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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

4/1/2013 and ending 3/31/2014 For the 2013 calendar year, or tax year beginning C Name of organization WISCONSIN ELKS BENEVOLENT FUND D Employer identification number Check if applicable Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) 39-1744936 Name change E Telephone number ZIP code Initial return City or town (262) 728-6422 53115-0267 WI ELAVAN Ferminated Foreign province/state/county Foreign postal code Foreign country name G Gross receipts \$ 2,779,434 Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Nο Application pending DAVID MADSON 1518 N 20TH ST, SHEBOYGAN, WI 53081-2201 H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status. Website: ► N/A H(c) Group exemption number ▶ L Year of formation X Corporation Association Other ▶ M State of legal domicile K Form of organization Trust 1993 WI Part I Summary Briefly describe the organization's mission or most significant activities: TO FURTHER CHARITABLE, EDUCATIONAL, AND BENEVOLENT ACTIVITIES PROVIDING AID TO THE SICK, DISABLED, YOUTH AND UNFORTUNATE Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b). . . 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 10 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 220,332 Contributions and grants (Part VIII, line 1h) . . . 224,538 0 65,601 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 341,588 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 285,933 566,126 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 291.930 299,840 13 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 21,821 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 314.862 321,661 Revenue less expenses. Subtract line 18 from line 12. -28,929 19 244,465 of Current Year **End of Year** Assets (Balanc 1.588.933 1.833,399 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22 1,588,933 Net assets or fund balances. Subtract line 21 from line 20 1,833,399

Signature Block Part II Under penalties of penury, 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 prepaper (other than officer) is based on all information of which preparer has any knowledge

Sign Here	" Full	Minnen		8/10/14
	Signature of officer			Date
	▲ KEITH SIMMONS		SECY/TREAS	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	

Paid **Preparer** Richard H. Bruss C.P.A **Use Only** 7915 W. Appleton Ave.

Check X

May the IRS discuss this return the pr53218 hown above? (see instructions) . . .

No Form 990 (2013)

Form 9	90 (2013)	WISCONSIN ELKS BENEVOLENT FUND	39-1744936	Page Z
Pa	rt III	Statement of Program Service Accomplishments		<u> </u>
		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· <u>L</u>
1	Briefly	describe the organization's mission:		
•	•			
	CUARI	TY		
2	Did the	organization undertake any significant program services during the year which were not listed on	[V] v	
		or Form 990 or 990-EZ?	X Yes	∐ No
		" describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		_
	service	s?	· · L Yes	X No
	If "Yes.	" describe these changes on Schedule O.		
4	Descrit	be the organization's program service accomplishments for each of its three largest program servi	ces, as measured	d by
•	expens	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to oth	ners,
		al expenses, and revenue, if any, for each program service reported.		·
	נווט נטנט	in expenses, and revenue, in any, is each program estates repenses.		
	(O a d a a) (Expenses \$ 299,840 including grants of \$) (Revenue	- S	<u> </u>
4a	(Code:	NEXT TO WISCONSIN ELKS ASSOCIATION FOR WORTHWHILE CHARITABLE PROGRA	WE INCLUDING	DDIIG
	PAYME	NIS TO WISCONSIN ELKS ASSOCIATION FOR WORTHWHILE CHARTABLE PROGRA	INCLUDING	העהק
		ENESS, YOUTH ACTIVITIES AND SCHOLARSHIPS, VETERANS ORGANIZATIONS		
		CANISM AND COMMUNITY PROGRAMS, AND DISEASE PREVENTION AND RESEARCH		

		••••••		
			*	
41.	<u> </u>	\/Company C including groups of C \/Payonu	- C	· · · · · ·
4b) (Expenses \$ including grants of \$) (Revenue		

		•••••••••••••••••••••••••••••••••••••••		
4c	(Codo:) (Expenses \$ including grants of \$) (Revenue	e \$	<u> </u>
46	(Code.) (Expenses w) (November 2)	οΨ	/

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4 .1	O46	rogram services. (Describe in Schedule O.)		
4d			0.)	
	(Expens	ses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4 -	0.0	narom conuce expenses - /WY XAII		

<u>.</u>	Ollowing of Rodainer Collocation		Yes	No
4	In the constitution described in continue 501/o/(2) or 4047/o/(1) (ether than a private foundation)? If "Yes "		162	-140
1		1	x	
2	·	2	<u> </u>	Х
3				
•		3]	Х
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V . If 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 other liabilities in Part X, line 25? If "Yes," complete Sch			X
6	,	1		
	∀ :			
-		6		<u>X</u>
7		7	ŀ	х
8		-		^
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		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		,	ı
		? <i>(</i> 2.	· .	,
а		l		
		11a		<u> </u>
D	· ·	446		~
_	·	11b		_X_
·		11c		Х
d				
		11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a				
		12a	_X	
D		40.	ľ	v
13		12b	-	X
		13 14a		<u>^</u>
				<u>^</u>
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	{	Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	the state of the s		l	
	·	16		<u>X</u>
17	· , , , , , , , , , , , , , , , , , , ,	ا ا	- 1	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
. •	If "Yes," complete Schedule G, Part III	19	- 1	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- +	$\frac{\hat{X}}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	Checklist of Required Schedules (Continued)		Yes	No
	O' Life and a life and the second and the COO of greats or other againstance to any democile organization or	Γ	168	110
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	-		
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- 1	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	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 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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?	24d		
25a	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	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	İ		
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any]		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	P	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		17 34	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	# E	ر X
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	20a		
D	Schedule L, Part IV	28b		Χ
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
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		Χ
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		v
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	+	<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	ļ	Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 	1	
38	192 Note: All Form 990 filers are required to complete Schedule O	38	_x	

Officer of Paragraphy Other IDS

Par	Check if Schedule O contains a response or note to any line in this Part V		. [X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ſ.		
b	Littor the manual repaired in a single property of the single proper	`	.	Ī
C			, -1.	
·		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		₹¹	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a		7	·
b	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. (see instructions)		.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	·	4a		X
b	If "Yes," enter the name of the foreign country:	aŭ.		l
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1 1		,
5a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 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 greated than 250, you may be required to e-file, (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. 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: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country: By If Yes, enter the name of the foreign country in the property in the during the type year. By If Yes, enter the name of the foreign country in the property in the property for which it was requir			X
b				X
C		<u>5C</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ا م	J	l
	organization solicit any contributions that were not tax deductible as chartable contributions?	ba	_X	\vdash
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h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.		Х	
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3	——————————————————————————————————————	-		
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С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	X I	

