

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

OMB No 1545-1150

A	For	or the 2009 calendar year, or tax year beginning , 2009, and ending , 20																
В	Chec	k if app	plicable				D Emple	oloyer identification number			number							
	Addr	ess ch	ange	Inc				24-0523905										
=		e chan	-				E Telep	phone number										
=		l returr iinated		type. See	POE	3ox 102	3				1				57	0-82	23-868	В
H		nded n		Specific		or town, s	tate or cou	ntry, and Zil	P + 4					F Grou	n Exe	mpt	ion	
=			pending	Instruc- tions.		es-Barre	e, PA 1870	03-1023					1		ber •			1156
=				omaniz	ization	e and 49	047(a)(1) r	oneverno	t charitable	e trusts must a	attach		G Accou	nting Me	ethod:	7	Cash	Accrual
	•	,	011 00 1(0)(0)	-				_		0 1.1010 1001				(specify)				
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ ☑ if								rga	nizatior	n is not							
. \	I Website: ► required to atta																	
J Tax-exempt status (check only one) — ✓ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990																		
		ck ▶								anization and its						ore (han \$2	5.000. A
	-		-	_						ooses to file a	_		•	•				-,
										ore, file Form 99					\$			56,728.04
	art									or Fund Ba							r Part	
	_	_													1			
	i	2		_	_					contracts .					2			
		3	•											٠ . ا	3			7,754.00
		4	Investment	•		assess	inchis.					•			4			240.35
	Ι.					o of act	oote othe	r than inv	· · · ·		5a	١ .			-			
	'		Less: cost						-		5b							
							•			 otract line 5b t	$\overline{}$	ina f	501		5c			
9	١.	_													3			
Revenue	'	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐						, ,									
ě		а	Gross revenue (not including \$ of contributions reported on line 1)															
Œ																		
			The state of the s									46 064 92						
	١.	_C	` ' '						6c			16,961.82						
	'	7a				•	returns a				7a	_						
			Less: cost	-							7b			,308.78	_			00 400 00
			-	-	-		es of inve	ntory (Su	btract line	7b from line 7	(a) .	•			7c			22,463.09
		8	Other revenue (describe ►) Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							—_'	8			47 440 00				
_	+	9													9			47,419.26
	1	_												• •	10			
	1		Benefits paid to or for members							11								
8 9 8	1:		Salaries, other compensation, and employee benefits							12								
Expenses	1		Professional fees and other payments to independent contractors							13			900.00					
Š	1		Occupancy, rent, utilities, and maintenance							14								
ш	' I		Printing, publications, postage, and shipping							15	_		54 004 57					
		6	Other expe											,	16			51,281.57
	-	7	Total exp	enses:	<u>-Add 1</u>	ines 10	through	<u> 16 </u>	<u> </u>	<u> </u>		•	<u> </u>	. 🕨	17	_		52,181.57
য়		8	Excess of	dellan	n tor t	he year	(Subtrac	t line 171	from line 9)) line 27, colum				• •	18			(4,762.31)
SSe		9 مر	-Not-assets	s or tun	nd ba	Boces	at begini	ning of ye	ear (trom)	line 27, colum	1n (A))) (m	ust agree	e with				460 700 00
ĕ		욌	end-or-yea	ar ngure ארל א	re repo 110	oli co lo.	n prior ye	ars retur	n)			•			19	_		189,722.00
Net Assets	13	剣							• •	20			00					
	14	ш	Net assets	or fund	nd bala	anees a	t end of	year, Con	nbine lines	s 18 through 2	0 .			. >	21	<u> </u>		184,959.69
L	ari		paland	ë Suec	eus. Ji	Iotala	assets on	1 line 25, (column (B)) are \$1,250,0	uu or	mor				10 (
		<u> </u>	UGUI										(A) Be	ginning of		_		nd of year
	2		_										<u> </u>	20,6		_	+	19,252.56
	3												<u> </u>	295,8	75.00			295,875.00
	4	Otl	her assets ((describ	be 🟲)	<u> </u>			24		00
	5	To	tal assets									•	<u> </u>		10.00	_	-	303,920.56
	6	To	tal liabilitie	es (desc	cribe I	-						_)	<u> </u>	<u>·</u>	88.00			118,960.87
2	7	Ne	t assets or	r fund t	balan	ces (lin	e 27 of c	olumn (B) must agr	ree with line 2	1) .		1	189,7	22.00	27	L	184,959.69

