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Form **990** 

## **Return of Organization Exempt From Income Tax**

Department of the Treasury

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

Open to Public

OMB No 1545-0047

		the Treasur	<sup>y</sup> ▶ T	he organization may	have to use	a copy of this retur	n to satis	sfy state re	eporting req	uirements.	Inspecti	on
A	For the	e 2009 ca	alendar	year, or tax year be	ginning	APRIL 1	, 2009, a	nd ending	MAF	CH 31	, 20 10	
В	Check if a	policable	Please	C Name of organization	n Benevole	nt & Protective C	rder of	Elks #24	l8 Inc.	D Employe	er identification	number
	Address		use IRS label or	Doing Business As	Wausau El	ks Lodge				39	17358	37
$\overline{}$	Name ch		print or type	Number and street (or P	2.0 box if mail is	not delivered to street ad	dress)	Room/surl	te	E Telephor	ne number	
$\overline{}$	Instial reti	-	See	414 SCOTT STRE						(715)	845-56	02
$\overline{}$	Terminat		Specific Instruc-	City or town, state o		ZIP + 4						
$\overline{}$	Amended		tions	WAUSAU, WI 54	403					G Gross reco	eipts \$ 6	67,916
		n pending	F Nam	ne and address of princ	ipal officer				H(a) Is the	s a group return f	or affiliates? Yes	s ☑ No
			Marty	Sullivan same a	ddress as "	C" above					cluded? Tyes	_
I	Tax-exe	empt status	s <sup>.</sup> 🔽 5	01(c) ( 8 ) ◀ (insert no	o.) 🗌 4947(a	a)(1) or 527			lf "N	lo," attach a li	ist (see instructi	ons)
J	Websit	te: ► W\	WW.WA	AUSAUELKS.COM	1			<u>.</u>	H(c) Group	exemption number	ber ► 11	56
K	Form of organization  ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation 199							n 1992	M State of	legal domicile V	VI	
Pa	art I	Summ	ary									
	1 E	Briefly de	escribe	the organization's	mission or	most significant a	ctivities	The or	ganizatio	n carried o	ut the missi	on of
	1 3	the Ben	evolent	t and Protective O	rder of Elk	s of the USA to p	rovide	assistan	ce to yout	h, veterans	s, and needy	<i>!</i>
nce	]	individu	als, an	d promote progra	ms fosterir	ng patriotism to t	he USA	:				
Ë												
Activities & Governance	2	Check this	box ► l	f the organization of	discontinued its	s operations or dispos	ed of more	e than 25%	of its net ass	ets.		
ල ජ	1	Number	of votin	ng members of the	governing	body (Part VI, line	1a)		,	. 3		9_
es				pendent voting me				/I, line 1b	)	. 4		9
Ξ	1			employees (Part \						. 5		46
Act	6 7	Total nur	mber of	volunteers (estima	ate if neces	sary)				. 6		266
	7a 1	Total gro	ss unre	elated business rev	enue from	Part VIII, column (	C), line	12		. 7a		0
	1 d	Net unre	lated bu	usiness taxable inc	come from f	Form 990-T, line 3	4	· · · <sub>[</sub>	<u> </u>	. 7b		0
									Pnor Y		Current Y	ear
•	8 (	Contribu	itions ar	nd grants (Part VIII	l, line 1h) .					109132		129280
Ž	9 F			e revenue (Part VIII								
Revenue	10 1	Investme	ent inco	me (Part VIII, colui	mn (A), lines	s 3, 4, and 7d) .				345		297
<u> </u>	11 (	Other rev	venue (	Part VIII, column (A	A), lines 5, 6	3d, 8c, 9c, 10c, a	nd 11e)			3297		29739
	12	Total reve	enue-a	dd lines 8 through	11 (must equ	ual Part VIII, colum	n (A), lin	e 12)		112774		<u> 159316</u>
	13 (	Grants a	ınd simi	ilar amounts paid (	(Part IX, col	umn (A), lines 1–3	)		Filed forn	1 990-EZ		28344
	14									in 2008 so		
Expenses	15 9	Salaries,	other co	ompensation, emplo	yee benefits	(PartilX, column (	۱), lines ا	5–10)	bre		33378	
ben	16a i			draising fees (Part I			ကြ	🛓	no comparable			
ŭ	b-	Total fund	draising	expenses (Part IX,	column (Q);	line 25) 🗲 2010	8		<u>-</u>			
	17 (	Other ex	penses	(Part IX, column (	A), Tines 11	á–11d, 11f–24f)	( <u>0</u> )					88426
				Add lines 13-17 (			A),≂line :	25) 🖵		152190		162820
		Revenue	less ex	penses. Subtract Iir	ne 18 from li	POZN.UT.	_   .			-39416	<del></del>	-3504
8 0	<u> </u>							1	Beginning of C	Current Year	End of Ye	ar
Net Assets or	20	Total ass	sets (Pa	art X, line 16)				-		492568	-	490503
¥ ¥	21			Part X, line 26)				-		226114		227553
				und balances. Sub	tract line 21	from line 20		<u> </u>		266454		262950
P	art II		nature									<del></del>
		Under pe	enalties of ef. it is tru	f perjury, I declare that I ue, correct, and complet	l have examine te Declaration	d this return, including of preparer (other that	accompar officer) is	nying sched s based on	ules and state all information	ments, and to n of which pre	the best of my parer has any k	knowledge nowledge
		1	,						1		-2010	_
	gn		770	maer 18	mys						-2010	
He	ere	Sign	nature of	officer		TOFACUA	ر م		Da	πθ		
			MEH	uhael To officer AEL Toms	sycic	TECHIQUE	<u> </u>					
_		Тур	e or print	name and title				105	eck if	To	11	
		Preparer					Date	set	lf	Preparer's id (see instructi	lentifying number ions)	
Pai	id	signature	<b>□</b> 🚩				ł	em	ployed ► L	'  '	•	
Pre	eparer's	E,	ame (c- ··	rourse h			<u>.l</u>		1	<del></del>		
	e Only	if self-en	ame (or y nployed),				_		EIN	<u> </u>		
_			, and ZIP		<del></del> -				Phone	no ► (	<del>)</del>	
Ma	av the	IRS disc	cuss this	s return with the p	reparer sho	wn above? (see ii	nstructio	ons) .			. U Yes	U No

