						
		other basis and sales expenses											
		Gain or (loss)]						
		d Net gain or (loss) .				>			0				
Ð	Od	Gross income from for (not including \$		ents of									
eun		contributions reporte See Part IV, line 18		a l									
3ev	Ŀ	Less direct expenses		ь			1						
er		Net income or (loss)		ا sing ev	ents .	· •			o				
Other Revenue	9a	Gross income from g See Part IV, line 19		es									
		See Fait IV, III e 15		a									
	Ŀ	Less direct expenses	s	ь									
		Net income or (loss)		activit	es	•			0				
	10	aGross sales of invent returns and allowand											
				a									
	Ŀ	Less cost of goods s	old	ь									
	(Net income or (loss) Miscellaneous		ınvent		ss Code			0				
	11	IaDefunct Lodge Reve			busine	90009	9	1,072,71	9	1,072,719			
		Defance Loage Neve	nac							. ,			
	Ŀ	GRAND LODGE CON	FERENCE		•	90009	9	51,11	8	51,118			
		55 20502 CON											
	(REFUNDS AND OTHE	R MISC			90009	9	1,30	0	1,300			
	ď	d All other revenue .					1		+				
	•	Total. Add lines 11a	-11d			>		1,125,13	7				
	12	2 Total revenue. See	Instructions							1 //20 005			
								2,289,57	<u> </u>	1,428,085	I		Form 990 (2018)

For	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	42,015	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22	283,996			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	61,221			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	12,236			
10	Payroll taxes	4,494			
11	Fees for services (non-employees)				
ä	a Management	0			
ı	Legal	0			
•	Accounting	9,175			
	l Lobbying	0			
•	Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	39,739			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,417			
12	Advertising and promotion	0			
13	Office expenses	8,298			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	17,831			
17	Travel	175,567			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	77,698			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,601			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Postage and Shipping	96,139			
	b Printing and Publications	75,399			
	c Blue Coats & Ties	19,784			
	d OTHER	15,106			
	e All other expenses	2,214			
25	Total functional expenses. Add lines 1 through 24e	943,930	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	Check here F III in innowing 50F 30-2 (ASC 330-720)				

Page **11**

11.246

8.920

7.293

16.213

5.847.503

1,695,902

7,543,405

7,559,618

Form **990** (2018)

7.559.618

8.909

49,473

16.101

65.574

4.518.912

1,608,337

6,127,249

6,192,823

6.192.823

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19 20

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31 32

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34

			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		936,038	1	1,101,022
2	Savings and temporary cash investments .	[2	0
3	Pledges and grants receivable, net			3	0
4	Accounts receivable, net	[4	0
5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5	0	
ssets 7 8	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	on 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete		6	0
8 8	Inventories for sale or use			8	0
9 🏲	Prepaid expenses and deferred charges			9	0
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
Ь	Less accumulated depreciation	10b		10c	0
11	Investments—publicly traded securities .		5,247,876	11	6,447,350
12	Investments—other securities See Part IV, line		12	0	
13	Investments—program-related See Part IV, line	e 11		13	0
14	Intangible assets			14	0

15

16

17 18

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34

Liabilities 22

Assets or Fund Balances

Net

Other assets See Part IV, line 11 . .

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Form 990 (2018)

```
Unsecured notes and loans payable to unrelated third parties .
Other liabilities (including federal income tax, payables to related third parties,
and other liabilities not included on lines 17 - 24)
Complete Part X of Schedule D
Total liabilities. Add lines 17 through 25 .
Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and
complete lines 27 through 29, and lines 33 and 34.
```

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,289,572
2	Total expenses (must equal Part IX, column (A), line 25)	2			943,930
3	Revenue less expenses Subtract line 2 from line 1	3		1	,345,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	,127,249
5	Net unrealized gains (losses) on investments	5			70,514
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	,543,405
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2 b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
_					

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 94-0357545

Name: BENEVOLENT PROTECTIVE ORDER OF ELKS OF USA CALIFORNIA-HAWAII ELKS ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a: MAGAZINE PUBLICATION-MAIOR TOOL IN INFORMING OUR MEMBERS OF THE MANY PROGRAMS AND THEIR ACCOMPLISHMENTS AND NEEDS. IT PROVIDES A MEANS TO EXCHANGE IDEAS BENEFICIAL TO ELKS LODGES, TO EXPAND AND PROMOTE THE PROGRAMS OF THE GRAND LODGE OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS TO ADVANCE THE CAUSE OF CHARITY TOWARD ALL MANKIND, TO ENCOURAGE PATRIOTISM AND DEVOTION TO THE PROTECTIVE ORDER OF THE ELKS OF THE UNITED STATES OF AMERICA