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUL 2 9 2010

Earm	ggn.	E7	(2009	ı۱

Page 2

Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part III	.)		Expenses		
Wha	t is the organization's primary exempt purpose?					ired for section (3) and 501(c)(4)		
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
	program title.	,			for ot	a)(1) trusts; optional		
					10, 0	1013.)		
28								

	(Grants \$) If this amount	(Grants \$) If this amount includes foreign grants, check here ▶ □						
29								
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ ⊔_	29a	· · · · · · · · · · · · · · · · · · ·		
30								
						1		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	30a			
31	Other program services (attach schedule)			<u></u>	-			
٥.	, ,				ا ـ ما			
	(Grants \$) If this amount	includes foreign grants, che	eck nere	. ▶ 🛛	31a			
	Total program service expenses (add lines 28a	through 31a)		<u> </u>	32			
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the i	instruc	tions for Part IV.)		
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & isation	account and other allowances		
Malc	olm Barber							
		Exalted Ruler			^			
	Edison St, Wilkes-Barre, PA 18702		0		0	0		
	n Weiss	Treasurer						
107	Rellance Dr, Wilkes-Barre, PA 18702		0		0	0		
Rev	Joseph Adams	S4						
126	Woodbine Rd, Shavertown, PA 18708	Secretary	0			0		
	Jones				\neg			
	Woodbine Rd, Shavertown, PA 18708	Trustee	00		0	0		
			- 00		U	<u>_</u>		
 -	p Kolendowicz,	Trustee						
35 R	ice St. Edwardsville, PA 18704		0		0	0		
Gail	Brennan							
35 R	ice St. Edwardsville, PA 18704	Trustee	0		0	0		
								
		1						
		<u> </u>						
		1						
						ļ		
	-							
					-			
								
								
						 		
	······							
		i	ī	1		1		

Part	Other Information (Note the statement requirements in the instructions for Part V.)		· · · · · ·	
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 <u>a</u>		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 00			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40ь		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ı
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	~	. J
41	List the states with which a copy of this return is filed. ▶ Pennsylvania			
42a	The organization's books are in care of ▶ Kevin Weiss Telephone no. ▶	70-82	3-110	5
	Located at ► 107 Reliance Drive, Wilkes-Barre, PA 18702 ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	-	
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		_	-,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	D
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u>L</u> .	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
)-F7	

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt chari d 51.	xempt charitab table trusts mus	le trusts only. Alt answer questio	ll section ns 46–49b			
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s				Yes No			
	· · · · · · · · · · · · · · · · · · ·				47			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							

	Did the organization make any transfers to an exempt non-charitable related organization?							
50 (Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated emplo	yees (other than o	officers, directors, t				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense			
	Total number of other employees paid over \$100		L					
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			pe of service	(c) Compensation			
	(-)	F						
_								
				ĺ				
								
				}				
d	Total number of other independent contractors of	each receiving over \$100,0	00	<u>_</u>				
	Under penalties of penury I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is t	nying schedules and sta based on all information	atements, and to the bear n of which preparer has	st of my knowledge any knowledge.			
Sign Here	Signardije of offices Type of print name and title	M TRUST-E	res	6/3//D Date	-			
Paid Prepare	Preparer's signature	Salf 5-25	Check if self- employed ▶	Preparer's identifying nui				
Prepare Use Onl	wours if self-employed) Mark G Beitz		•	in ►				
	address, and ZIP + 4 / 1319 Shady Lane, Tan		PI	10/10/10/	0-668-5552			
May the	e IRS discuss this return with the preparer show	n above? See instructions	 		Yes No m 990-EZ (2009)			

5/23/2010

Wilkes-Barre / Scranton Elks Lodge # 109 P O Box 1023 Wilkes-Barre, PA 18703 EIN# 24-0523905

Schedule of Other Deductions 04-01-2009---03-31-2010

Bank Fees	\$ 316.00
Repairs and Maint.	\$ 1,835.84
Fines and Licenses	\$ 682.14
Donations	\$ 1,092.00
District Dues	\$ 100.00
Grand Lodge Dues	\$ 2,240.00
State Dues	\$ 320.00
Depreciation	\$ 11,207.00
Fund Raising Exp	\$ 4,653.64
Insurance	\$ 595.00
Interest Exp	\$ 5,272.82
Kitchen Exp	\$ 265.90
Lodge Awards	\$ 153.53
Office Supplies	\$ 105.90
Postage	\$ 722.36
Printing	\$ 615.35
Supplies	\$ 999.31
Telephone	\$ 471.66
Security	\$ 514.72
Conventions Exp	\$ 1,836.00
Utilities	\$ 15,677.40
Youth Activities	\$ 1,605.00

Total Other Expense \$51,281.57