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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)

- ▶ 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.

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization STILLWATER ELKS LODGE #1859		D Employer identification number 73-0616763
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 202 E McELROY		E Telephone number
		City, town, or country State ZIP + 4 STILLWATER OK 74075		F Group Exemption Number . . . ▶ 1156

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one)— ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **240,902**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,846
	2 Program service revenue including government fees and contracts	2	65,337
	3 Membership dues and assessments	3	28,640
	4 Investment income	4	300
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	143,779	
b Less: cost of goods sold	7b	102,753	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	41,026	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	138,149	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	2,204
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	8,943
	13 Professional fees and other payments to independent contractors	13	1,500
	14 Occupancy, rent, utilities, and maintenance	14	43,626
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	92,921
	17 Total expenses. Add lines 10 through 16	17	149,194
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,045
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	261,992
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	250,947

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	111,578	108,139
23 Land and buildings	153,152	149,663
24 Other assets (describe ▶)	0	0
25 Total assets	264,730	257,802
26 Total liabilities (describe ▶)	2,738	6,853
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	261,992	250,949

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

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose?

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DENNIS KELTY 516 AMETHYST AVE, STILLWATER, OK 74075	Title EXALTED RULER Hr/WK 3.00	0	0	0
LINDA THRASHER 1520 W MCMURTY RD, STILLWATER, OK 74075	Title LEADING KNIGHT Hr/WK 2.00	0	0	0
JUSTIN DENOYA 922 E WILL ROGERS, STILLWATER, OK 74075	Title L;OYAL KNIGHT Hr/WK 2.00	0	0	0
DUSTIN JOHNSTON 516 E LIBERTY, STILLWATER, OK 74075	Title LECTURING KNIGHT Hr/WK 2.00	0	0	0
DEE PORTER 1121 W OSAGE, STILLWATER, OK 74075	Title SECRETARY Hr/WK 3.00	4,200	0	0
JIM AULGUR 501 S WASHINGTON #121, STILLWATER, OK 74075	Title TREASURER Hr/WK 2.00	3,000	0	0
JAMES GRAY 1815 W 3RD, STILLWATER, OK 74075	Title CHAPLAIN Hr/WK 2.00	0	0	0
BRYAN BREDESEN 920 S MCARLAND, STILLWATER, OK 74075	Title ESQUIRE Hr/WK 2.00	0	0	0
JENNIFER DUNAWAY PO BOX 23, STILLWATER, OK 74075	Title INNERGUARD Hr/WK 2.00	0	0	0
PAUL D OLIVER 821 N MAIN, STILLWATER, OK 74075	Title TRUSTEE Hr/WK 2.00	0	0	0
MATHEW GAMBRELL 504 E ROGERS, STILLWATER, OK 74075	Title TRUSTEE Hr/WK 2.00	0	0	0
STACI BAYLESS 821 N MAIN #35, STILLWATER, OK 74075	Title TRUSTEE Hr/WK 2.00	0	0	0
PAUL WEBER 1323 n ARRINGTON, STILLWATER, OK 74075	Title TRUSTEE Hr/WK 2.00	0	0	0
WILLIAM CRAIG 205 NOBLE, PERRY, OK 73077	Title TILER Hr/WK 2.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V 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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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.		
a 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?	35a	X
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	40b	
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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	
41 List the states with which a copy of this return is filed. ▶ OKLAHOMA		
42 a The organization's books are in care of ▶ JIM AULGUR Telephone no. ▶		
Located at ▶ 202 E MCELROY City STILLWATER ST OK ZIP + 4 ▶ 74075		
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 account)?	42b	X
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 account and other allowances
Name <u>None</u> Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		
d Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here Signature of officer [Signature] Date 6-9-2010

Type or print name and title EXALTED RULER

Paid Preparer's Use Only Preparer's signature [Signature] Date 6/4/2010 Check if self-employed ☐ Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 GENE DIXON PA INC EIN

P O BOX 36, WOODWARD, OK 73802 Phone no (580) 256-2672

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No