39-1744936

01111 000 (2010)	WICOCHOIN CENO BENEVOLENT TONS		
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 Schedu	ıle O. See instr	uct <u>ions</u>
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>	X
Section A. C	Governing Body and Management		

		_		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6	6 5									
	If there are material differences in voting rights among members of the governing body, or				4.51							
	if the governing body delegated broad authority to an executive committee or similar			r	1,1							
	committee, explain in Schedule O.		7 % 15 ° 4	4,								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	3	3, 100	30.0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	onship with	-18-0		(:)							
	any other officer, director, trustee, or key employee?		2	-	X							
3	Did the organization delegate control over management duties customarily performed by or unc	der the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or of		3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?		6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?		7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb											
-	stockholders, or persons other than the governing body?		7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertain		85.0 c									
•	the year by the following:											
а	The governing body?		8a	'x	1, 3 <u>4</u> 1							
b	Each committee with authority to act on behalf of the governing body?		8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot to		1									
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х							
Sect	ion B. Policies (This Section B requests information about policies not required by the I											
			340.7	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of su											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b									
11a		• •	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				•							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Χ							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"										
	describe in Schedule O how this was done		12c									
13	Did the organization have a written whistleblower policy?		13		X							
14	Did the organization have a written document retention and destruction policy?		14		X							
15	Did the process for determining compensation of the following persons include a review and ap	proval by	5. 1	, i .	1 7 9 1							
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on and decision?	107 -	50	41.							
а	The organization's CEO, Executive Director, or top management official		15a	`								
b	Other officers or key employees of the organization		15b									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		2600 1	91,	7 1							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement	1 2	* 0	(\mathbb{Z}_+)							
	with a taxable entity during the year?		16a	_	_ '							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its	323	1.5								
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard	12.5	17	, ,							
	the organization's exempt status with respect to such arrangements?		16b									
Sect	ion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► WI											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	only)								
	available for public inspection. Indicate how you made these available. Check all that apply.	•		• •								
	Own website Another's website X Upon request Other (ex	plain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest	policy,	and								
	financial statements available to the public during the tax year.	•										
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	!									
	organization: KEITH A. SIMMONS	(262) 728-64	22									
	608 PARK AVE, DELAVAN, WI 53115											

744936

WISCONSIN ELKS BENEVOLENT FUND

Form 990 (2013) Part VII

Compensation of Officers, Directors,	i rustees, key	cmployees, mi	gnesi	Pombe
Employees, and Independent Contrac	tors			

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Page 7

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

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.

- 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, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization not a	T T T T T T T T T T T T T T T T T T T	1			_	30100	<u> </u>	y carrein omeer	Tancolor, or trus	
	1	[-	C)					
/A\	(B)	/do 5	not ch		ition	e than c		(D)	(E)	(E)
(A) Name and Title	Average					is both		Reportable	(E) Reportable	(F) Estimated
North and This	hours per	office	er an	dad	lirect	or/talet		compensation	compensation	amount of
	week (list any	익글	3	Q	<u>×</u>	eg Hg	ь	from	from related	other
	hours for related	줮춫	\(\frac{\pi}{2} \)	Officer	y e	npic Pices	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	[중 필	ᅙ	٦	를	st o	4	(W-2/1099-MISC)	(**-231000- v 00) 	organization
	below dotted	ੈ ਛੋ:	<u>a</u>		%	" ≝				and related
	line)	Si e	脲		Ф	9				organizations
		Individual trustee or director	ee			Highest compensated employee				
				L		۵				
(1) DAVID MADSON	3.00									
PRESIDENT/DIRECTOR		Х	<u> </u>	X	<u>L</u> .			0	0	0
(2) DAVID DEROSIER	3.00				l			_		
VICE PRES./DIRECTOR		Х		Х		L1		0	0	0
(3) KEITH A SIMMONS	5.00									
SECRETARY/TREAS		Х		Х				0	0	0
(4) PAT BUCK	1.00									
DIRECTOR		Х				1 1		o	o	0
(5) MYRON SHANNON	1.00									<u>~</u>
DIRECTOR		x			i	1 1	ľ	O	ol	0
(6)	1.00		_			├─ ┪	\neg			
	1.00					ĺ				
(7)				-			\dashv			
.(7)										
/0\				-	_		\dashv			
(8)						[ſ			
(0)			Н				\dashv			
(9)										
(40)			\vdash	\dashv			\dashv			
(10)							- 1			
					_					···
(11)			-	- 1						
			_		_		_			
(12)			- [
			_		_		_			
(13)										
]					
(14)		I	I	I		T				
		. 1				1				

Form	990 (2013)	WISCONSIN ELKS BENEVO	LENT FUND									39-17 <u>4</u>	4936	Pa	age {
P	art VII	Section A. Officers, Directors, T	rustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employe	es (co	ntinue	ed)	
	(A) Name and title		(B) Average hours per	box,	unles er and	Pos eck s pe	rson Irrect	e than is both	an (ee)	Reportable compensation	(E) Report compens from rei	able sation	ar	(F) stimated nount of other	
			week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	com fr org an	pensation the anization direlate	on ed
(15)														-	
(16)												-			
(17)													-		
(18)															
(19)															
(20)															
(21)									-						
(22)															
(23)														-	
(24)															
(25)															
1b	Sub-total				-	-			•	0		0			C
c d	Total (add	n continuation sheets to Part VII, d lines 1b and 1c).	<u> </u>						▶	0	· · · · · · · · · · · · · · · · · ·	0			0
2	Total num	ber of individuals (including but not e compensation from the organizatio	limited to those	listed	ab	ove 0) wt	no red	ei\	ved more than \$1	00,000 c	of			
3		ganization list any former officer, di on line 1a? <i>If "Yes," complete Sche</i>					yee 	, or h	igh	est compensate	d 		'^_1	Yes	No X
4	For any in	dividual listed on line 1a, is the sum ization and related organizations gre	of reportable co	mpe	nsa	tion							4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
5		erson listed on line 1a receive or access rendered to the organization? If "										. [क्र _ु हा 5	Mark	ر مِن الإدار مِن
Sec		ependent Contractors													
1		this table for your five highest compation from the organization. Report c											ı's tax		
		(A) Name and business add	ress							(B) Description of serv	ices	C	(C) ompens		
															0
								\dashv							0
			··												_ <u>0</u> 0
															0
2		ber of independent contractors (inclusion from the		ited t	o th	ose	list	ted al	oov	re) who received		Property of the second	ران پر دوار پرافزار دوار پرافزار	3-1-1-1 3-2-1	