Par	t III Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission:  To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to promote the welfare of its Members and cultivate good fellowship; to quicken the spirit of American patriotism; and to provide for its government; accomplishing such by serving the people and communities through benevolent programs.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 76,117 including grants of \$ ) (Revenue \$ ) Fraternal benefits to members and the promotion of charity, justice, brotherly love and fidelity by: *communicating mission and programs of national and state Elks organizations *maintenance of Elks Lodge building and related social facilities from which to conduct benevolent activities *monthly newsletter to members, and annual member participation awards *host state and national Elk dignataries
4b	(Code:) (Expenses \$ 21,588 including grants of \$) (Revenue \$)  Solicitation of donations to provide assistance to needy families  *Providing clothing and food to needy families at Christmas  *Provide/build ramps to allow disabled needy people to have access to/from their homes
4c	(Code: ) (Expenses \$ 7,595 including grants of \$ ) (Revenue \$ ) Solicitation of donations to provide assistance and programs to children
	*Annual scholarships and related Youth Awards Banquet recognition program  *Programs to discourage drug and alcohol abuse  *Camperships to local respid center  *Hoop Shoot and Soccer Shoot athletic contests  *Annual Halloween and Christmas parties for young children
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 3,089 including grants of \$ ) (Revenue \$ )
40	Total program service expenses \$ \$108.389

Form !	990 (2009)		Pa	age 3
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>✓</b>	
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>✓</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	<b>√</b>	<del></del>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	777	<b>√</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	C.		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		<b>-</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	1	
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Щ.,	_ <u>v</u> _

Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>√</b>
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u>√</u>
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	action to	<b>/</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	_
		<del></del>	<del></del>	•

