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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Ā	For th	e 2008 calendar year, or tax year beginning APR 1, 2008 and ending A	MAR 31, 2009	
В	Check d	Please C Name of organization	D Employer identific	cation number
	applicab	USS PRS DENE		
	Addre	prof or WINCHESTER ELKS LODGE #2816	_	
	Name	Doing Business As	61-1	371334
	Initial return	n j 📟 j number and street (dt p.u. dox ii maii is not delivered to street address) j koomysure	E Telephone number	,
	Termi zton	Specific 255 SHOPPERS DRIVE	859-	745-1132
	Amen	ded tions. City or town, state or country, and ZIP + 4	G Gross recepts \$	1,295,259.
	Applia	I MINCHESIER, RI 40331	H(a) is this a group re	tum
	pendi	F Name and address of principal officer: DANIEL P SPAULDING	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	luded? Yes No
		empt status: X 501(c) (8) ◀ (insert no.)		list. (see instructions)
		te: ► N/A	H(c) Group exemption	
			of formation: 2000 M	State of legal domicile: KY
P	art I	Summary	COMPAN DOD CHI	
. 8	1	Briefly describe the organization's mission or most significant activities: TO RAISE A	IONEY FOR CH	ARITY AND
Governance		SCHOLARSHIPS Check this box In the organization discontinued its operations or disposed of more	a than 2504 of its essent	
Ž	3	and the second s	1 1	o. 7
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		7
ත් ග	5	Total number of employees (Part V line 2a)	5	0
Activities &	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Total gross unrelated business revenue (rosperational line of course of the line of the l	6	0
돭	7a	Total gross unrelated business revenue from Palkital. Into 12 calerta &	7a	0.
₹	Ь	Net unrelated business taxable income with Form 15 July 34	7b	0.
	1	Pina	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 5, 50 8c, 9c, (Aphibal Ne) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,339.
Revenue	9	Program service revenue (Part VIII, line 2g)		
. ≱	10	Investment income (Part VIII, column (A), lines and line 2011 GTON 15		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 60 8c, 9c, 100 te)		169,668.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), fine 12)		177,007.
,	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		69,538.
	14	Benefits paid to or for members (Part IX, column (A), fine 4)		<u> </u>
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)		# 1 * * * * * * * * * * * * * * * * * *
ш	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		48,045.
	•	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		117,583.
		Revenue less expenses. Subtract line 18 from line 12		59,424.
ts or			Beginning of Year 423,328.	End of Year 722, 149.
Asset	20	Total assets (Part X, line 16)	443,346.	239.397.
E S	£) ~ '	Total liabilities (Part X, line 26)	423,328.	482.752.
P	art II	Net assets or fund balances. Subtract line 21 from line 20	423,3201	404,134.
		Under penalties of perlury, I declare that I have examined this return, including accompanying schedules and platements,	and to the best of my knowledg	e 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.		
Sig	un .		l X	
He		Signature of officer	Date'	·'
		DANIEL P SPAULDING, EXALTED RULER		•
		Type or print name and title		
Pai	d	repairs		's identifying number . ructions)
_	parer's	signature	ployed 🕨 🔲	
	Only	Firm's name (or LUDWIG, BLAIR & BUSH, PLLC yours if	EIN >	
		acti-employed). 47 S. MAIN ST.		
		WINCHESTER, KY 40391	Phone no. ► 8	59-744-4232
		RS discuss this return with the preparer shown above? (see instructions)		. X Yes No (
832	001 12-1	isos LHA For Privacy Act and Paperwork Reduction <u>Act Notice, see the separate ins</u>	tructions.	Form 990 (20)

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	990 (2008) WINCHESTE	R ELKS LODGE #2816	61-1371334 Page 2
Pa	rt III Statement of Program Service	e Accomplishments (see instructions)	
1	Briefly describe the organization's mission: RAISE MONEY FOR CHARIT	Y AND SCHOLARSHIPS	
_		nt program services during the year which were not	
	If "Yes", describe these new services on Sch		
	Did the organization cease conducting, or m If "Yes", describe these changes on Schedu	ake significant changes in how it conducts, any pro le O.	ogram services?Yes X No
	Describe the exempt purpose achievements Section 501(c)(3) and 501(c)(4) organizations	for each of the organization's three largest programs and section 4947(a)(1) trusts are required to report drevenue, if any, for each program service reported	t the amount of grants and
a		69,538. including grants of \$ & AREA SERVICE ORGANIZATO)(Revenue \$ ONS TO FURTHER THEIR
ס	(Code:) (Expenses \$	including grants of \$) (Revenue \$
C	(Code:) (Expenses \$	including grants of \$) (Revenue \$
_			
d	Other program services. (Describe in Schedu		
u 	[Expenses \$ including	g grants of \$\) (Revenue \$\) 69,538. (Must equal Part IX, Line 2	