		Check if Schedule O contain	s a response or	note to any line	in this Part VIII.	. <u></u>		· ·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	40			0	第1550条约克克	13. To d. 134 /	44. No. 1	1,22
st st	1a		i i	0	第 日本		6 7 mg Els 19	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	·	4,224			3	
s, G	C	Fundraising events			I to the second the state of the first	经的数据		
Gift	d	Related organizations		194,840	是是特別的		Free By	
JS,	е	Government grants (contribution		0		The State of		
tior er S	f	All other contributions, gifts, gra			系统方法的连续	Carlot State of the		
di H		similar amounts not included ab		25,474	有些国际的		(전) [전] 함	7.4
onti od (g	Noncash contributions included in li	ines 1a-1f: \$	0	man and water stratured	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ة ت	h	Total. Add lines 1a-1f	<u></u>	<u>.</u> >	224,538	多。初期的	of the same	
				Business Code		信证的证明。		17.4
Service Revenue	2a				Ö			
9	ь			-	0			
e e				,	0		L	
돌	C				0			
	d			-		 	<u> </u>	
Ε	е				0		ļ	
Program	f	All other program service revenue	· ·		0		4.4-	
۵.		Total. Add lines 2a-2f			0		1,	
	3	Investment income (including di						
		other similar amounts)			30,167			· · · · · · · · · · · · · · · · · · ·
	4	Income from investment of tax-e	exempt bond pro	ceeds►	0			
	5	Royalties	<u> </u>	<u> </u>	0			
	-	·	(ı) Real	(II) Personal	可以消費分號	对于第二次	- F 4 - 7 - C - 1	
	6a	Gross rents				医		And the same
	Ь	Less: rental expenses			A STATE OF THE STA	\$5 \$2 \$ S. T.		Extended to the second
		Rental income or (loss)	0	0				
	d	Net rental income or (loss)		•	\$10-21 15€ 1526 di	SALAMONAMENTEN STAN	1200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ^
	l~		(ı) Secunties	(II) Other	4.57 3.525 27.08	AND THE STATE OF T	6.25 (A. 3020)。 3	", ", ", ",
	7a							
	١.	assets other than inventory .	2,524,729	0		The Marian		
	b	Less: cost or other basis		_				(4), ·
		and sales expenses	2,213,308		The Land Control of the		Jac 2 - 3/2	
	C	Gain or (loss)	311,421	0	and the state of t	The state of the s		
	d	Net gain or (loss)		<u> </u>	311,421	25		
						The same of the sa	-7 , 5 · · · .	4
ne	8a	Gross income from fundraising			· 10 (1) (1)	富いが大力		
'en	1	events (not including \$	0			"是一个人 "		,
ě		of contributions reported on line	1c).					
r.		See Part IV, line 18	a	0			9 . 7	
Other Revenue	ь	Less: direct expenses	b	0		通知证明		
Ö		Net income or (loss) from fundra			0		1	
		Gross income from gaming activ			Charles and the same	10 10 10 10 10 10 10 10 10 10 10 10 10 1	+1	
	"	See Part IV, line 19		0	100		,	-
	L	Less: direct expenses		-		A COL	,	
		Net income or (loss) from gamir		•	0	·	'	,
			ig activities			,	;	
	10a	Gross sales of inventory, less	_	^		j		i
		returns and allowances		0		1,. 1,. 1, 2		
		Less: cost of goods sold		0	January San 🖳]:	-	
1	С	Net income or (loss) from sales	of inventory		0	ļ	ļ	
		Miscellaneous Revenue		Business Code				_
	11a				0			
1	b				0			
-	С				0			
	ď	All other revenue			0			
į	e	Total. Add lines 11a-11d	·		0	5		
	12	Total revenue. See instructions			566,126		0	0

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).

	Check if Schedule O contains a response or no	te to any line in this	Part IX	<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				Water that the Co
	organizations in the United States. See Part IV, line 21	299,840	299,840	では、は、ないでは、これに	Mark Control of the
2	Grants and other assistance to individuals in the			感觉的态度	
	United States. See Part IV, line 22	0			A STATE OF THE PROPERTY OF THE
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0		The Zana	
4	Benefits paid to or for members	_ 0		在可以被以多次的	12 Com 15 15
5	Compensation of current officers, directors,			,	
	trustees, and key employees	0			ļ
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0		,	
8	Pension plan accruals and contributions (include	-		··	
•	section 401(k) and 403(b) employer contributions)	l 0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	'Management	0			
a		0			
b	Legal	1,950		1.050	
Ç	Accounting	1,950	 	1,950	
ď	Lobbying	- 0		A44.0 802.050 150.0	<u> </u>
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees	18,303		18,303	<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	1,307			1,307
13	Office expenses	154		154	<u> </u>
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			<u></u>
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	107		107	
24	Other expenses. Itemize expenses not covered			學的學院主意	The state of the s
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			"是是我们的一个人	
	(A) amount, list line 24e expenses on Schedule O.)	學學是在自身的	公外不可以通过的		也可能是
a		0			
Ь		0			
C		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	321,661	299,840	20,514	1,307
26	Joint costs. Complete this line only if the				,,507
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶☐ if	İ			
	following SOP 98-2 (ASC 958-720)				

Form	n 990 (2	013) WISCONSIN ELKS BENEVOLENT	FUND			39-1744936 Page 11
	art X					
		Check if Schedule O contains a response of	or note to any line in this Par	tX		
				(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing		31,196		7,376
	2	Savings and temporary cash investments		13,525	2	161,521
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and				han han ha
		trustees, key employees, and highest compen Complete Part II of Schedule L	sated employees.		5	= -
	6	Loans and other receivables from other disqualified pers	ons (as defined under section	100 PM	,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		Man Taran	M.	, var
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary		- 5 ·	
र्घ		organizations (see instructions). Complete Part II of Scho	edule L		6	
Assets	7	Notes and loans receivable, net		_0	7	0
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	· · · · · · · · · · · · · · · · · · ·	1	100 mg 10	٠٠٠- يُ ني,	The state of the s
		other basis Complete Part VI of Schedule D	10a C			
	Ь	Less: accumulated depreciation	10b C	0	10c	0
	11	Investments—publicly traded securities		1,544,212	11	1,664,502
	12	Investments-other securities. See Part IV, lin		0	12	0
	13	Investments—program-related. See Part IV, li	ne 11	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must ed			16	1,833,399
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
S	22	Loans and other payables to current and form		一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一	ار از است. در از کار د	2 7 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		trustees, key employees, highest compensate	d employees, and		1-])) E- //	and the state of t
ğ		disqualified persons. Complete Part II of Sche	dule L		22	
ڐ	23	Secured mortgages and notes payable to unre	elated third parties	0	23	.0
	24	Unsecured notes and loans payable to unrelate	ted third parties	0	24	0
	25	Other liabilities (including federal income tax,	payables to related third			
	1	parties, and other liabilities not included on lin	es 17-24). Complete			
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	0	26	0
es		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33				
SE SE	27	Unrestricted net assets		1-22-1-24-15	27	
3a[s	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
or Fund Balances	"	•	F	50 1 2 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ř		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check here	The same of the sa		
8		· -	_	1 000 000		4 000 000
se	30	Capital stock or trust principal, or current fund		1,200,000	30	1,200,000
As	31	Paid-in or capital surplus, or land, building, or		200 000	31	000 000
Net Assets	32	Retained earnings, endowment, accumulated		388,933	32	633,399
~	33	Total net assets or fund balances		1,588,933		1,833,399
	34	Total liabilities and net assets/fund balances .		1,588,933	34	1,833,399

