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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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

Department of the Treasury

		or the	2009 calendar year, or tax year beginning 4/// , 2009, and	ending 3	/31	, 20 10		
	_	heck if ap				entification number		
Ì	_	ddress c	ange use IRS WIT Eire Accounting The			78798		
ĺ	<u> </u>	lame cha	18501 01					
Ţ	_	ntial retu		2/	62 4º	16-5630		
Į.	=	erminate	Specific City or town, state or country, and ZIP + 4		F Group Exemption			
i I	=	mended oplicatio	pending linstructions. MUKWONAGO, WI 53/49		Number ► //5/c			
			on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach			☐ Cash ☐ Accrual		
-		• Ject	a completed Schedule A (Form 990 or 990-EZ).	1	Other (specify)			
						rganization is not		
	· W	/ebsit	E. MWW, WIELKS. COM	1	•	chedule B (Form 990.		
			mpt status (check only one) — ⊠ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-EZ, or		medule D (i Oilli 330,		
•		heck •				ore 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 \$ 300.000 or more, file Form 990 instead of Form 990-EZ							
i		art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		Ψ			
'		1	Contributions, gifts, grants, and similar amounts received		. 1	, , , , , , , , , , , , , , , , , , ,		
		2	Program service revenue including government fees and contracts		2	328700		
		3	Membership dues and assessments		3	41260		
		4	Investment income		. 4	15,157		
		5a	Gross amount from sale of assets other than inventory		N 40	10 10		
		b	Less: cost or other basis and sales expenses					
_		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a)	. 5c			
9	e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming .					
2	e	а	Gross revenue (not including \$ of contributions	_	_			
Œ	Revenue	_	reported on line 1)		دي. ومهرو			
SCANNED NOV 2 9 2010	-	b	Less: direct expenses other than fundraising expenses 6b	•				
		c	Net income or (loss) from special events and activities (Subtract line 6b from line	e 6a)	. 6c			
		7a	Gross sales of inventory, less returns and allowances		of the graph of th			
		b	Less: cost of goods sold					
		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c			
Z		8	Other revenue (describe ► RECEIVE)) 8			
Z		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	70	9	385,117		
~		10		- 181	. 10	335,371		
\tilde{S}		11	Grants and similar amounts paid (attach schedule)	. &	. 11	0		
••	S	12	Salaries, other compensation, and employee benefits	J뜩	. 12	0		
	nses	13	Professional fees and other payments to independent contractors.	T	. 13	0		
	Expe	14	Occupancy, rent, utilities, and maintenance		. 14	0		
	Ш	15	Printing, publications, postage, and shipping		. 15	11582		
		16	Other expenses (describe >) 16	48.66		
		17_	Total expenses. Add lines 10 through 16			395,649		
	ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18	(10,532)		
	Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (n		182 540			
	Ä		end-of-year figure reported on prior year's return)			182,540		
	Net Assets	20	Other changes in net assets or fund balances (attach explanation)			66,631		
		21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21_	238,639		
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo					(B) End of year		
		(
	22		-			22 46687		
	23		nd and buildings		-	23 0 24 20029		
	24		her assets (describe ►		25 2507/6			
	25				26 12077			
	26		et assets or fund balances (line 27 of column (B) must agree with line 21)	18254				
	27		v Act and Paperwork Reduction Act Notice see the separate instructions.			Form 990-EZ (2009)		