12-18-08

Form 990 (2008) WINCHESTER ELKS LODGE #2816

| Part IV | Checklist of Required Schedules | 61-1371334 Page 3

	, to an additional and a serious and a serio			
	In the grandination deposition to position 509/a/9) as 4047/a/9/a/b author and all all all		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Į į	
_	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	L	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	L	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete]]]	
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	ĺ		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		_X ·
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			 -
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Old the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u></u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	į	- {	
	If "No", go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	***	一十	
_~-	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	- {	
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	ا مبد	$\neg +$	
U	prior year? If "Yes," complete Schedule L, Part I	252	1	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	- 	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_	- 1	v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	26		X
27		_ 1	1	v ~.
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

Form 990 (2008)

Form 990 (2008) WINCHESTER ELKS LODGE #2816 61-1371334 Page 4

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	i		
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	}		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
¢	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X

Form 990 (2008)

Form	990 (2008) WINCHESTER ELKS LODGE #2816 61-137	1334	1 F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		}	
	U.S. Information Returns. Enter -O if not applicable	<u>0</u>	}	ļ
b	Enter the number of Forms W-2G included in line 1a. Enter O if not applicable	0	-	{
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			1
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	-		
	filed for the calendar year ending with or within the year covered by this return	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a_		X
-	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
	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)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ▶		T	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	` 		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
_	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
ва	Did the organization solicit any contributions that were not tax deductible?			X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			· seek
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	. 7a	frite	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Г	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		T	
	to file Form 8282?	7c	ł	X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7	1	
	benefit contract?	. 7e	j	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u>L</u>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			X_
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	'		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	. 8	<u> </u>	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	. 9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. <u>9b</u>		$oxed{oxed}$
10	Section 501(c)(7) organizations. Enter: N/A	-		l
а	Initiation fees and capital contributions included on Part VIII, line 12	<u> </u>		1
b	Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities	_	1	1
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders	_		ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			١.
	amounts due or received from them.)	┙.	ت د.ا	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	[1	1 .

WINCHESTER ELKS LODGE #2816 61-1371334 Form 990 (2008) Part VI Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: b Each committee with authority to act on behalf of the governing body? 86 9a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or 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 Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe m Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 Does 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: a The organization's CEO, Executive Director, or top management official? **15a** Other officers or key employees of the organization? 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 with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 859-745-1132 40391 SHOPPERS DRIVE, WINCHESTER, 832008 12-18-08

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61-1371334 WINCHESTER ELKS LODGE #2816 Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter O in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	(c		Pos	C) vition that	app	ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	individual trustes or director	institutional trustee	Officer		Highest compensated employee		from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PAT SPAULDING										•
PRESIDENT		X	-		├	┝		0.	0.	0.
TIM CAVANAUGH		x			ı	1		0.	0.	_
VICE PRESIDENT PATIA HANLIN		<u> </u>	\vdash	├-	╀	\vdash	├─			0.
SECRETARY		x				ĺ		0.	0.	0.
JAMES 0'GUIN		^	-	t	╁	-			•	
DIRECTOR	}	x		ł	1	ł	l	0.	0.	0.
RITA CHARLES				1	1			· · · · · ·	<u> </u>	<u> </u>
DIRECTOR		X]	l		1		l o.	0.	0.
DALE DAVIS		1							_8=	
DIRECTOR		X						0.	0.	0.
DARLENE CARRINGTON]								
DIRECTOR		X	L		_	$oxed{oxed}$	_	0.	0.	0.
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Form **990** (2008) 18; 81