Form 9	990 (2013) WISCONSIN ELKS BENEVOLENT FUND	39-17449	36 Pag	_{je} 12
Par	t XI Reconciliation of Net Assets		_	
	Check if Schedule O contains a response or note to any line in this Part XI		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	566	,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	321	,661
3	Revenue less expenses. Subtract line 2 from line 1	3	244	,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,588	,933
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1		
_	column (B))	10	1,833,	,399
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		[
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	<u>2</u>	a X	
	X Separate basis Consolidated basis Both consolidated and separate basis	ر انجريا		,-
b	Were the organization's financial statements audited by an independent accountant?	2	ЬΧ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of [5		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			- 1012 - 2012
3a	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?	3	a	<u>x</u>
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		,	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name	of the	organization							Employe	r identificat	lion num	ber	
_		SIN ELKS BE	NEVOLENT FL	JND					1		744936		
Par		Reason	for Public Ch	narity Status (All org	anizatio	ns must o	complete	this par	t.) See ir	struction	ns.		
The o	rgar			lation because it is: (Fourther, or association of						i).			
2	П	A school des	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)							
3		A hospital or	r a cooperative	hospital service organi	ization de	scribed in	section	170(b)(1)	(A)(iii).				
4			esearch organizame, city, and st	ation operated in conju	unction wi	ith a hosp	ital descri	ibed in se	ction 170	D(b)(1)(A)	(iii). Er	nter the)
5		•	•	r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental ui	nit desc	ribed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit o	described	in sectio	n 170(b)(1)(A)(v).				
7	X	•		ly receives a substanti)(1)(A)(vi). (Complete	-	its suppo	rt from a	governme	ental unit o	or from th	e gene	ral pub	olic
8		A community	y trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete I	Part II.)						
9		receipts from support from	n activities relate n gross investme	ly receives: (1) more the doing to its exempt function on the income and unrelanter June 30, 1975.	ons—sub ted busin	ject to cer ess taxab	tain exce le income	ptions, ar (less sec	nd (2) no rection 511	more thar	33 1/3	% of it	
10		An organizat	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee sect io	n 509(a)(4).			
11 e f g		An organizate purposes of 509(a)(3). Comparison of the 509(a)(1) or lift the organization Since Augus following person of the organization A person and (ii) A familiani A 35% Provide the for supported	tion organized at one or more purheck the box that I b The This box, I certifier than foundation section 509(a)(contact and the content of the content of the controlled entition of the controlled entition on the controlled entitled entitle controlled entitle controlled e	and operated exclusive blicly supported organiat describes the type of that the organization on managers and other controls, a written determination the organization accessory or indirectly controls, werning body of the support of a person described ation about the support of	ely for the sizations of support ell Fund is not control from the control	benefit of described ing organi itionally in introlled d e or more e IRS that gift or con ne or toge organization (ii) above hization(s)	to perform to perform the problem of the performance of the performanc	m the fur 1 509(a)(1 1 d comple d	nctions of,) or section te lines 1 type III–No by one or I organiza II, or Typ of the described (vi)	or to car on 509(a) 1e throug on-function more dis tions des e III supp 	(2). Sec th 11h. conally in equalified corring	e section tegrated in section	ed ion
•		nization		(described on lines 1–9 above or IRC section (see instructions))		sted in your document?	col (i)	of your	(i) organi U	tion in col zed in the S?		support	·
A)					ies	No	162	No	Yes	No			_
B)									_				
C)													
D)													
E)							-					· · · ·	
							· ·					•	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	263,946	270,956	279,857	220,332		1,035,091
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	263,946	270,956	279,857	220,332	0	1,035,091
5	The portion of total contributions by each	党和政策的			是第5年的 T.		
	person (other than a governmental unit				14.50	3	
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)	加强洲华岛	第14年的		动脉系列的	第四个生产	
6	Public support. Subtract line 5 from line 4.	經濟議部	到秦汉 中国30年	不為然為	多數學 數据	質 うこうじょう	1,035,091
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	263,946	270,956	279,857	220,332	0	1,035,091
8	Gross income from interest, dividends,						
	payments received on securities loans,	l i					
	rents, royalties and income from similar						
	sources	46,360	60,164	46,345	48,799		201,668
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		·				
	(Explain in Part IV.)						. 0
11	Total support. Add lines 7 through 10.	一种加强的企	新聞作為	经背景的	が過ぎずるとは	成都在北京201	1,236,759
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						(3)
	organization, check this box and stop here						▶[]
Sect	ion C. Computation of Public Support	Percentage				· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (line 6,	column (f) divid	ed by line 11,	column (f))		14	83.69%
15	Public support percentage from 2012 Sched	dule A, Part II, I	ine 14			15	81.87%
16a	33 1/3% support test-2013. If the organize						
	and stop here. The organization qualifies a						
b	33 1/3% support test—2012. If the organize						
	box and stop here. The organization qualified	es as a publicly	supported org	janization			▶ 🔲
17a	10%-facts-and-circumstances test-2013	. If the organiza	ation did not ch	eck a box on li	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstance	es" test, check	this box and s	top here. Expla	ain in
	Part IV how the organization meets the "fact	ts-and-circumst	ances" test. Th	ne organization	qualifies as a	publicly suppor	ted
	organization						▶ □
b	10%-facts-and-circumstances test-2012						
	15 is 10% or more, and if the organization m						
	Part IV how the organization meets the "fact						•
	supported organization			_	•		▶□
18	Private foundation. If the organization did r						ـ -
. •	instructions				•		▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Guits, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receive from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, merchandise should be used to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513. 4 Tax revenues levels for the organization's benefit and either paid to or expended on its behalf. 5 behalf. 6 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines it through 5. 7 A mounts included on lines 2, and 3 received from disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year. 7 Add lines 7 and 7b. 8 Public support (Subtract line 7c from line 6.) 9 A mounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business table income (less securities for the unrelated business asabiles not included in line 10a, which are not the business is regularly carried on 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business targularly carried on 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Section 51 taxes) from businesses advives not included in line follow, whether or not the business is regularly carried on 10a Gross from the sale of capital assets (Explain in Part IV) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		tion A. Public Support						
received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's bax-exempt purpose. Gross receipts from admission that are not an unrelated trade or business under section 513. Tax revenues level for the organization's benefit and either paid to or expended on the organization without change or a continue of the organization without change or a continue of the organization without change or a continue of the organization without change or a continue of the organization without change or a continue of the organization without change or a continue of the organization without change or a continue of the organization without of naise 1, 2, and 3 received from disqualified persons is at accessed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7 and 7b. Public support (Guitract line 7c from line 6.) Amounts from line 8. O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2 Gross recopits from admissions, merchandese sold or services performed, or facilities furnished in any activity that is related to the organization's base and a many activity that is related to the organization's base and an activities that are not an unrelated trade or business under section 513. 4 Tax revenues leved for the organization's base and enther paid to or expended on its behalf. 5 The value of services or facilities farmated by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7 Amounts included on lines 1, 2 and 3 received from dequalified persons that received from dequalified persons that received from dequalified persons that received the greater of \$5.00 or 1% of the sensorut on line 15 for the year. 6 Add lines 7 and 7 b. 8 biblious support (Gubtract line 7 c from lines 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 Amounts from line 6. 9 O O O O O O O O O O O O O O O O O O	1							0
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Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))		·	<u>~_</u>	d. third. fourth. o	r fifth tax vear as	a section 501(c	:)(3)	
Public support percentage from 2012 Schedule A, Part III, line 15		First five years. If the Form 990 is for the organiza	tion's first, secon			•	:)(3) 	▶ 🗆
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	Sect	First five years. If the Form 990 is for the organization check this box and stop here ion C. Computation of Public Support I	tion's first, second	· · · · · · ·		· · · ·	:)(3)	▶ □
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Investment income percentage from 2012 Schedule A, Part III, line 17	15 16	First five years. If the Form 990 is for the organization organization, check this box and stop here tion C. Computation of Public Support I Public support percentage for 2013 (line 8, column Public support percentage from 2012 Schedule A, I	tion's first, second Percentage (f) divided by line Part III, line 15.	13, column (f))		[15	0 00% 0.00%
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Schedule A (Fo	rm 990 or 990-EZ) 2013	WISCONSIN	ELKS BENEVOLENT	FUND	39-1744936	Page 4
Part IV	Supplemental	Information.	Provide the explana	tions required by Part II,	line 10; Part II, line 17a or	17b,
	and Part III. line	e 12. Also com	nplete this part for ar	ny additional information.	(See instructions).	
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SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