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4</b> a	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)?	4a		✓_
b	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.	`		الح
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<b>√</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	E.		
6-	Prohibited Tax Shelter Transaction?	5с 6а	1	
	organization solicit any contributions that were not tax deductible?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
	Organizations that may receive deductible contributions under section 170(c).	te ·		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a 7b		<del>                                     </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		<del> </del> -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes" indicate the number of Forms 8282 filed during the year.  7d	7c		<del>-</del>
	ti Tes, indicate the number of Forms ozoz med during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<del>                                     </del>
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	[	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Ĺ	ļ	
	organization, have excess business holdings at any time during the year?	8	ļ	<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.	_	-	1
a	Did the organization make any taxable distributions under section 4966?	9a 9b	-	<del>                                     </del>
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	90	<del>                                     </del>	1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1	1	
a	Gross income from members or shareholders	}	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)	<del> </del>		<b> </b>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a	-	-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		300	
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>√</b>
6	Does the organization have members or stockholders?	6	✓	
	Does the organization have members, stockholders, or other persons who may elect one or more members			
7.0	of the governing body?	7a	1	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:			
_	The governing body?	8a	1	570,200,200
	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00		Ļ,
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte		<u> </u>	<u> </u>
	enue Code.)	,,,,,,		
			Yes	No
10-	Describes a second seco	10a	1.00	7
	Does the organization have local chapters, branches, or affiliates?	100		_
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		<del>                                     </del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	1	l
	form?	Y # 14	220	W
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	100 m	The state of the
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	$\vdash$	<del>-</del>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by	<b>全</b>	<b>COLUMN</b>	175
,,,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		E E .	
а	The organization's CEO, Executive Director, or top management official	15a	1.03.03.0	1
	Other officers or key employees of the organization	15b		1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	346	197	144
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a	Paris.	1
		13.50	100	KAN
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	bio	A CHELLE
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)			
10		J(O)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	☑ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or int	erest	
00	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► MICHAEL TOMSYCK, TREASURER 414 SCOTT ST, WAUSAU, WI 54403 715-842-4139	oras o	of the	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any o	curre			cer, d	irec			- <u>.</u>
(A)	(B)	   <sub>B-+</sub> .		•	C)	Albak e -		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DENISE LUECK, EXALTED RULER	15	1		1				0	0	0
MARTY SULLIVAN, LEADING KNIGHT	10	1		1				0	0	0
HENRY LAMOVEC, LOYAL KNIGHT	5	1		1				0	0	0
JAMES CARLSON, LECTURING KNIGHT	5	1		1				0	0	0
DAWN HERBST, TRUSTEE	25	1						0	0	0
ROBERT GRIESER, TRUSTEE	10	1						0	0	0
JOEL RHYNER, TRUSTEE	5	1						0	0	0
JERRY HANSON, TRUSTEE	5	1						0	0	0
MELVIN SANN, TRUSTEE	5	1						0	0	0
GARRY PUARIEA, SECRETARY	10			1				917	0	0
MIKE TOMSYCK, TREASURER	5			1				0	0	0
	-									
	-									

Part VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	an	d Hig	hest	t Compensated	Employees	(continued)
(A)	(B)			•	<b>)</b>			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MI	on amount of d other ns compensation
									·	
				į						
	1									
					i					
							_			
1b Total	<u> </u>	<u> </u>					<u> </u>	917	<u> </u>	0 0
<ul> <li>Total number of individuals (including but reportable compensation from the organization list any former office)</li> </ul>	ation ► NC	ONE		_				<del></del>		Yes No
employee on line 1a? If "Yes," complete S	Schedule J	for s	uch	ind	ivid	ual				3 🗸
4 For any individual listed on line 1a, is the the organization and related organizations individual.										h 4 1
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com plete	pen Sch	sati nedu	on ule .	from J for s	any such	unrelated org person .	anization fo	or5 ✓
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	ed inc	depe	ende	ent 	contr	acto	ors that receive	ed more thar	n \$100,000 of
(A) Name and business add	dress							(B) Description of	services	(C) Compensation
NONE WITH COMPENSATION EXCEEDING \$	100,000				_		+			
	. ,					46 -				
2 Total number of independent contractors ( more than \$100,000 in compensation from							e IIS1	red above) who	received (	