	ER ELKS								61-1.	<u> 7 / T</u>	334		age (
Part VII Section A. Officers, Directors, Tr	<u>ustees, Key E</u>	mple	oye€	s, a	<u>nd l</u>	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per	<u> </u>		Posi		арр	ly)	(D) Reportable compensation from	(E) Reportable compensatio from related			(F) stimate nount other	of
	week	Individual trustee or director	lestitutional trostes	Опсел	Key emptayee	Highest compensated employes	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		org an	rom the panizate de relate anizate	ie tion ted
			_				_						
		ļ					_						
		<u> </u>			_								
		-											
										•		_	
								0.		0.			0
2 Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	n be	ore	tha					>			(
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ighest compensated er			3	Yes	No X
For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? If *Yes,	1e co	mpk	ensa ete S	ition Sche	ano edule	otl J f	ner compensation from for such individual	the organization		4		x
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheo section B. Independent Contractors				rom	any	unn	elat	ed organization for serv	ices rendered to		5		Х
Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	acto	ers t	hat received more than	\$100,000 of com	pens	ation (rom	
(A) Name and business	address							(B) Description of a	services	c	ompe (C	c) nsatio	n
			_	_			_						
							1						
Table	Cook dur - At	. :- :	••••					a than \$100 000 to					
Total number of independent contractors (from the organization	including those	an,	ıj Wî	10 6	rcen	ved i	HON	a men a inn'ann iu com	pensation		_		

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a					
ь	Membership dues 1b 4,075.				
С	Fundraising events 1c				
đ	Related organizations 1d				
е	Government grants (contributions) 1e		1		
1	All other contributions, gifts, grants, and		Ì		
	similar amounts not included above 1f 3, 264.				
1 a b c d e f	Noncash contributions included in lines 1a-11* \$		1		
h	Total. Add lines 1a-1f	7,339.			
ł	Business Code	:			1
2 a					
Ь					
C					
đ				 	
2 a b c d				•	· ' '
'	All other program service revenue				
	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and				
	other similar amounts) Income from investment of tax-exempt bond proceeds				
4	_ [-		
5	Royalties (i) Real (ii) Personal				
	Gross Rents (ii) Personal		!		1
6 a	Less: rental expenses				
0	Rental income or (loss)				
6		1)		
	Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other			• - •	
/ a	assets other than inventory	-			
	Less: cost or other basis				[
	and sales expenses		1		
_ ا	Gain or (loss)		i		
1	Net gain or (loss)				
_	Gross income from fundraising events (not			•	
0.8	including \$ of				Ì
	contributions reported on line 1c). See				
1	Part IV, line 18 a 2,798.	1		•	,
	Less: direct expenses b		I		3-1 - S
	Net income or (loss) from fundraising events	2,798.	2,798.		, , , ,
	Gross income from gaming activities. See	<u> </u>	2,,50.		
y a	Part IV, line 19		Į.		
	Less: direct expenses b1118252.		[
	Net income or (loss) from gaming activities	141,692.	141,692.		,
	Gross sales of inventory, less returns	+=+,UJ4.			
ם טו	and allowances a	_]	1		1
	Less: cost of goods sold b				
	Net income or (loss) from sales of inventory	23,442.	23,442.		
C.	Miscellaneous Revenue Business Code	<u>~~ , ~ ~ ~ .</u>	27, 2349	-	-
44 -	OTHER	1,211.	1,211.		
		525.	525.		
D	FEES				 - · · · · · · · · · · · · · · · · · ·
C	An the manua				
	All other revenue				
	Total. Add lines 11a-11d	1,736.			