Name	of the organization	Employer identification number
WIS	CONSIN ELKS BENEVOLENT FUND	39-1744936
Par	Organizations Maintaining Donor Advised Funds or Other Similar F	Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	8.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal cor	ntrol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	ant funds can be
	used only for charitable purposes and not for the benefit of the donor or donor adviso	r, or for any other
	purpose conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	•
•		n of an historically important land area
		n of a certified historic structure
		n or a continea motorio ciractare
_	Preservation of open space	ution in the form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	
_	easement on the last day of the tax year. Total number of conservation easements	***
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
C	Number of conservation easements on a certified instone structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on	
d	historic structure listed in the National Register	
2	Number of conservation easements modified, transferred, released, extinguished, or	
3	during the tax year	terminated by the organization
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservati	on easements during the year
•	>	3 ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	asements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nts of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reve	
	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.	
Par		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	<u>, </u>
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statement	s that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance
	of public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	se items:
а	Revenues included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	.> \$
	Described Reduction Act Notice and the Instructions for Form 990	Schodulo D (Form 990) 2012

Par		Organizations Maintaining	Colle	ctions of Ar	t, Histo	rical Tre	asures, or	Other S	Similar Assets	(contir	iued)	
3	Using	the organization's acquisition, a	access	sion, and othe	er record	s, check a	any of the fol	lowing the	nat are a significa	ant		
	use c	of its collection items (check all the	hat ap	ply):	_	7						
а		Public exhibition			d L	Loan	or exchange	program	ns			
b		Scholarly research			e	Othe	·					
С	\Box	Preservation for future generati	ions									
4	Provi	de a description of the organizat	tion's d	collections and	d explair	n how they	y further the	organiza	ition's exempt pu	rpose i	n	
5		ng the year, did the organization ts to be sold to raise funds rathe									es [] No
Par	V	Escrow and Custodial Arra	anger	ments.								
		Complete if the organization 990, Part X, line 21.			to Form	990, Pai	rt IV, line 9,	or repo	rted an amoun	on Fo	ırm	
1a	Is the	e organization an agent, trustee,	custo	dian or other i	intermed	liary for co	ontributions o	or other	assets not			
	inclu	ded on Form 990, Part X?								Y	es 🗌	No
b	If "Ye	es," explain the arrangement in P	art XII	II and complet	te the fo	llowing ta	ble:					_
									Α Α	mount		
С	_	nning balance						1c				(
d		ions during the year										
е		butions during the year										
f		ng balance										(
2a	Did th	ne organization include an amou	nt on	Form 990, Pa	ırt X, line	21?				Y₁	es X	No
b	If "Ye	s," explain the arrangement in P	art XII	II. Check here	e if the e	xplanation	has been pi	rovided i	n Part XIII		. [
Part	٧	Endowment Funds.					_					
		Complete if the organization	answ	vered "Yes" t	to Form	990. Par	t IV. line 10) <u>.</u>				
				Current year		nor year	(c) Two years		(d) Three years back	(e) F	our years	s back
1a	Begir	nning of year balance		0								-
b	_	ibutions								1		
C	Net ir	nvestment earnings, gains,								1		
		osses					<u> </u>			İ		
d	Grant	ts or scholarships										
е	Other	expenditures for facilities										
	and p	orograms								<u> </u>		
f	Admi	nistrative expenses										
g	End o	of year balance		<u> </u>		0		0	((
2		de the estimated percentage of t		rrent year end	d balance	e (line 1g,	column (a))	held as:			_	•
а		d designated or quasi-endowmer	nt	•	<u>%</u>							
þ		anent endowment	·	% .								
С	•	orarily restricted endowment	·	%								
_		percentages in lines 2a, 2b, and										
3a		nere endowment funds not in the	posse	ession of the	organiza	ition that a	are held and	adminis	tered for the			1
	_	ization by:								F	Yes	No
	(i)	unrelated organizations								3a(i)		
L	(ii)	related organizations								3a(ii)	igsquare	
b 4		s" to 3a(ii), are the related organ								3b	لِـــــا	l
4 Port		ribe in Part XIII the intended use			n's endo	wment tui	nas.					
Part	VI	Land, Buildings, and Equip				000 D	411/1 1: 44	- 0				
		Complete if the organization	answ					1		X, line	<u>: 10.</u>	
		Description of property		(a) Cost or oth (investme			ost or other is (other)	, , ,	Accumulated epreciation	(d) B	ook valu	e
1a	Land				0		0			· _ · · · ·		
b	Buildi	ngs	1		0		0		0			0
С		ehold improvements			0		0		0			
d	Equip	ment			0		0		0			0
е	Other		<u>]</u>		0		0		0			0
Total	. Add I	ines 1a through 1e. (Column (d)	must	equal Form 9	90, Part	X, columi	n (B), line 10	(c).)	•			

Pait VII	Complete if the organization a	answered "Yes" to Form 9	990, Part IV, line 11b. See	Form 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation of-year market value
(1) Financial (derivatives		0	<u> </u>
	eld equity interests		0	
		•		
(ĝ)				
(C)		-		
/ ->		-		
/= \		· 		
(G)		-		· · · · · · · · · · · · · · · · · · ·
(H)		-		
	nust equal Form 990, Part X, col (B) line 12)	>	0 深度多数	at there is a so
Part VIII	Investments—Program Rela	ated.		
	Complete if the organization a	inswered "Yes" to Form 9	990, Part IV, line 11c. See	Form 990, Part X, line 13
	(a) Description of investment	(b) Book value		nod of valuation of-year market value
(1)				
(2)		-}		
(3)		+		
(5)		 		
(6)				
(7)				
(8)				
(9)		<u> </u>	or it follows that have the set of	2. Se . 1 C . 16 -
	nust equal Form 990, Part X, col (B) line 13)	<u> </u>	0 下海流程设计外部设置	所有一种。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Part IX	Other Assets.	unawarad "Vac" ta Farm (000 Doct IV line 11d See	Form 000 Bart V line 45
	Complete if the organization a	(a) Description	990, Part IV, line 1 Id. See	(b) Book value
(1)			······································	
(2)				
(3)				
(4)			 	
(5)		·· -		
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X,	col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	. •
Part X	Other Liabilities.			
	Complete if the organization a line 25.	nswered "Yes" to Form 9	990, Part IV, line 11e or 1	If. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	The state of the s	
(1) Federal i	ncome taxes	<u> </u>		
(2)		<u> </u>		,
(3)				•
(4)			-	• •
(5) (6)		 		•
(7)				
(8)				
(9)				- " " - " " " " " " " " " " " " " " " "
	st equal Form 990, Part X, col (B) line 25.)	<u> </u>	0	· · · · · · · · · · · · · · · · · · ·
2. Liability for un	ncertain tax positions. In Part XIII, prov	ide the text of the footnote to t	he organization's financial state	ements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Pari	XI Reconciliation of Revenue per Audited Financial Statemen	nte W	th Pavenue no	r Return	
Par	Complete if the organization answered "Yes" to Form 990, Par	LS	na 12a	· iveraiii	
	Total revenue, gains, and other support per audited financial statements.	(V , II	ile iza.	11	566,126
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,01	000,120
2	Net unrealized gains on investments	2a	1	3 10 10	
a b	Donated services and use of facilities	2b	· · · · · · · · · · · · · · · · · · ·	244	
C	Recoveries of prior year grants	2c		3.	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	566,126
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			F 77 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,			5	566,126
Pan				oer Retu	
	Complete if the organization answered "Yes" to Form 990, Par				
1	Total expenses and losses per audited financial statements			1	321,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		25 77,06	
d	Other (Describe in Part XIII.)	2d		17.36	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	<i></i>		3	321,661
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			£ 1 # 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b			
_					
C	Add lines 4a and 4b			4c	0
5	Add lines 4a and 4b				0 321,661
5				4c	
5 Pari	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	· · · · · · · · · · · · · · · · · · ·	4c 5	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
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5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
5 Pari Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part I	V, lines 1b and 2b	4c 5 c; Part V, li	321,661
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Schedule D (Form	990) 2013	WISCONSIN ELK	S BENEVOLENT	FUND			39-1744936	Page 5
Part XIII		mental Informati						
								• • • • • • • • • • • • • • • • • • • •
								• • • • • • • • • • • • • • • • • • • •
							••••	· • • • • • • • • • • • • • • • • • • •
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

Inspection Inspection

OMB No 1545-0047
2013
Open to Public

Name of the organization

Employer identification number

WISC	<u>CONSIN ELKS BENEVOLENT FUNI</u>					39-174	
Par	— Fundraising Activities C	omplete if the	organizati omplete th	on answe is part.	red "Yes" to Forn	n 990, Part IV, lin	e 17.
1 a	Indicate whether the organization Mail solicitations	raised funds thr	ough any o	f the follow	ving activities. Chec of non-government	k all that apply.	
b	Internet and email solicitations	ı	f 🗍 So	olicitation o	of government grant	ts	
С	Phone solicitations		=		raising events		
d	In-person solicitations						
2a	Did the organization have a writter key employees listed in Form 990	n or oral agreen Part VII) or ent	nent with an	y individua ection with	al (including officers professional fundra	s, directors, trustee hising services?	s or Yes No
b	If "Yes," list the ten highest paid in to be compensated at least \$5,000			aisers) pur	suant to agreement	s under which the	fundraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	1 ' '	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			-
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	
10					0	0	0
		I					0
Total 3	List all states in which the organizate registration or licensing.				0 it contributions or h	O as been notified it	is exempt from
			••••••				• • • • • • • • • • • • • • • • • • • •
			•••••			•••••••	•
 							• • • • • • • • • • • • • • • • • • • •