Part	Part VIII Statement of Revenue							
,					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
0 0			140	400		revenue	7577457	512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a 1b	88865				
p E		Membership dues	1c	00003	1 1622 days 5 14		makan da Parang magalah Managan da Parang	A Table of the Control of the Contro
ifts		Fundraising events	1d					
P, g		Related organizations	1e					
ion si is	_	Government grants (contributions).	10				The many	
돌토	f	All other contributions, gifts, grants, and similar amounts not included above	1f	40415	The state of the s	为.是一个"数点"的		<b>建建一种</b>
들	g	Noncash contributions included in lines 1a-			The state of the s			
S E					129280			
0				Business Code	· · · · · · · · · · · · · · · · · · ·	1. 1000 (1.00)	· # 1 198 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	學學是經過
e e	2a							
ě	b						·	
8	C							
e.	d							
E .	A							
Program Service Revenue	f	All other program service revenu	е.	1				
F.	g	Total. Add lines 2a-2f		•		对	<b>和巴拉克斯</b> 图》	<b>"基础"。</b>
	3	Investment income (including div	ndends	s, interest, and				
		other similar amounts)			297	297		
	4	Income from investment of tax-exem	pt bond	d proceeds -				
	5	Royalties		<u></u>	Christian and Million of Albert	TO TOPPE STATE A STATE	and the same of th	A Control of the State of the S
		(i) Real		(ii) Personal				
	6a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		43 00000		Total Transfer and The		
	7a	Gross amount from sales of (i) Securi	ues	(ii) Other		<b>计算是是</b>		
		assets other than inventory						
	b	Less: cost or other basis		Į.				
		and sales expenses				7.00		
	d	Gain or (loss) L	<del></del>	<b>•</b>	1	15 17 15 25 25	in the second	
•			• •	· · · · · ·	A STATE OF THE STA		20年47年11年11日	The Parity
evenue	8a	Gross income from fundrais	_	1				
ķ		events (not including \$						
Œ		See Part IV, line 18	· a	57755				
Other	b	Less: direct expenses	b	44698	A CONTRACTOR OF THE PARTY			Control of the second
ᅙ		Net income or (loss) from fundra	ising e	events 🕨	13057	13057		
	02	Gross income from gaming activi	ties				23 43.36	
	30	See Part IV, line 19	a	29030				
	b	Less: direct expenses	. b	3278	reprint to		至元二五多漢	The state of the s
	C	: Net income or (loss) from gamir	ig activ	rities 🕨	25752	25752		
	10a	Gross sales of inventory,	ess				the state of the	
		returns and allowances	а		=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	La the
	b	Less: cost of goods sold	. b			32, 7, 7, 7		
	_ c	Net income or (loss) from sales or	invent		-9383	<del></del>	1 , = - 1 ,	1 . 7 . 2 . 6
	<u></u>	Miscellaneous Revenue	<u> </u>	Business Code	1 80 A		1-3-2:	1.7.6 5 3 6 2 4 3
	11a	ı			<del> </del>	<del> </del>	<del> </del>	
	b	·	••••			-	-	
	0	·		900099	242	313	-	+
	~	d All other revenue		300033	313	313		<del> </del>
	12	<ul> <li>Total. Add lines 11a-11d</li> <li>Total revenue. See instructions</li> </ul>			159316	<del> </del>	1	<u> </u>
		, Jan 10 tottato, Obb ilipitationis			, ,,,,,,,,,	70000	<u> </u>	. 1

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Do not include amounts reported on lines 6b. Program service Fundraising Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and 1667 1667 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 26677 26677 the U.S. See Part IV, line 22 . . . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . 12672 Benefits paid to or for members . . . Compensation of current officers, directors, 917 917 trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28770 28770 Other salaries and wages , . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . 1000 1000 Other employee benefits . . . . . 2691 2691 Payroll taxes . . . . . . . 10 Fees for services (non-employees): 11 **b** Legal , , 2565 2565 c Accounting . . .  ${f d}$  Lobbying . . . . . . . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . 12 Advertising and promotion. 5077 1407 3670 13 Office expenses . . . 14 Information technology . . . Royalties . . . . . . . 15 11519 9376 <del>2</del>143 16 Occupancy . . . . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3344 3344 19 Conferences, conventions, and meetings . 1667 1667 20 12229 12229 Payments to affiliates . . . . 21 34077 23854 10223 22 Depreciation, depletion, and amortization. 13610 11568 2042 23 Insurance L: SE 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) **Permits** 410 410 915 Officer Tuxedos for Elk rituals 915 909 909 Youth events--project expenses Veteran's events 980 980 ď 1124 1124 All other expenses ..... Total functional expenses. Add lines 1 through 24f 162820 108389 54431 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . .

Pari	t X	Balance Sheet		<del>-</del>	
			(A) Beginning of year		(B) End of year
$\Box$	1	Cash—non-interest-bearing	19668	1	15881
	2	Savings and temporary cash investments	119080	2	156278
	3	Pledges and grants receivable, net		3	
	ა 4	Accounts receivable, net	5305	4	6491
		Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
	5	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20601	8	24240
٩	9		1684	9	845
	10a	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1316835			, -,
	h	Less: accumulated depreciation 10b 1030067	326230	10c	286768
- 1	11	Investments—publicly traded securities		11_	
	12	Investments—other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	492568	16	490503
_			45725		55820
	17	Accounts payable and accrued expenses		18	
	18	Grants payable	04270	19	85593
1	19	Deferred revenue		20	
<b>6</b>	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	( + + - We	*\$k:	G 7 2 -19-
員	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		1	
ᆵ		persons. Complete Part II of Schedule L		22	<u> </u>
_		·		-	86140
l.	23	Secured mortgages and notes payable to unrelated third parties		24	301.10
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
	25 26	Total liabilities. Add lines 17 through 25			227553
es	20	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
JUC	07	•	254365	27	236979
Sak	27 28	Unrestricted net assets	42000		25971
- B	i			29	
Net Assets or Fund Balanc	29	Permanently restricted net assets			1
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
e	33	Total net assets or fund balances	266454		262950
Z	34	Total liabilities and net assets/fund balances	492568	+	490503

Par	t XI Financial Statements and Reporting			,			
			Yes	No			
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
2a	Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a	<b>✓</b>				
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		,	!			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	<b>√</b> स्वरक्षक	1960 SG-N			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both						
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. 2009
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC. 39 : 1735837 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements . . . . 2b b Total acreage restricted by conservation easements . . 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Р	ao	e	2

Par	III Organizations Maintaining C	ollections of Art, Hi	storical Treasures	, or Other Similar	Assets (continued)
	Using the organization's acquisition, according the organization's acquisition, according that apply).	ession, and other recoi	rds, check any of the	e following that are a	significant use of its
а	Public exhibition	d	Loan or excha	ange programs	
b	Scholarly research	е	Other		
C	Preservation for future generations				
4	Provide a description of the organization Part XIV.	's collections and expl	lain how they further	the organization's e	xempt purpose in
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as pa	art of the organization	's collection?	
Par	Escrow and Custodial Arran IV, line 9, or reported an amou			nswered "Yes" to F	orm 990, Part
					not Yes No
þ	If "Yes," explain the arrangement in Part	XIV and complete the	following table:		
				<del>                                     </del>	Amount
	Beginning balance			. 1c	
	Additions during the year			.   1d	<del></del>
е	Distributions during the year			1e	
	Ending balance			. 1f	<del></del>
b	Did the organization include an amount if "Yes," explain the arrangement in Part	XIV.			. LYes No
Par					
	(a)	Current year (b) Prio	r year (c) Two years	back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	<del></del>			
b	Contributions				
С	Net investment earnings, gains, and losses				
ď	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f g	Administrative expenses End of year balance				
2	Provide the estimated percentage of the	year end balance held	d as:		
а	Board designated or quasi-endowment	▶ %			
b	Permanent endowment ▶ 9	6			
С	Term endowment ▶ %				
3а	Are there endowment funds not in the post organization by.	ssession of the organiz	ation that are held ar	nd administered for th	Yes No
	(i) unrelated organizations				3a(i)
					3a(ii)
b	If "Yes" to 3a(ii), are the related organiza				. 3b
4	Describe in Part XIV the intended uses of				<u></u>
Par	t VI Investments—Land, Buildir	ngs, and Equipment	t. See Form 990, P	art X, line 10.	
	Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreclation	(d) Book value
1a	Land	13119	<u> </u>	学的"美国"的"	13119
b	Buildings	779781		578012	201769
С	Leasehold improvements				<del></del>
d	Equipment	473153		433051	40102
<u>e</u>	Other	50782		19004	31778
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X,	, column (B), line 10(c)	).) <b>. .</b> ▶	286768

Schedule D (LOIL		0.5 000 5.43	4.140	. ago 🕁
Part VII	Investments—Other Securities			
(a) De: (ı	scription of security or category including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ration arket value
Financial deri	vatives			
Closely-held	equity interests			
Other				
				·····
				<del></del>
				<del></del>
		<u> </u>	<u> </u>	
			<del></del>	
F. 1. 1 (O. 1 (A.)				
	must equal Form 990, Part X, col. (B) line 12.)	d Con Francisco Daniel	COLUMN AND AND A SECTION OF THE PROPERTY OF TH	
Part VIII	Investments—Program Relate			
(a) l	Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	uation arket value
			-	
		<del></del>		
				<del></del>
<del></del>				
-				<del></del>
			-	
Total, (Column (b)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
<del></del>		(a) Description		(b) Book value
Total. (Colum	n (b) must equal Form 990, Part X, col.		<u> </u>	
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal inco	me taxes			
		<del> </del>		
		<u></u>		
Tatal (Caluma h	) must equal Form 990, Part X, col. (B) line 25.)	1		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

che	dule D (Form 990) 2009			Page <b>4</b>
aı	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tate	me	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		159316
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	┷-	162820
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	$\perp$	-3504
4	Net unrealized gains (losses) on investments	4	$\perp$	
5	Donated services and use of facilities	5	_	
6	Investment expenses	6	$\bot$	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8	_	
9	Total adjustments (net). Add lines 4 through 8	9	1	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-3504
-a	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e p	er i	
1	Total revenue, gains, and other support per audited financial statements	3.4°	<b>1</b> 8년대	667916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	<b>一</b> 煙		
b	Donated services and use of facilities	_		
C	Recovenes of prior year grants	- 13		
d				
е	Add lines 2a through 2d	H	2e	508600
3	Subtract line 2e from line 1	- A-	3	159316
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	鬉		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIV.)	120		
C	Add lines 4a and 4b	$\vdash$	4c   5	450040
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			159316
		<u>5e5</u>	pe	671420
1	Total expenses and losses per audited financial statements		暴鞋	071420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities 2a			
a	Donated services and use of facilities	- 3		
b	Filor year adjustments			
C	Other losses	00		
d	Other (Describe III Fart Aiv.)		2e	508600
	Add lines 2a through 2d	<u> </u>	3	162820
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>		
-		100		
	Ab			
þ	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5	162820
Pa	rt XIV Supplemental Information	_		
Con	applete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a part to provide any additional information.			
	ect expenses related to fundraising, gambling, and sales of inventory are netted against the			
				• • • • • • • • • • • • • • • • • • • •
			En	d of Schedule D

#### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding** Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions Employer Identification number Name of the organization 1735837 BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC 39 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants a ✓ Mail solicitations e l f Solicitation of government grants b Internet and email solicitations g \( \subseteq \) Special fundraising events □ Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? LYes VII No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have (iv) Gross receipts (vi) Amount paid to (i) Name of individual (ii) Activity (or retained by) organization custody or control of from activity or entity (fundraiser) contributions? col (i) Yes No NONE 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing **WISCONSIN** 