61-1371334 Page 10

WINCHESTER ELKS LODGE #2816

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	ete columns (B), (C), and (C) Management and	(D) Fundraising	
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses	
1	Grants and other assistance to governments and			1		
	organizations in the U.S. See Part IV, line 21					
2	Grants and other assistance to individuals in					
	the U.S. See Part IV, line 22	69,538.	69,538.			
3	Grants and other assistance to governments,					
	organizations, and individuals outside the U.S					
	See Part IV, lines 15 and 16					
4	Benefits paid to or for members		•			
5	Compensation of current officers, directors,					
-	trustees, and key employees					
6	Compensation not included above, to disqualified					
_	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salanes and wages	·				
-	Pension plan contributions (include section 401(k)					
В		1				
_	and section 403(b) employer contributions)					
9	Other employee benefits					
0	Payroll taxes					
1	Fees for services (non-employees):					
а	Management					
b	Legal					
c	Accounting	250.		250.		
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17			,	:	,, ī
ţ	Investment management fees					- · .
g	Other					~
2	Advertising and promotion					
3	Office expenses					
4	Information technology					
- 5	Royalties			. <u>.</u>		
-		7,200.		7,200.		
В -	Occupancy	7,200.		7,200.		
7	Travel					
3	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
9	Conferences, conventions, and meetings			2 226		
0	Interest	3,336.		3,336.		
1	Payments to affiliates					,
2	Depreciation, depletion, and amortization					
3	Insurance	5,209.		5,209.		
4	Other expenses, Itemize expenses not covered		ì		•	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total					
	expenses shown on line 25 below.)			·		
а	UTILITIES	12,980.		12,980.		
b	TAXES & LICENSES	5,764.		5,764.		
c	LODGE ACTIVITIES EXPENS	2,585.		2,585.		
٦	KITCHEN SUPPLIES & LAUN	1,629.		1,629.		
e	DUES	924.		924.	 .;	·, .
-		8,168.		8,168.	· · · · · · · · · · · · · · · · · · ·	
f	All other expenses		69,538.	48,045.	0.	
<u> </u>	Total functional expenses. Add lines 1 through 241	117,583.	07,038.	40,043.	<u> </u>	:
3	Joint Costs. Check here I If following					
	SOP 98-2. Complete this line only if the organization				-	
	reported in column (B) joint costs from a combined			}		
	educational campaign and fundraising solicitation			L L	•	

WINCHESTER ELKS LODGE #2816 Form 990 (2008) 61-1371334 Page 11 Part X | Balance Sheet (A) Beginning of year End of year 57,574. Cash · non-interest-bearing 137,794 1 Savings and temporary cash investments 2 2 <u>4,6</u>80. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 2,463. 4,786. Inventories for sale or use 1,675. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost basis ... 10a Less: accumulated depreciation. Complete 113,901 Part VI of Schedule D _______10b 10c 655,109. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 <u>167,495</u> 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 423,328. 16 16 Accounts payable and accrued expenses ______ 17 17 Grants payable 18 18 19 Deferred revenue Tax-exempt bond flabilities 20 20 Escrow account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 239,397 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D 25 25 0 Total fiabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 423.328. 27 Unrestricted net assets Temporarily restricted net assets _____ 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 423,328 482,752 722,149. Total liabilities and net assets/fund balances Part XI Financial Statements and Reporting Yes Nο Accounting method used to prepare the Form 990: X Cash Accrual Other **2**a b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 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? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? Form 990 (2008) 9 1 () 832011 12-18-08

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Employer identification number

Name of the organization

WINCHESTER ELKS LODGE #2816 61-1371334

Part I Orga	anizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
organ	ization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
 Total numbe 	r at end of year	<u> </u>	
2 Aggregate o	ontributions to (during year)		
3 Aggregate gr	rants from (during year)		
4 Aggregate va	alue at end of year		
	nization inform all donors and donor advisors in		ed funds
are the organ	nization's property, subject to the organization's	exclusive legal control?	Yes No
	nization inform all grantees, donors, and donor a		
for charitable	purposes and not for the benefit of the donor of	or donor advisor or other impermissible priv	vate benefit? Yes No
Part II Con	servation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	
	f conservation easements held by the organizati		
Preser	vation of land for public use (e.g., recreation or p	pleasure) Preservation of an hist	orically important land area
Protec	tion of natural habitat	Preservation of certifie	• •
Preser	vation of open space		
	es 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	ervation easement on the last day
of the tax yea	_		
			Held at the End of the Year
a Total number	r of conservation easements		
	e restricted by conservation easements		
	onservation easements on a certified historic str		
	onservation easements included in (c) acquired		
	onservation easements modified, transferred, re		
year ►	Miservation easements modified, transferred, to	reased, extriguished, or territriated by the	organization during the taxable
	tates where property subject to conservation eas	sement is located	
	anization have a written policy regarding the per		4
	of the conservation easements it holds?		
	nteer hours devoted to monitoring, inspecting, ar		
	penses incurred in monitoring, inspecting, and		
	onservation easement reported on line 2(d) above		
	170(h)(4)(B)(ii)?		
9 In Part XIV. d	escribe how the organization reports conservati	on eagenants in its revenue and expenses	bace tached and balance short and
	plicable, the text of the footnote to the organization		
conservation		ion s mancial statements that testalbes t	ie organization s accounting for
	nizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets
	lete if the organization answered "Yes" to Form	•	Visyous.
to If the erospic	ation elected, as permitted under SFAS 116, no	t to report in its revenue statement and ha	ance cheet works of art. historical
	other similar assets held for public exhibition, ec		
			ic service, provide, in Part XIV, the text of
	to its financial statements that describes these it		a about while of out bustonical transcript
	ation elected, as permitted under SFAS 116, to	· ·	·
	ar assets held for public exhibition, education, o	research in furtherance of public service,	provide the following amounts relating to
these items:	had the Same OOO Short Will Have 4		► ¢
• • •	s included in Form 990, Part VIII, line 1		
	cluded in Form 990, Part X		
•	ation received or held works of art, historical trea		gam, provide
-	amounts required to be reported under SFAS 1		
	cluded in Form 990, Part VIII, line 1		
b Assets include	led in Form 990, Part X		> \$
			