_	art II		fundraising event cont	zation answered "Yes ributions and gross inc	" to Form 990, Part IV, come on Form 990-EZ	line 18, or reported , lines 1 and 6b. List
		events with gross rece	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			0	0
Re	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)			0	0
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
enses	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Direc	8	Entertainment			0	0
	9	Other direct expenses			<u> </u>	0
	10 11	Direct expense summary. Ac Net income summary. Subtra				(0)
P	art III	Gaming. Complete if	the organization answe	ered "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form	990-EZ, line 6a.	1 0000000000000000000000000000000000000	T	(4) 7-1-1 (-14
Revenue	į		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				0
ses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
_	5	Other direct expenses				0
	6	Volunteer labor	│	│	│	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	ılumn (d)		(0)
	8	Net gaming income summar	y. Subtract line 7 from lir	ne 1, column (d)	<u> </u>	0
ç) F	inter the state(s) in which the o	organization operates gar	ming activities:		
	a Is	s the organization licensed to o	perate gaming activities	in each of these states?		. Yes No

10	Da W b If	Vere any of the organization's of "Yes," explain:			•	
	•				***************************************	

b An outside facility	4.4	ule G (Form 990 or 990-EZ) 2013 WISCONSIN ELKS BENEVOLENT FUND	39-		
formed to administer charitable gaming?	11	Does the organization operate gaming activities with nonmembers?		Yes	No
a The organization's facility	12			Yes	No
b An outside facility. 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Addre	13	Indicate the percentage of gaming activity operated in:			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility			%
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue?					<u> </u>
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		•		
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶			
revenue?		Address ▶			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0. c If "Yes," enter name and address of the third party: Name ▶ Address ▶	15a	Does the organization have a contract with a third party from whom the organization receives gaming		_	
amount of gaming revenue retained by the third party ▶ \$				Yes	∐ No
c If "Yes," enter name and address of the third party: Name ▶ Address ▶	b				
Name ▶Address ▶	_				
Address ▶	C	if res, enter name and address of the tillio party.			
		Name ▶			
16 Gaming manager information:		Address ►			
	16	Gaming manager information:			
Name ▶		Name ▶			
Gaming manager compensation ► \$ 0					
		Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor		Mandatory distributions:			
Director/officer Employee Independent contractor	а				—
Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		retain the state gaming license?	٠ ٠ ا	Yes	No
Director/officer	b	· · · · · · · · · · · · · · · · · · ·			
Director/officer					0
Director/officer		Supplemental Information. Provide the explanations required by Part I, line 2b, columns			
Director/officer		Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the provided in the complete the part to provide the explanations required by Part I, line 2b, columns are the complete the provided in the columns are the columns and the columns are the colum			
Director/officer		Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Director/officer	Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions).	ovide	any	nd
Description of services provided					
Nama 🏲	16				
To Calling manager mormation.	16				
Address ▶	С				
Name ▶Address ▶		amount of gaming revenue retained by the third party ▶ \$0 .			
amount of gaming revenue retained by the third party ▶ \$	b		•		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0. c If "Yes," enter name and address of the third party: Name ▶ Address ▶	15a			Yes	□ No
revenue?		Address ▶			
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶			
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		•		
Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue?					%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_		13a		%
a The organization's facility	12		•		
13 Indicate the percentage of gaming activity operated in: a The organization's facility	12			Yes	□ No
formed to administer charitable gaming?	11		•	Yes	∐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	4.4				

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,

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047 2013

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WISCONSIN ELKS BENEVOLENT FUND	IT FUND					-6E	39-1744936
Part General Information on Grants and Assistance	on on Grants a	and Assistance					
1 Does the organization maintain records to substantiate the am	itain records to se	ubstantiate the amo	ount of the grants or as	ssistance, the grantee	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nts or assistance, and	
the selection criteria used to award the grants or assistance?	o award the gran	- +					
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	anization's proced	dures for monitoring	g the use of grant fund	s in the United States			!] !
Part II Grants and Other Assistance to Governments at Part IV, line 21, for any recipient that received more	Assistance to any recipient the	Governments and received more	nd Organizations in than \$5,000. Part II	the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	janization answered needed.	"Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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) WISCONSIN ELKS ASSN 1602 FOOTHILL AVE SCHOFIELD, W	39-0178798		299,840				
(3)							
(6)							
(4)							
(5)							
(9)							
(a)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	on 501(c)(3) and	government organization	zations listed in the lin	e 1 table			
S Enter total number of other organizations listed in the Infe 1 table.	organizations iis	ted in the line 1 tab					_

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\scriptsize HTA}}$

Schedule I (Form 990) (2013)

(Form 990) (2013)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III S 8 က

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

WISCONSIN ELKS BENEVOLENT FUND		39-1744936
	THEREFORE 3B NEEDS NO ANSWER. THERE WA	
BUSINESS INCOME.		
	I ANC ICCLIED	
Form 990 Part V Line 13A NO HEALTH P		
Form 990 Part V Line 14A NO TANNING		••••••
Form 990 Part VI Line 1A PRESIDENT, V	ICE-PRESIDENT & SECY/TREAS ARE APPOINTED	BY STATE
SPONSOR DIRECTORS ARE ELECTED	ALL SIX DIRECTORS DETERMINE INVESTMENT (OF THE FUND
Form 990 Part VI Line 1B THREE TIMES	PER YEAR REPORTS ARE PROVIDED TO THE WIS	CONSIN ELKS
ASSOCIATION.		•••••
Form 990 Part VI Line 6-7B ALL ARE 'NO		•••••
Form 990 Part VI Line 8A&8B REPORT T	HREE TIMES PER YEAR AT DIRECTORS MEETING	TO VISITING ELKS
ASSOCIATION MEMBERS & SUNDAY R	EPORTS.	
Form 990 Part VI Line 10B "NO". ONLY O	NE IN WISCONSIN	•••••
Form 990 Part VI Line 9 'NO'		
Form 990 Part VI Line 11A ALL DIRECTO	RS RECEIVE A COPY OF 990 AND THE STATE REF	PORT.
Form 990 Part VI Line 12C 'NO'		•••••
Form 990 Part VI Line 15A&B NO COMPE	NSATION.	
Form 990 Part VI Line 18 &19 EACH DIRE	CTOR HAS A COPY OF FORM 990 AND IS ALLOW!	ED TO SHOW IT
JPON REQUEST. A COPY IS ALSO INCL	UDED WITH THE STATE REPORT WHICH IS OPEN	TO THE PUBLIC
Form 990 Part VII Line E & F ALL DIRECT	ORS ARE VOLUNTEERS AND RECEIVE NO PAY.	
Form 990 Part IX \$ <i>[94840</i> SLKS NATION	VAL FOUNDATION GRANTS TO WISCONSIN ELKS	BENE- VOLENT FUND
S PROVIDED TO WISCONSIN ELKS AS	SOCIATION FOR THEIR CHARITABLE WORKS.	~
		•••••
		•••••