Statement of Program Service Accomplishments (See the instructions for Part III.) and is the organization's primary exempt purpose? To Arter & Rouste the order in WI. scribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise inner, describe the services provided, the number of persons benefited, and other relevant information for chiprogram title.				Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)		
8 GRANTS to 501 C(3)'S						
	nt includes foreign grants, ches Bealing With y Also Offer Miss			28a	40,000	
	nt includes foreign grants, ch	eck here	. ▶ 🗆	29a	80,679	
Scholarish for Appy 250 C	3400 Je 3400 W13				102 000	
(Grants \$) If this amount of the program services (attach schedule) . Gam	nt includes foreign grants, ch		<u>. ▶ ∐</u>	30a	185,000	
	nt includes foreign grants, ch		. ▶ □	31a	31692	
2 Total program service expenses (add lines 28	<u> </u>			32	335371	
List of Officers, Directors, Trustees, and K (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0)	(d) Contribution employee benefit deferred compe	ons to t plans &	(e) Expense account and other allowances	
N BruckNER D Lincoln Ave Kottles, WI 53040	President	0	0		5,000	
6 Bahnsack 6594 CARRINGTON Or, FOND AULAC, WZ 5493	Vice President	0	0		4,000	
UI JOHNSON 2 Foothill Ave. Schoffeld, WI 54476	Secretary 10 Ho/WK	0	0		7,000	
eff LANCOTON OI S 5059 Seville LN, MUXHONAGO, WS 53145		0	0		2,000	
OF KOSTUCIK TO CAMP ST. PLATTEVILLE WE 53818	TRUSTE C 5 Hr/WK	0	ジ		<i>Ø</i>	
en Fricol Of ALLWARDT ST, Apt 3A WATTERTOFFINGE SECONS	Thustee SHriWK	0	0		0	
OF ALLWARD JT, NOT ST 53048 OK MAPLE HILL RJ. WAYSAU, WI SY OKN BENNETT O, BOX 365 WASHBUM, WI 54891 OE KLUMB OF FLIZABOTH ARE MADINET WY SY	403 5 Hr/WK	0	0		0	
O, BOX 365 WASHBURN, WI 54891	5 Hr /WK	0	0		0	
oe Klumb 30 ELizaBest Aue, MARINUTL, WI 541 PAT BUCK 2509 S. Horizon Orive Appleton, WI 54	43 SHOJWK	0	0		0	
1509 S. Horizon Orive Appleton, WISY	915 SHrIWK	0	0	····	0	
					-	
					-1	

	0-ÉZ (2009)		Р	age 3
P.art	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Χ
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.			
	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		<u> </u>
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37b 38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9			
b	section 4911 ► ; section 4912 ► ; section 4955 ► ; 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	 -,-	-
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			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	*		, 11
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		X
41	List the states with which a copy of this return is filed.	- ·/	,,,	~ 3.0
42a	The organization's books are in care of Deff LANGTON Telephone no. Deleborated at Dw301 S' 5059 Seville in Markworfico, with ZIP + 4 D 53	9 4 149		(Q.S.C.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	JL_		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	406		No %
	If "Yes," enter the name of the foreign country: ▶	42b	S	14
	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.?	420	:	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		▶ ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		No 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	`	× (2000
		OC	ın 67	(0000

Page	4

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	ection 4947(a)(1) none 7(a)(1) nonexempt char d 51.	exempt charitat ritable trusts mus	ole trusts only. A st answer questio	ll sec ns 46	tion 3–49t)
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete S				46		
	tid the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II				47		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48		
	Did the organization make any transfers to an exempt non-charitable related organization?				49a 49b		
	Complete this table for the organization's five high			officers, directors, t		es an	d kev
	employees) who each received more than \$100,0						
	(a) Name and address of each employee paid more hours per week employee benefit		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		ınd	
·							
				 			
		•					_
	\$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) Co	mpens	ation
d	Total number of other independent contractors of	each receiving over \$100					
	·						
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of officer Jeffry A. LANGTON Type or print name and title	ed this return, including accompand for preparer (other than officer) is TREASURE	anying schedules and s s based on all information	tatements, and to the be on of which preparer has	st of my any kn	y know owledg	ledge
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (Se	e instru	ctions)
Use On	Firm s name (or			EIN ►			
	address, and ZIP + 4	n above? See instructions		Phone no	Yes		No
iviay th	e IRS discuss this return with the preparer show	ii above: See instructions	<u> </u>	<u>- L</u>			NO (2009)

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	WI ELKS ASSOCIATION
:	FORM 990 EZ
	Live 16- oth Expenses
	Committee Expenses 7,713
	Rituar team 6,651
	officers ALLOWANCE 18,000
	GRAND Lodge Expenses 3,000
	office Expense 5,922
1	TRUSTEE Contingency 7410
1	
1	TOTAL 48,696
·	
	: