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A For the 2009 calendar year, or tax year beginning 04-01-2009, and ending 03-31-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BENEVOLENT & PROTECTIVE ORDER ELKS 641		D Employer identification number 39-0261635
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1132 CLARK STREET		E Telephone number (715) 344-4021
Name change				
Initial return		City or town, state or country, and ZIP + 4 STEVENS POINT, WI 54481		F Group Exemption Number 1156
Terminated				
Amended return				
Application pending				





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



I Website: N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(8) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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	\$	227,829
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue					
1	Contributions, gifts, grants, and similar amounts received			1	15,665
2	Program service revenue including government fees and contracts			2	55,130
3	Membership dues and assessments			3	27,058
4	Investment income			4	4,705
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here  				
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a			
b	Less direct expenses other than fundraising expenses	6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
7a	Gross sales of inventory, less returns and allowances	7a	125,271		
b	Less cost of goods sold	7b	57,113		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	68,158
8	Other revenue (describe  _____)			8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 			9	170,716

Expenses	10	Grants and similar amounts paid (attach schedule)	.	.	.	.	.	.	.	.	.	.	.	.	.	10	65,696
	11	Benefits paid to or for members	.	.	.	.	.	.	.	.	.	.	.	.	.	11	
	12	Salaries, other compensation, and employee benefits	.	.	.	.	.	.	.	.	.	.	.	.	.	12	56,210
	13	Professional fees and other payments to independent contractors	.	.	.	.	.	.	.	.	.	.	.	.	.	13	5,365
	14	Occupancy, rent, utilities, and maintenance	.	.	.	.	.	.	.	.	.	.	.	.	.	14	41,847
	15	Printing, publications, postage, and shipping	.	.	.	.	.	.	.	.	.	.	.	.	.	15	5,910
	16	Other expenses (describe  _____)														16	56,457
	17	Total expenses. Add lines 10 through 16	.	.	.	.	.	.	.	.	.	.	.	.	.	17	231,485

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-60,769
	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	207,627
	20	Other changes in net assets or fund balances (attach explanation)	20	563
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	147,421

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	172,306	22 124,101
23	Land and buildings	49,520	23 40,315
24	Other assets (describe )	17,630	24 13,776
25	Total assets	239,456	25 178,192
26	Total liabilities (describe )	31,829	26 30,771
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	207,627	27 147,421

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? FRATERNAL ORGANIZATION			
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 FRATERNAL ORGANIZATION FOR THE BENEFIT OF MEMBERS (Grants \$ 65,696) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	226,120
29			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	226,120

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

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes
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	No
37a	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	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
40a	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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ MICHAEL KINNEY Telephone no ▶ (608) 212-1367 1430 DALY AVENUE 1430 DALY AVENUE Located at ▶ WISCONSIN RAPIDS, WI ZIP + 4 ▶ 544944757		
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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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.

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	Yes	No
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 ERIC J HIRZY, PRESIDENT		Date 2010-07-15		
Paid Preparer's Use Only	Preparer's signature SUE WILLE, CPA		Date 2010-06-09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LIGMAN & WILLE, CPA, LLC 2804 POST ROAD STEVENS POINT, WI 544816415				EIN ▶
					Phone no ▶ (715) 341-3232
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:
Software Version:
EIN: 39-0261635
Name: BENEVOLENT & PROTECTIVE ORDER
ELKS 641

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
ERIC J HIRZY 1925 KATHYS DRIVE 1925 KATHYS DRIVE STEVENS POINT, WI 54481	PRES 0	0		
SAL H CUOMO 1961 ASHFORD DRIVE 1961 ASHFORD DRIVE PLOVER, WI 54467	SECRETARY 0	0		
MICHAEL KINNEY 1430 DALY DRIVE 1430 DALY DRIVE WISCONSIN RAPIDS, WI 54494	TREASURER 0	0		
DENISE JASKIE 6797 JAMAR COURT 6797 JAMAR COURT SUN PRAIRIE, WI 53590	TRUSTEE 0	0		
DR ROBERT J JAEGER 1418 CHIPPEWA TRAIL 1418 CHIPPEWA TRAIL MOSINEE, WI 54455	TRUSTEE 0	0		
KAREN PAWLAK 1800 RIDGEWOOD CIRCLE 1800 RIDGEWOOD CIRCLE PLOVER, WI 54467	TRUSTEE 0	0		
RONALD NOWACKI 332 WALKER STREET 332 WALKER STREET STEVENS POINT, WI 54481	TRUSTEE 0	0		
STEPHEN WHITMAN 1408 STRONGS AVENUE 504 1408 STRONGS AVENUE 504 STEVENS POINT, WI 54481	TRUSTEE 0	0		
ROBERT J NEWBY 172 W CLARK STREET 172 W CLARK STREET STEVENS POINT, WI 54481	TRUSTEE 0	0		
PETER P KABAT 1732 JEFFERSON STREET 1732 JEFFERSON STREET STEVENS POINT, WI 54481	TRUSTEE 0	0		
ROBERT WILLIS 4409 PLEASANT VIEW DRIVE 4409 PLEASANT VIEW DRIVE STEVENS POINT, WI 54481	TRUSTEE 0	0		
JASON E BIGGS 3273 WHITING AVENUE APT B 3273 WHITING AVENUE APT B STEVENS POINT, WI 54481	TRUSTEE 0	0		
TOM G WELLER 3821 NEBEL STREET 3821 NEBEL STREET STEVENS POINT, WI 54481	TRUSTEE 0	0		
SCOTT J KOVATCH 224 ROSE STREET 224 ROSE STREET STEVENS POINT, WI 54481	TRUSTEE 0	0		
LEE F COURTRIGHT 720 S MAPLE BLUFF COURT 720 S MAPLE BLUFF COURT STEVENS POINT, WI 54482	TRUSTEE 0	0		