Pa	rt II	Fundraising Events. Comore than \$15,000 on F				
			(a) Event #1 FOOD STAND (event type)	(b) Event #2  MEMBER DINNERS  (event type)	(c) Other events 35 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts		13446	34848	57755
_	3	Gross income (line 1 minus line 2)	9461	13446	34848	57755
	4	Cash prizes			3516	3516
	5	Noncash prizes			<u> </u>	
nses	6	Rent/facility costs			8855	8855
Direct Expenses	7	Food and beverages	6467	9876		16343
irect	8	Entertainment		incl above		
L	9	Other direct expenses			15984	15984
	10 11	Direct expense summary. Ad Net income summary. Comb	oine line 3, column (d), a	nd line 10		( 44698) 13057
Pa	art li	Gaming. Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	, or reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue		29030		29030
sesus	2	Cash prizes		NETTED ABOVE		
EXP	3	Noncash pnzes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .		3278		3278
	6	Volunteer labor	☐ Yes% ☐ No	✓ Yes%  No	☐ Yes% ☐ No	
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		( 3278)
	8	Net gaming income summar	y. Combine line 1, colu	mn d, and line 7	<u> </u>	25752
_	a Is	nter the state(s) in which the organization licensed to o "No," explain:	-	-	es?	Yes No
	if D	ere any of the organization's "Yes," explain:  oes the organization operate the organization a grantor, b	gaming activities with n	onmembers?		11 🗸

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Page	٠

					Yes	No
3	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a	100 %			
Ь	All outside facility	13b	%_			
4	Enter the name and address of the person who prepares the organization's gaming/s and records:	pecia	al events books	63. A		
	Name ► MICHAEL TOMSYCK, LODGE TREASURER					
	A1A SCOTT STREET WALISALL WI SAA01					
	Address > 414 30011 31KE21, WABSAG, WI 34401	<b>-</b>				
5a	Does the organization have a contract with a third party from whom the organization revenue?	ion r	eceives gaming	15a		\ \
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ amount of gaming revenue retained by the third party $\blacktriangleright$ \$		and the			
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ▶					
16	Gaming manager information:					
	Name ▶ BOARD OF TRUSTEES OF ORGANIZATION					
	Gaming manager compensation ▶ \$0					
	Description of services provided ► PULLTAB ORDERING, RECONCILIATION, & CA	SH D	EPOSITS			
	☑ Director/officer ☐ Employee ☐ Independent contractor					
17	Mandatory distributions:					
а	is the organization required under state law to make charitable distributions from the	gam	ing proceeds to			
	retain the state gaming license?			17a		<b>V</b>
b 	Enter the amount of distributions required under state law to be distributed to other or spent in the organization's own exempt activities during the tax year ▶ \$	exem	pt organizations			
			Sahadula G (Form	000 05	000.57	Z) 200

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public

ŝ Employer Identification number 1735837 33 Part I General Information on Grants and Assistance BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC.

[				Φ,
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use
1 Does the organization maintain records to substantiate the	the selection criteria used to award the grants or assistance	2 Describe in Part IV the organization's procedures for monito	Part II Grants and Other Assistance to Governments	ipien

Part IV and Schedule I-1 (Form 990) if additional	-1 (Form 990) if		space is needed				<b>△</b>
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						:	
	1(c)(3) and govern	ment organizations					0
3 Enter total number of other organizations	anizations .						0000 1000

Schedule I (Form 990) 2009

Cat No 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1. CLOTHING & FOOD TO NEEDY FAMILIES					
AT CHRISTMAS	80	,	8728	8728 PURCHASE COST	CLOTHING & FOOD
2. INSTALLED WHEELCHAIR RAMPS AT HOMES					
OF DISABLED INDIVIDUALS	9		12860	12860 COST OF MATERIALS	RAMPS INSTALLED AT HOMES
3. SCHOLARSHIPS AND AWARDS CEREMONY	თ	3600	499	COST OF FOOD	MEALS AT AWARDS CEREMONY
4. FEES TO ATTEND RESPID CENTER	-	066			
Part IV Supplemental Information. Complete this par	ete this part to pr	ovide the information	on required in Part	t to provide the information required in Part I, line 2, and any other additional information.	additional information.
FOR GRANT PROGRAMS NOTES ABOVE:					
1. ELIGIBILITY IS DETERMINED BY THE LOCAL SALVATIO	SALVATION ARM	r. THE PROGRAM C	OSTS ARE DIRECT	LY PAID FOR BY THE OF	N ARMY. THE PROGRAM COSTS ARE DIRECTLY PAID FOR BY THE ORGANIZATION AND THE CLOTHING