Form 990, Part III, Line 4b: SCHOLARSHIP-AWARDS ARE AVAILABLE TO HIGH SCHOOL SENIORS OR THEIR RELATED EQUIVALENTS AND RANGE IN THE AMOUNT FROM \$200 TO \$3,500

Form 990, Part III, Line 4c: PROVIDE AID TO DISABLED OR NEEDY VETERANS OF THE MILITARY SERVICE OF THE UNITED STATES OF AMERICA. AND FORMULATED AND CARRIED OUT PROGRAMS FOR

AS WELL AS WITH OCCUPATIONAL AND OTHER FORMS OF THERAPY AND JOB PLACEMENT PROGRAMS

AID AND SERVICE TO MEMBERS OF THE MILITARY FORCES OF THE UNITED STATES OF AMERICA. NATIONAL VETERANS SERVICES-HELP VETERANS WITH REHABILITATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

DLN: 93493277012699

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

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

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** BENEVOLENT PROTECTIVE ORDER OF ELKS OF USA CALIFORNIA-HAWAII ELKS ASSOCIATION 94-0357545 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintain	ing Collections	of Art, Histo	orical Ti	easures,	or Other	Similar As	ssets (continued)
3		g the organization's acquisition, s (check all that apply)	accession, and othe	r records, chec	ck any of	the followin	g that are a	significant i	use of it	s collection
а		Public exhibition		d	ı 🗆	Loan or exc	change prog	ırams		
b		Scholarly research		e		Other				
c		Preservation for future genera	tions							
4	Provi Part	de a description of the organiza XIII	ition's collections an	d explain how	they furth	er the orga	nization's ex	kempt purpo	se in	
5		ng the year, did the organization ts to be sold to raise funds rathe						nılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Custodial A Complete if the organizat X, line 21.		s" on Form 9	90, Part	IV, line 9,	or reporte	ed an amou	ınt on I	Form 990, Part
1a		e organization an agent, trustee ded on Form 990, Part X?	e, custodian or other	intermediary f	for contril	outions or o	ther assets	not	☐ Y	es 🗆 No
ь	If "Y	es," explain the arrangement in	Part XIII and comp	ete the followi	ng table			A	mount	
c		nning balance	·		-		1c			
d	Addıt	tions during the year					1d			
е	Dıstr	butions during the year					1e			
f	Endır	ng balance					1f			
2a	Did t	he organization include an amo	unt on Form 990, Pa	irt X, line 21, f	or escrow	or custodia	l account lia	ability?	□ Ye	es 🗌 No
b	If "Ye	es," explain the arrangement in	Part XIII Check he	e if the explan	ation has	been provid	ded in Part)	XIII		
Pa	rt V	Endowment Funds. Con	nplete if the orgai	nization answ	ered "Ye	es" on Forr	n 990, Par	t IV, line 1	.0.	
			(a)Curre	nt year (b	Prior yea	(c)Two	years back	(d)Three yea	ars back	(e)Four years back
	-	ning of year balance								
		butions								
		vestment earnings, gains, and l	osses							
d	Grants	s or scholarships								
е		expenditures for facilities rograms								
f	Admın	istrative expenses								
g	End of	year balance								
2		de the estimated percentage of		d balance (line	1g, colu	mn (a)) held	l as			
а	Boar	d designated or quasi-endowme	ent 🕨							
b	Perm	nanent endowment 🟲								
c	Temp	porarily restricted endowment $ ightharpoonup$	•							
		percentages on lines 2a, 2b, and	•							
3a	orgai	here endowment funds not in th nization by	ne possession of the	organization t	hat are h	eld and adm	inistered fo	r the	_	Yes No
	(i) u	nrelated organizations					•			a(i)
ь		related organizations es" on 3a(ii), are the related org		required on Sc	 hedule R	· · · ·				a(ii) 3b
4	Desc	ribe in Part XIII the intended us	ses of the organizati	on's endowmer	nt funds				_	
Pa	rt VI					T) / 1		000 5		10
	Descr	Complete if the organizat	Cost or other basis	(b) Cost or oth			.a. See Foi Accumulated o			ne 10. (d) Book value
			(investment)							
	Land									
	Buildir	· —								
С	Leasel	hold improvements								
d	Equipr	ment								
	Other									
Tota	I. Add	lines 1a through 1e (Column (c	d) must equal Form	990 Part X co	lumn (R)	line $10(c)$)	•		

	Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	rrt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of v t or end-of-year	
	al derivatives	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Pa	rt IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment	(b) Boo	ok value	Cos	(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7) ————						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'		990, Pa	rt IV, line 11d	See Form 990, P	art X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						+
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15)				>	
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	ered 'Ye	s' on Fo	rm 990, Part 1	IV, line 11e or	11f.
1.	(a) Description of liability		(b) B	ook value		
DEPOSITS	intollie taxes			7,293		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	•		7,293		
	or uncertain tax positions. In Part XIII, provide the text of the f					_

Part XI

2

3

4

b

c 5

1

2

c

d

e 3

b

c

Part XIII

5

4

Part XII

Schedule D (Form 990) 2018

Page 4

70,514

2,289,572

2,289,572

943.930

d e

Net unrealized gains (losses) on investments а b Donated services and use of facilities Recoveries of prior year grants Add lines 2a through 2d

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Subtract line 2e from line 1

Other (Describe in Part XIII) .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Supplemental Information

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4h

2a

2b

2c

2d

2a 2b

2c

2d

4a 4h

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

3 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

40

2e

1

2e

70,514

3 943,930 4c 5 943.930 Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218 **Software Version:** 2018v3.1

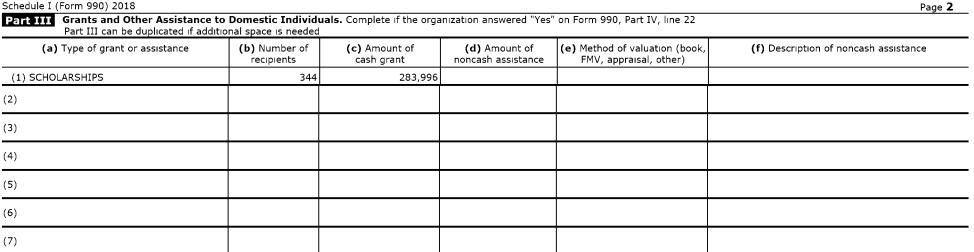
EIN: 94-0357545

Name: BENEVOLENT PROTECTIVE ORDER OF ELKS OF USA CALIFORNIA-HAWAII ELKS ASSOCIATION

Supplemental Information

Return Reference	Explanation
	The Organization believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial sta tements

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLN: 93493277012699
Note: To capture the full	content of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	n printing.	ı	
Schedule I (Form 990) Grants and Other Assistance to Organizations,							OMB No 1545-0047
(Form 990)		Governments	and Individuals	s in the Unite	d States		2018
Department of the Treasury Internal Revenue Service	Co		ation answered "Yes," o ▶ Attach to Form ww.irs.gov/Form990 for	990.			Open to Public Inspection
Name of the organization BENEVOLENT PROTECTIVE ORD	ED OF FLYC OF					Employe	r ıdentification number
USA CALIFORNIA-HAWAII ELKS						94-0357	'545
Part I General Inform	nation on Grants	and Assistance					
the selection criteria used Describe in Part IV the or	l to award the grants ganızatıon's procedur	or assistance? es for monitoring the us	se of grant funds in the Ur	nited States		,	▼ Yes □ No
that received more	than \$5,000 Part II	can be duplicated if add	ditional space is needed		-		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti noncash assis	, , ,
(1) VETERANS AFFAIRS VAV 810 Vermont Avenue NW Washington DC, DC 20420	13-1548228		42,015	0			ASSIST VETERANS WITH REHABILITATION
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations	s listed in the line 1 table .				1
3 Enter total number of oth	er organizations listed	d in the line 1 table .					0
For Paperwork Reduction Act Not	ıce, see the Instructioi	ns for Form 990.		Cat No 50055	5P		Schedule I (Form 990) 2018



THE ORGANIZATIONS PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS CONSISTS OF MONTHLY REPORTS PREPARED BY THE VAVS REPRESENTATIVE AND

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grantmaker's Description of How

Explanation

REVIEW BY GRAND LODGE

Part IV

Grants are Used

Return Reference

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493277012699
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	
Name l ይኖ ተከቂ ነው ት <u>g</u> BENEVOLENT PRO USA CALIFORNIA-I	nployer identification number	
Return Reference	Explanation Explanation	
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	EVERY SUBORDINATE LODGE OF THE BENEVOLENT AND PROTECTIVE ORDER OF E LIFORNIA AND HAWAII IS ELIGIBLE FOR MEMBERSHIP IN THE ASSOCIATION UPON CO PROVISIONS OF THE CONSTITUTION	