I LIA For Debroom	Act and Panerwork Reduction Act Notice, see	the Instructions for Form 990	Schedule D (Form 990) 2008

832051 12-23-08

Sche	edule D (Form 990) 2008 WINCHES	TER ELKS	LODG	E #281	<u>6</u>			61-13	7133	4 P	age 2
Pai	rt III Organizations Maintaining C	ollections of	f Art, Hi	storical T	<u>reasures,</u>	or Ott	<u>ier Sim</u>	ilar Asse	ts (cont	inued	
3	Using the organization's accession and other	r records, check	any of the	following th	at are a sign	ificant u	se of its c	ollection ite	ms (ched	k all	
	that apply):			,							
а	Public exhibition		إ ه	•	change prog						
b	Scholarly research		e L	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	explections and exp	plain how	they further	the organiza	tion's ex	empt pur	pose in Par	t XIV		
5	During the year, did the organization solicit or	r receive donatio	ns of art, I	historical trea	asures, or ot	her simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						-		Yes		No
Pai	rt IV Trust, Escrow and Custodial	_	its. Com	plete if orgar	nization answ	rered "Y	es" to For	m 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi									_	_
	on Form 990, Part X?								」Yes	_	_ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	e following	table:			_	,			
									Amoun	<u> </u>	
C	Beginning balance						<u>1c</u>	ļ			
d	Additions during the year						1d	ļ			
e	Distributions during the year						<u>le</u>				
t	Ending balance							J			
2 a	Did the organization include an amount on Fo	om 990, Part X, I	line 21?					Ł	」 Yes	L	∐ No
	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete if	organization ans	swered *Y	es* to Form	1						
	r	_(a) Current yea	<u>г (р)</u>	Prior year	(c) Two year	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance				ļ	• • • •	<u> </u>				
b	Contributions					<u>:</u>			<u> </u>	<u> </u>	
C	Investment earnings or losses,.				<u> </u>	•					
d	Grants or scholarships				<u> </u>	<u> </u>	<u> </u>				
е	Other expenditures for facilities				1						
	and programs						<u> </u>		<u> </u>		
f	Administrative expenses			,	,			•			
9	End of year balance				<u> </u>	<u> </u>		,		· 	
2	Provide the estimated percentage of the year	end balance he	kd as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Term endowment	6									
3a	Are there endowment funds not in the posses	ssion of the orga	nization th	at are held a	and administ	ered for	the organ	ization			<u></u>
	by:									Yes	No.
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations	··· ···,····· ···				• • • • • • • • • • • • • • • • • • • •			3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	listed as require	d on Sche	dule R?		**********			3b		L
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equip	ment. s	ee Form 990), Part X, line	10.					
	Description of investment	(a) Cost o		, , ,	t or other	(c) [Depreciati	ол	(d) Bool	c valu	8
		basis (inve	stment)	basis	(other)						
1a	Land			ļ				.			
	Buildings			 		ļ					
c	Leasehold improvements			↓							
đ	Equipment					ļ					
	Other			L							
Total	. Add lines 1a-1e. (Column (d) should equal For	m 990, Part X, c	olumn (B)	fine 10(c).)				<u>. ▶ </u>			0.
								Schadula	0.		2220

