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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 04-01-2010, and ending 03-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: BENEVOLENT & PROTECTIVE ORDER ELKS 693. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 693. City or town, state or country, and ZIP + 4: WISCONSIN RAPIDS, WI 54495

D Employer identification number: 39-0159970. E Telephone number: (715) 423-1930. F Group Exemption Number: 1156

G Accounting method: [ ] Cash [X] Accrual Other (specify) \_\_\_\_\_

I Website: N/A

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

J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(8) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$102,408

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) includes contributions, program service revenue, membership dues, investment income, gaming and fundraising events, and total revenue of 76,627. Expenses section (lines 10-17) includes grants, benefits, salaries, and other expenses, totaling 84,443. Net Assets section (lines 18-21) shows a deficit of 7,816 and ending net assets of 290,256.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	46,471	<b>22</b> 50,398
<b>23</b> Land and buildings . . . . .	20,000	<b>23</b> 20,000
<b>24</b> Other assets (describe in Schedule O) . . . . .	244,767	<b>24</b> 230,329
<b>25 Total assets</b> . . . . .	311,238	<b>25</b> 300,727
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	13,166	<b>26</b> 10,471
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	298,072	<b>27</b> 290,256

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this 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?

PROVIDE FELLOWSHIP TO MEMBERS AND SERVICE TO COMMUNITY

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

<b>28</b> PROVIDE SERVICE TO COMMUNITY (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) questions 33-44d regarding organizational activities, tax reporting, and financial accounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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"

Table with 3 columns: (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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No












Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section containing signature of officer (\*\*\*\*\*), date (2011-06-01), and name/title (JAMES WALSH JR PRESIDENT).

Paid Preparer's Use Only section containing preparer's signature (SUE WILLE CPA), date (2011-06-15), firm's name (LIGMAN & WILLE CPA LLC), address (2804 POST ROAD, STEVENS POINT, WI 544816415), EIN, and phone number ((715) 341-3232).

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

**Additional Data****Software ID:****Software Version:****EIN:** 39-0159970**Name:** BENEVOLENT & PROTECTIVE ORDER  
ELKS 693**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
MALCOLM HEIN  7740 S PARK ROAD LOT 400 7740 S PARK ROAD LOT 400 WISCONSIN RAPIDS, WI 54484	VICE PRESIDE 4 00	0		
JAMES WALSH  951 16TH STREET SOUTH 951 16TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	PRESIDENT 4 00	0		
ROBERT BERG  931 BRENTWOOD DRIVE 931 BRENTWOOD DRIVE PORT EDWARDS, WI 54469	SECRETARY 4 00	0		
JAMES CAPTAIN  7021 64TH STREET SOUTH 7021 64TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	TREASURER 4 00	0		
RONALD BOHN  3311 48TH STREET SOUTH 3311 48TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	TRUSTEE 1 00	0		
ALLEN KUMM  3592 COUNTY ROAD Q 3592 COUNTY ROAD Q WISCONSIN RAPIDS, WI 54495	TRUSTEE 1 00	0		
PAUL WEIMER  1441 IRVING STREET 1441 IRVING STREET WISCONSIN RAPIDS, WI 54494	TRUSTEE 1 00	0		
WALTER S MCCAUGHNA  370 12TH AVENUE SOUTH 370 12TH AVENUE SOUTH WISCONSIN RAPIDS, WI 54495	TRUSTEE 1 00	0		
JACK HOBBIK  1410 48TH STREET NORTH 1410 48TH STREET NORTH WISCONSIN RAPIDS, WI 54494	TRUSTEE 1 00	0		
GEORGE L BURES  341 14TH STREET SOUTH 341 14TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	TRUSTEE 1 00	0		
DIANE KRAMER  7167 STATE HWY 13 7167 STATE HWY 13 PITTSVILLE, WI 54466	TRUSTEE 1 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

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.  
▶ Attach to Form 990 or 990-EZ.**

**Name of the organization**  
BENEVOLENT & PROTECTIVE ORDER  
ELKS 693

**Employer identification number**  
39-0159970

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	LICENSE REFUND 10,000 PECFA REIMBURSEMENT 2,480 REBATES 552 SALE OF SCRAPPED EQUIPMENT 335 TOTAL 13,367

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	LOCAL CHARITIES LOCAL CHARITIES MAIN STREET 5,166 0 MAIN STREET 0 WISCONSIN RAPIDS, WI 54495

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	BAR AND DINING ROOM LAUNDRY & LINEN 450 LICENSES 915 SALES TAX PAID 55 EQUIPMENT RENTAL 823 CASH SHORT (OVER) -208 EXPENSES PUBLICITY & PHOTOGRAPHY 222 GRAND LODGE SUPPLIES 132 OFFICE SUPPLIES 666 CONVENTIONS 1,779 INSURANCE 4,674 LODGE SUPPLIES 718 SECRETARY/TREAS 1,128 OFFICER SUPPLIES 155 PER CAPITA - NATIONAL 2,282 PER CAPITA - STATE 652 DIGNITARY EXPENSES 375 AWARDS/MEMORIALS 121 BANK CHARGES 31 GRAND LODGE FEES/FINES 500 LODGE ACTIVITIES EXPENSE 432 CONTRACT SERVICES 19,810 TOTAL 35,712

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	NOTE RECEIVABLE - BUILDING 50,000 50,000 INVENTORIES FOR SALE OR USE 2,166 1,911 EQUIPMENT 197,569 203,441 LESS ACCUMULATED DEPRECIATION 4,968 25,023 TOTAL 244,767 230,329

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 10,052 8,285 OTHER LIABILITIES 3,114 2,186

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	PROVIDE SERVICE TO COMMUNITY

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

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

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for property details and calculations.

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

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

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for asset details.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

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

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

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

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

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

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

**26** Property used more than 50% in a qualified business use. Table with columns for percentage.

**27** Property used 50% or less in a qualified business use. Table with columns for percentage and S/L.

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

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

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

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

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

Table for Section C with columns Yes/No. Rows include 37-41 regarding policy statements and requirements.

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

**42** Amortization of costs that begins during your 2010 tax year (see instructions)

**43** Amortization of costs that began before your 2010 tax year **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report **44**

# TY 2010 Compensation Explanation

**Name:** BENEVOLENT & PROTECTIVE ORDER

ELKS 693

**EIN:** 39-0159970

Person Name	Explanation
MALCOLM HEIN	
JAMES WALSH	
ROBERT BERG	
JAMES CAPTAIN	
RONALD BOHN	
ALLEN KUMM	
PAUL WEIMER	
WALTER S MCCAUGHNA	
JACK HOBICK	
GEORGE L BURES	
DIANE KRAMER	