Return Explanation
Reference

Form 990,
Part VI, Line
11b Form
990 Review
Process

FORM 990 IS PREPARED BY OUTSIDE ACCOUNTANT, REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN PR
OVIDED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO FILING

Return Reference
Form 990, Part VI, Line

Return Explanation

A POLICY AND DISCLOSURE FORM MUST BE FILED ANNUALLY BY ALL SPECIFIED PARTIES

12c
Explanation
of Monitoring
and
Enforcement
of Conflicts

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE CALIFORNIA-HAWAII ELKS MAJOR PROJECT BOARD OF TRUSTEES, SALARY AND EMPLOYEE BENEFITS C OMMITTEE MEETS AT LEAST ONCE A YEAR TO REVIEW AND APPROVE COMPENSATION FOR THE EXECUTIVE D IRECTOR THE SALARY OF THE EXECUTIVE DIRECTOR IS SHARED BY THE ASSOCIATION AS AN INDEPEND ENT COMMITTEE THEY MAKE USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS CONTEMPO RANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARD ING THE COMPENSATION ARRANGEMENT IS MADE UPON CONCLUSION OF THE MEETING SOME OF THE INFOR MATION TAKEN INTO CONSIDERATION BY THE COMMITTEE, BUT NOT LIMITED TO, IS THE FINANCIAL STA TUS OF THE ORGANIZATION, COST-OF-LIVING ADJUSTMENT (COLA) ANNOUNCED EACH OCTOBER, BUREAU OF LABOR STATISTICS (CALIFORNIA AND FEDERAL) FOR RESPECTIVE OCCUPATIONS, AND JOB PERFORMANC E ET CETERA

Return Reference Explanation

Form 990, PROVIDE COPIES UPON REQUEST
Part VI. Line

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

2018

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493277012699 OMB No 1545-0047

Name of the organization BENEVOLENT PROTECTIVE ORDER OF ELKS OF USA CALIFORNIA-HAWAII ELKS ASSOCIATION						'	yer identifi 	cation	number		
Part I Identification of Disregarded Entities Complet	e if the organization	answered	"Yes" on Form 9	990, Part I	V, line 33	94-03! 3.	5/545				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	Prii	(b) mary activity	(c) Legal domici or foreign c	lle (state country)	(d) Total inco	ome l	(e) End-of-year as:	sets	(f Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.	itions Complete if the	e organiza	tion answered "	Yes" on Fo	rm 990,	Part IV,	line 34 bed	cause if	t had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activit	y Le	(c) egal domicile (state or foreign country)	(d) Exempt Cod) le section	Public ch	(e) larity status n 501(c)(3))	Dire	(f) ect controlling entity	Section (13) co	g) n 512(lentrolle
(1)CALIFORNIA-HAWAII ELKS MAJOR PROJECT 5450 E LAMONA AVE FRESNO, CA 937272224	PROVIDE CHARITABLE ASSISTANCE TO CHIL WITH DISABILITIES		CA	501(c)3		170(b)(1)		N/A		Yes	No No
95-1919366 (2)ELKS NATIONAL FOUNDATION 2750 N LAKEVIEW AVE CHICAGO, IL 606142256	PROVIDE ASSISTANCI STATE ELKS ASSOCIA		IL	501(c)3		170(b)(1)		N/A			No
26-3718342											
										+	
										$\frac{1}{1}$	
Ear Danawayar Daduction Act Notice and the Instructions for Ear	000		Cot No F013E	<u> </u>				Caba	dulo B /Form	000) 3/	

(a) Name, address, and EIN of related organization		Name, address, and EIN of Primary Legal		(d) Direct controlling entity entity (e) Predominant income(relate unrelated, excluded fron tax under sections 512: 514)	n total income	(g) Share of end-of-year assets	(I Disprop alloca	rtionate	(i) Code V-UB amount in be 20 of Schedule K- (Form 1065	General Genera	ij) eral or laging tner?	(k) Percenta owners	
					314)			Yes	No		Yes	No	
											-		
												1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I\	/, line	34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		corporation doing (state of		st during th	(d) controlling Tyentity	(e)	wered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perc	(h) entage	s (:	(I) ection 51 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) conti entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity

e Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

1q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
	16	i T	No.					

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a 1b 1c	ľ
Gift, grant, or capital contribution to related organization(s)	1 b	ĺ
Gift, grant, or capital contribution from related organization(s)	1c	Ĺ

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

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	domicilo	Legal Predominant Income (related)		(e) e all partners section 501(c)(3) ganizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership										
			sections 512- 514)	Yes No				Yes No			Yes No												
													_										
													_										
			·							Schedul	Schedule R (Form 990) 2018												