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Schedule D (Form 990) 2008 WINCHESTER	ELKS LODGE #2816	61-1371334 Page
Part VII Investments - Other Securities.	iee Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
nancial derivatives and other financial products		
losely-held equity interests		
ther		
al. (Col (b) should equal Form 990, Part X, col (B) line 12.) art VIII Investments - Program Related.	Day 5 000 Day 5 40	
		(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		2 ° 6 ° 6 ° 6 ° 6 ° 6 ° 6 ° 6 ° 6 ° 6 °
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.)	•	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.) Description	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description	
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description // ine 15.)	
Part IX Other Assets. See Form 990, Part X, lin (a	e 15.) Description // ine 15.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tat. (Column (b) should equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tat. (Column (b) should equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a tal. (Column (b) should equal Form 990, Part X, col (B) (a) Part X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.) Description line 15.) , line 25.	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X	e 15.) Description line 15.) , line 25.	(b) Book value

Schedule D (Form 990) 2008

_	dule D (Form 990) 2008 WINCHESTER ELKS LODGE #281	16			61-	1371334	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 t	o Finar	iciai Stat	ements	<u> </u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		· · · · · · · · · · · · · · · · · · ·	2		<u></u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
_				7			
7	Prior period adjustments						
8	Other (Describe in Part XIV)			-			
9	Total adjustments (net). Add lines 4-8						
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		CAL Dave	10	D.A.		
Pai	t XII Reconciliation of Revenue per Audited Financial Statem					·	
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 on investments	. 2a			_i l		
b	Donated services and use of facilities				7 1		
c	Recoveries of prior year grants				7 1		
_	Other (Describe in Part XIV)				7 1		
đ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ا ؞ ا		
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1	•		• • • • • • • • • • • • • • • • • • • •	. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		İ		1 1		
а	investment expenses not included on Form 990, Part VIII, line 7b	. 4a		·	_ ·		
b	Other (Describe in Part XIV)	. 4b			_ ·		
c	Add lines 4a and 4b				. 4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				. 5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expe	nses p	er Retu	m	
1	Total expenses and losses per audited financial statements				\neg		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•• •••••			"		
-		2a	1		1. 1		-
a	Donated services and use of facilities						
Þ	Prior year adjustments				-1		
C	Losses reported on Form 990, Part IX, line 25				⊣ ∤		
d	Other (Describe in Part XIV)	. [20]			-		
е	Add lines 2a through 2d				. 2e		
3	Subtract line 2e from line 1				. 3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1 1		-
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <u>4a</u>					
ь	Other (Describe in Part XIV)	4b			_		
c	Add lines 4a and 4b				4c		
6	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5		
Dai	t-XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III linos 1	a and 4: Pa	t N/ lines	1b and 2	h: Dort V line	4. Dart
		ш, штөө т	a ailu 4, ra	it iv, mies	10 410 2	O, Par V, 1116	יון די פטונ יון
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
COL	ISTRUCTION IN PROGRESS 167,495	-					
	<u> </u>						
					Sched	ule D (Form 99	90) 2008

832054 12-23-08

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization					<u> </u>	Cooleses Ide	ntification number		
	men erka toban 43a	116							
	TER ELKS LODGE #28 Complete if the organization answer		V-02.4	- F 000 P-4 N/	liaa 4	<u>61-1371</u>	334		
					_	<i>'</i> .			
1 Indicate whether the organization rais					'.				
a Mail solicitations			_	overnment grants					
b Email solicitations			-	mment grants					
c Phone solicitations	g LX J Special	fundr	aising	events					
d X In-person solicitations									
2 a Did the organization have a written of									
key employees listed in Form 990, P	'art VII) or entity in connection with p	rofess	ional i	fundraising services	?	L Yes	X No		
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant t	o agre	ements under which	the f	undraiser is to	be		
compensated at least \$5,000 by the	organization Form 990-EZ filers are	not re	quire	to complete this ta	bl e .				
(i) Name of Individual or entity (fundraiser)	(ii) Activity			(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			 -	 					
		1	1						
						-			
		<u> </u>							
					-		•		
				•					
									