- AND FOOD IS DELIVERED TO THE FAMILIES DIRECTLY BY ELK MEMBERS
- 2. ELIGIBILITY IS DETERMINED BY LOCAL FAITH IN ACTION GROUP, WHO FORWARDS NAMES TO THIS ORGANIZATION. THE PROGRAM COSTS ARE DIRECTLY PAID FOR BY THE ORGANIZATION AND THE RAMPS ARE CONSTRUCTED AND INSTALLED UNDER THE DIRECTION OF ELK MEMBERS.
- 3. AWARD CONSIDERATIONS ARE DOCUMENTED AND A COMMITTEE REVIEWS THE APPLICATIONS AND CHOOSES THE WINNERS
- 4. THE ELIGIBILITY FOR A DISABLED INDIVIDUAL TO ATTEND THE RESPID CENTER IS DETERMINED BY THE MANAGEMENT OF THAT CENTER. ALL INDIVIDUALS IN THE WAUSAU, WI AREA THAT QUALIFY HAVE THE FEE PAID FOR; IT IS DISBURSED DIRECTLY TO THE RESPID CENTER.

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

► Attach to Form 990. Name of the organization BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC.

Employer identification number 39 1735837

EXPLANATIONS OF FORM 990, PART VI "GOVERNANCE, MANAGEMENT, AND DISCLOSURE"
QUESTIONS 6 and 7a- The dues-paying members elect the officers and trustees that comprise the Board of Governors
(the "governing body") in either an annual election or as vacancies arise during the year.
QUESTION 7bThe dues-paying members approve the annual budget at the second membership meeting in April.
QUESTION 8bThe practice of the organization is to encourage, but not mandate that minutes of committee meetings
be documented.
QUESTION 11aCopies of the filed Form 990 are provided to members of the governing body and a review will be
conducted at the December 2010 meeting of the Board of Governors.
QUESTION 19No such documents are available to the public.

\*\* COPY \*\*

Application for Extension of Time To File an Exempt Organization Return

Internal Revenue				
• If you are Do not comp	filing for an Automatic 3-Month Extension, complete only Part I and check this be filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II tolete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 previously	of this form).	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies ne	eded).		
Part I only .		,		▶ □
time to file ii	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.			
one of the r electronically returns, or a	<b>Filing (e-file).</b> Generally, you can electronically file Form 8868 if you want a 3-month a eturns noted below (6 months for a corporation required to file Form 990-T). How if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed a pre details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ons 990-BL, and signed	cannot file Fo , 6069, or 887 page 2 (Part II)	rm 8868 '0, group ) of Form
Type or	Name of Exempt Organization	Employe	r identification	number
print	BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC.	39	17358	37
File by the due date for filing your	Number, street, and room or suite no. If a PO box, see instructions 414 SCOTT STREET			
return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUSAU, WI 54403		-	
Check type	of return to be filed (file a separate application for each return):			
☑ Form 99			Form 4720	
☐ Form 99			Form 5227	
☐ Form 99		[	☐ Form 6069	
☐ Form 99	· · · · · · · · · · · · · · · · · · ·	ī	 Form 8870	
Telephone If the orga If this is for the whole a list with the	No. ► ( 715 ) 845-5602 FAX No. ► ( 715 ) 840 Anization does not have an office or place of business in the United States, check the or a Group Return, enter the organization's four digit Group Exemption Number (GEN te group, check this box ►	is box . I)	. If this	ach
until for the	NOVEMBER 15 , 20 10 , to file the exempt organization return for the organization organization's return for:			
	calendar year 20or tax year beginning	ARCH 31	, 20	10
2 If this	tax year is for less than 12 months, check reason:   Initial return  Final return	☐ Chanç	ge in accountin	ng period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative try nonrefundable credits. See instructions.	1 -	3a \$	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ents made. Include any prior year overpayment allowed as a credit.		3b \$	
c Balandepos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	ent 🏥	3c \$	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

for payment instructions.