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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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

A For the 2009 calendar year, or tax year beginning 04-01-2009, and ending 03-31-2010

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.	C Name of organization B P O E ELKS LODGE 693 <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 693 <hr/> City or town, state or country, and ZIP + 4 WISCONSIN RAPIDS, WI 544950693	D Employer identification number 39-0159970 <hr/> E Telephone number (715) 423-1930 <hr/> F Group Exemption Number 1156
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G Accounting method: Cash Accrual
 Other (specify):

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

I Website: **NA**

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 **\$ 415,385**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	93,561
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	15,590
	4 Investment income	4	54
	5a Gross amount from sale of assets other than inventory	5a	225,000
	b Less cost or other basis and sales expenses	5b	36,211
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	188,789
	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 \$ of contributions reported on line 1)	6a	22,990
	b Less direct expenses other than fundraising expenses	6b	13,603
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,387	
7a Gross sales of inventory, less returns and allowances	7a	58,190	
b Less cost of goods sold	7b	43,477	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,713	
8 Other revenue (describe)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	322,094	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	2,137
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	42,988
	15 Printing, publications, postage, and shipping	15	3,793
	16 Other expenses (describe)	16	28,146
	17 Total expenses. Add lines 10 through 16	17	77,064
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	245,030
	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	53,042
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	298,072

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	26,525	22	46,471
23 Land and buildings	23,175	23	20,000
24 Other assets (describe)	14,468	24	244,767
25 Total assets	64,168	25	311,238
26 Total liabilities (describe)	11,126	26	13,166
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,042	27	298,072

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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-06-29

Type or print name and title: LARRY WUNDER, EXALTED RULER

Paid Preparer's Use Only










Preparer's signature: SUE WILLE CPA Date: 2010-07-15 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LIGMAN & WILLE CPA LLC, 2804 POST ROAD, STEVENS POINT, WI 544816415

Preparer's identifying number (See instructions): EIN: Phone no: (715) 341-3232

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

Additional Data**Software ID:****Software Version:****EIN:** 39-0159970**Name:** B P O E ELKS LODGE 693**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
LARRY WUNDER  1250 OAK STREET 1250 OAK STREET WISCONSIN RAPIDS, WI 54494	PRESIDENT 0	0		
JAMES WALSH  951 16TH STREET SOUTH 951 16TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	VICE PRES 0	0		
ROBERT BERG  931 BRENTWOOD DRIVE 931 BRENTWOOD DRIVE PORT EDWARDS, WI 54469	SECRETARY 0	0		
JAMES CAPTAIN  7021 64TH STREET SOUTH 7021 64TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	TREASURER 0	0		
RONALD BOHN  3311 48TH STREET SOUTH 3311 48TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	BOARD MEMBER 0	0		
ALLEN KUMM  3592 COUNTY ROAD Q 3592 COUNTY ROAD Q WISCONSIN RAPIDS, WI 54494	BOARD MEMBER 0	0		
PAUL WEIMER  1441 IRVING STREET 1441 IRVING STREET WISCONSIN RAPIDS, WI 54494	BOARD MEMBER 0	0		
HAROLD STREEKSTRA  531 HILL STREET 531 HILL STREET WISCONSIN RAPIDS, WI 54494	BOARD MEMBER 0	0		
JACK HOBBIK  1410 48TH STREET NORTH 1410 48TH STREET NORTH WISCONSIN RAPIDS, WI 54494	BOARD MEMBER 0	0		

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUNDRAISING EVE (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	22,990			22,990
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,990			22,990
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,603			13,603
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,603
11 Net income summary Combine lines 3, column d, and line 10. ▶				9,387	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	No
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ROBERT BERG

Address ▶ 931 BRENTWOOD DRIVE
WISCONSIN RAPIDS, WI 54494

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No

- 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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

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 Yes No

- 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 ▶ \$ _____

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return B P O E ELKS LODGE 693	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 39-0159970
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		60,858	7 0	MQ	200 DB	4,103
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property	2009-12	100,053	39 yrs	MM	S/L	748
	2010-02	36,658	39 0	MM	S/L	117

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 1 Non-Res Prop Type 2 count 1 Non-Res Prop Totals count 2

Part IV Summary (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	4,968
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

21 Listed property

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

TY 2009 Compensation Explanation

Name: B P O E ELKS LODGE 693

EIN: 39-0159970

Person Name	Explanation
LARRY WUNDER	
JAMES WALSH	
ROBERT BERG	
JAMES CAPTAIN	
RONALD BOHN	
ALLEN KUMM	
PAUL WEIMER	
HAROLD STREEKSTRA	
JACK HOBICK	

TY 2009 General Explanation Attachment

Name: B P O E ELKS LODGE 693

EIN: 39-0159970

Identifier	Return Reference	Explanation
GENERAL ELECTIONS		YEAR ENDED MARCH 31, 2010 39-0159970 B P O E ELKS LODGE 693 PO BOX 693 WISCONSIN RAPIDS, WI 54495-0693 ELECTING OUT OF THE 50% BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF THE 50% FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007 THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR

TY 2009 Other Assets Schedule

Name: B P O E ELKS LODGE 693

EIN: 39-0159970

Description	Beginning of Year Amount	End of Year Amount
NOTE RECEIVABLE - BUILDING		50,000
INVENTORIES FOR SALE OR USE	2,527	2,166
EQUIPMENT	225,409	197,569
LESS ACCUMULATED DEPRECIATION	213,468	4,968
	14,468	244,767

TY 2009 Other Expenses Schedule

Name: B P O E ELKS LODGE 693

EIN: 39-0159970

Description	Amount
BAR AND DINING ROOM	
LAUNDRY & LINEN	1,152
LICENSES	12,217
SALES TAX PAID	167
VENDING COST	727
EXPENSES	
GRAND LODGE SUPPLIES	272
OFFICE SUPPLIES	235
CONVENTIONS	1,990
INSURANCE	4,665
LODGE SUPPLIES	138
SECRETARY/TREAS	1,425
OFFICER SUPPLIES	51
PER CAPITA - NATIONAL	2,394
PER CAPITA - STATE	684
RITUAL EXPENSE	119
AWARDS/MEMORIALS	196
BANK CHARGES	29
INTEREST	49
PENALTIES/LATE FEES	486
LODGE ADMIN SUPPLIES	1,150

TY 2009 Other Liabilities Schedule

Name: B P O E ELKS LODGE 693

EIN: 39-0159970

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,206	
DEFERRED REVENUE	7,362	10,052
OTHER LIABILITIES	1,558	3,114
	11,126	13,166