						· · · · · · · ·			
Total	n is registered as lineared to calicit 6			haan maifind is in au					
3 List all states in which the organizatio	in is registered or licensed to solicit i	unus (or nas	oeen nouned it is ex	empi	irom registration	on or acensing.		
			·						
LHA For Privacy Act and Paperwork Re	duction Act Notice, see the Instru	tions	tor Fo	ırm 990. S	chec	hile G (Form 9	90 or 990-EZ) 2008		

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		mplete if the organization answered	d "Yes" to Form 990, Par	t IV, line 18, or reported	more than \$	15,00	<u>age 2</u> O
	on Form 990-EZ, line 6a. List e	vents with gross receipts greater to (a) Event #1 HOOP SHOOT	han \$5,000. (b) Event #2	(c) Other Events	(d) Tota (Add col. (
0		(event type)	(event type)	(total number)	COI.	. (C))	_
Revenue	1 Gross receipts	2,798.				2,7	98.
	2 Less: Chantable contributions						
	3 Gross revenue (line 1 minus line 2)	2,798.				2,7	98.
	4 Cash prizes						
583	5 Non-cash pnzes						
Direct Expenses	6 Rent/facility costs						
Direct	7 Other direct expenses		•				
	8 Direct expense summary. Add lines	s 4 through 7 in column (d)		>	(
Pa	9 Net income summary. Combine line art III Gaming. Complete if the org	es 3 and 8 in column (d)	1990. Part IV. line 19. or i	reported more than		2,7	98.
	\$15,000 on Form 990-EZ, line 6						
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga col. (a) thro		
æ	1 Gross revenue	238,799.	1,021,145.		1,25	9,9	44.
982	2 Cash prizes	249,780.	764,638.		1,01	4,4	18.
Direct Expenses	3 Non-cash prizes	8,584.				8,5	84.
Direct	4 Rent/facility costs	7,326.	29,724.		3	7,0	<u>50.</u>
	5 Other direct expenses	13,357.				6,7	84.
	6 Volunteer labor	X Yes 100 %	X Yes 100 %	☐ Yes % ☐ No			
	7 Direct expense summary. Add lines	s 2 through 5 in column (d)		>	(1,12	6,8	<u> 36 1</u>
	8 Net gaming income summary. Com	bine lines 1 and 7 in column (d)	·····	.	13		08.
	Enter the state(s) in which the organiza a is the organization licensed to operate		states?		9a	Yes	No_X
	b if "No," Explain:						
	a Were any of the organization's gaming b If "Yes," Explain:	licenses revoked, suspended or te	rminated during the tax y	year?	10a		X
11					11		<u>x</u>
12	Is the organization a grantor, beneficial administer charitable gaming?	=	of a partnership or other		12		X

1

Schedule G (Form 990 or 990 EZ) 2008 WINCHESTER ELKS LODGE #2816 61-	<u> 137133</u> 4	1 Page 3
		Yes No
13 Indicate the percentage of gaming activity operated in:		[
a The organization's facility	_%	- 1
b An outside facility	<u>%</u>	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:) [Ì
Name >	_	
Address ▶	_	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	x
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$] [
c If "Yes," enter name and address:		ĺ
Name >	_	}
Address >	_	
16 Gaming manager information:		
Name >	_	ĺ
Gaming manager compensation ▶ \$		
Description of services provided >	_	
	_	
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to]
retain the state gaming license?	17a	<u> </u>
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		- }
organization's own exempt activities during the tax year > \$	-	,

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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization WINCHESTER ELKS LODGE #2816	Employer identification number 61-1371334
THIS ORGANIZATION OPERATES WITH MEMBERS	
THE ORGANIZATION HAS MEMBERS THAT MAY ELECT ONE OR MO	RE MEMBERS OF THE
GOVERNING BODY	
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE AP	PROVAL OF MEMBERS
A COPY OF FORM 990 WAS MADE AVAILABLE TO THE GOVERNIN	,
FORM 990, PART VI, SECTION C, LINE 19	PINANOTAL
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND STATEMENTS ARE MADE AVAILABLE UPON REQUEST.	FINANCIAL
	· ***

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2008.05030 WINCHESTER ELKS LODGE #2816 2266

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Schedule O (Form 990) 2008