TY 2009 Compensation Explanation

Name: BENEVOLENT & PROTECTIVE ORDER

ELKS 641

EIN: 39-0261635

Person Name	Explanation
ERIC J HIRZY	
SAL H CUOMO	
MICHAEL KINNEY	
DENISE JASKIE	
DR ROBERT J JAEGER	
KAREN PAWLAK	
RONALD NOWACKI	
STEPHEN WHITMAN	
ROBERT J NEWBY	
PETER P KABAT	
ROBERT WILLIS	
JASON E BIGGS	
TOM G WELLER	
SCOTT J KOVATCH	
LEE F COURTRIGHT	

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** BENEVOLENT & PROTECTIVE ORDER

ELKS 641

EIN: 39-0261635

Item No.	1
Class of Activity	
Donee's Name	LOCAL CHARITIES
Donee's Address	MAIN STREET STEVENS POINT, WI 54481
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: BENEVOLENT & PROTECTIVE ORDER

ELKS 641

EIN: 39-0261635

Description	Beginning of Year Amount	End of Year Amount
INVENTORIES FOR SALE OR USE	12,880	8,826
PREPAID EXPENSES AND DEFERRED CHARGES	4,750	4,950
	17,630	13,776

TY 2009 Other Changes in Net Assets Schedule

Name: BENEVOLENT & PROTECTIVE ORDER
ELKS 641
EIN: 39-0261635

Description	Amount
MARKET CHANGE IN ASSET VALUE	563

TY 2009 Other Expenses Schedule

Name: BENEVOLENT & PROTECTIVE ORDER
ELKS 641
EIN: 39-0261635

Description	Amount
BAR SALES	
SUPPLIES	223
CANTEEN SUPPLIES	44
WORKERS COMP INSURANCE	270
SALES TAXES	3,232
CITY BAR LICENSE	130
KITCHEN SALES	
SUPPLIES	331
WORKERS COMP INSURANCE	270
COMMITTEE EXPENSE	58
ADVERTISING	2,324
SALES TAX	2,973
CITY KITCHEN LICENSE	639
CONFERENCES	
MOTEL ROOMS/FACILITIES	12,113
PICNIC	
PICNIC FOOD AND SUPPLIES	655
RAFFLES AND LOTTERIES	
LOTTERY FEE EXPENSES	1,232
RAFFLE COST	3,950
FUNDRAISER GENERAL EXP	1,841
EXPENSES	
MEMBERSHIP PROMOTION	922
LODGE ADVERTISING	429
STATE CONVENTION	523
GRAND CONVENTION	1,213
MEMBERS STEAK NIGHT	4,047
MEMBERS WORKING KITCHEN	2,822
EXALTED RULERS EXPENSE	961
COMMITTEE EXPENSE	1,281

Description	Amount
RELIEF COMMITTEE	30
VISITING DIGNITARIES	896
AMERICANISM COMMITTEE	66
VISITING BROTHERS	42
OLD TIMERS NIGHT	374
INITIATION COSTS	195
SALES TAX	1,112
LODGE ADMINISTRATION SUPP	1,426
POSTAGE	1,028
SUBSCRIPTIONS	35
OTHER EXPENSES-LODGE	930
PER CAPITA-NATIONAL	6,104
PER CAPITA-STATE	1,736

TY 2009 Other Liabilities Schedule

Name: BENEVOLENT & PROTECTIVE ORDER

ELKS 641

EIN: 39-0261635

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,046	1,123
DEFERRED REVENUE	27,363	27,173
WISCONSIN MAJOR PROJECT PAYABLE	880	720
NATIONAL FOUNDATION PAYABLE	850	1,080
WISCONSIN BENEVOLENT FUND PAYABLE	690	675
	31,829	30,771