ISCONSIN ELKS BENEVOLENT FUND

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

							Description of	Basis Method	
							-	Depreciation	
pasis and expenses	2,213,308	0	0	Expense	of sale and	cost of	-mprove-		
pasis an					Cost or other basis	(Enter one field only)	Donated	value	
Se	2,524,729	0	0		Cost or a	(Enter one		Cost	2,213,308
sales							Gross sales	buce	8/23/2014 2,524,729 2,213,308
	Total Public Securities	Total Non-Public Securities	Total Other Sales				Date	plos	8/23/2014
	Total Pub	otal Non-Pub	Total				Acquisition	method	Ь
		F					Date	acdured	5/1/2008 P
				•				Purchaser	
					Check if	purchaser	15.a	pusiness	
				Check if Check if	gain/loss is gain/loss is	from sale of	of public non public	securities securities	
				Check of	gain/loss is	from sale	of public	securities	×
								CUSIP#	
								Description	1 MUTUAL FUNDS

LOND' INC.
MISCONSIN EFKS BENEAOFENT

- - 5,

April 1, 2013 to March 31, 2014 CAPITAL GAINS & LOSSES REALIZED

\$311,421.30	74. 627, 428, 47 52, 524, 729, 47	71.808,812,5			62, 444. 464	
1,326.24	28.840,872	88.717,882	8/23/13	2/60/13	22,078,22	Fund -
(59.788,5)	96.36.38	66.503,88	8\53\13	2/09/13	1,592.371	Fund RIC US Strategic Eqty
(48.872,85)	70,084.15	11,457.00	8/53/13	2/09/13	6,864,265	Fund RIC Invatemt Grade Bond
16.87	10.700,85	10.188,38	2\03\13	21/91/9	1,555.763	Fund Fild Mult Stratgy Allntv
(82.038,28)	140,859.65	E6.614,E41	8/23/13	5/09/13	1,332.621	Fund buggt Bond
(89.891,5)	83, 563.30	66.827,88	8/23/13	10/56/10	8, 432.220	Flund RIC Short Duration Bond
17.313	18.257,8	8,210.13	2/09/13	10/56/10	761.118	bund Silsinustoopportunistic
89.886,5	17.881,88	81,190.03	8\53\13	10/56/10	099.111,7	PIC Global Intrastucture Fund Filo Global Opportunistic
11,609.50	18.052,652	18,158,722	8/53/13	80/11/6	22,069.263	RIC Strategic Bond Fund PIC Global Interstucture
28,000.05	239,635.42	75.355,112	2/09/13	8\12\08	726.050,12	bnod signests 318 Fund Signests 218
4,799.34	40,000.00	35, 200.66	5/01/13	80/11/6	3, 499.563	bauA
11.660,16	117,059.32	123,004.18	5/09/13	80/21/6	4, 681, 632	Fund Fund RIC Strategic Bond
(87.638,8)	69,979,65	01.689.40	8\53\13	80/11/6	8, 062.172	Fund RIC U S Quant Equity
30.100,78	16.878,182	88.778,212	8\53\13	80/91/6	920.301,7	Fund RIC Commodity Strategies
e1.7e3,S	88.166,18	63.738,81	2/09/13	80/91/6	1,641.252	Fund RIC Intntl Develop Mrkts
8,920.83	63,534.14	18.813.31	8\53\13	80/91/6	3, 668.253	Fund RIC Intntl Develop Mrkts
60.094	78.271,2	87.517,1	21/60/9	80/11/6	111.946	bran? Signature Signature
₽1.128,eε	11.223.71	78,605,97	8\53\13	80/91/6	800.837,8	Fund burk Sic Emerging Markets
89.820,28	200,536.16	138,507.48	2/09/13	80/21/6	896.727,8	Fund Ric V Smi & Mid Cap
45,831.50	164,822.34	118,990.84	8\53\13	80/91/6	172.648,81	Fund RIC U S Core Equity
£8.262,e	18.474,14	81.281,28	2/09/13	80/11/6	4,022.775	Ric Global Equity
14,805.18	88.707,87	63,902.40	8/23/13	80/12/08	E T \$. T E O , S	AlC Real Estate Sec Fund AlC Global Equity
nisə (sed)	ieN Proceeds	1200	late of Sale	le of late of Parchase	Q111nsu9	gjivne2 noliqivazəd

39-1744936

Part X, Lines 11 and 12 (990) - Investments - Securities

				Total:	0	1,544,212	1,664,502
	Check if		Check If				Ending
	Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
	Traded	Financial	Equity	of Shares/	at Time of		Book Value
Description	Securities?	Securities? Derivatives	Interests	Face Value	Donation	Cost	Cost
1 SEE EXHIBIT I	×			35,669.00		1,544,212	1,664,502

\$174,653.04	14.839,154.94			zlajoT
29.172,5	72,982.50	98.017,07	1,850.000	last xbnl bommoJ to disgl
				Barclays Bank PLC ETN:
18.833.81	141,074.55	123,820.74	1,249.000	Small Cap
16,931.64	140,725.62	123,794.08	1, 239.000	Mid Cap
77.4834.77	38,064.18	14.624,88	238.000	REIT
16.848.94	84.888,111	106,291.54	2, 756.000	intl Eqty Indx Emerg
87.077,8	76, 514.58	28.847,07	1,854.000	Dev Mkts Tax Mnged
102 79	97.671,83	16.910,83	000.499	Short Term Bond Indx
1,195.84	₽1.828,88	88,633,90	1,078.000	xbbnl bnod mrsT mrinl
•				Vangard ETF Funds:
68.039,81	137,475.80	123,814.91	1,582.000	S& P 500 Value
21.111,71	80.176,011	123,832.96	1,412.000	S&P 500 Growth
				İshares ETF Funds:
8, 430.15	79, 233.25	01.808,07	2,845.000	DJ Clobal Select Div
13.35.21	108,759.42	106,624,21	4, 543.000	Emerging Markets
44.184,7	27.788,87	82.886.07	000.66%,1	Developed Markets
19, 187, 81	143, 794.30	124,011.48	3,445.000	Large Cap Growth Opp
12,679.98	139,878.75	77.861,121	3, 391.000	Large Cap Value Opp
19,516.00	143, 498.36	123, 982.36	000.887,2	Mid Cap Core
78.781,918	\$142, 963.85	8123,796.48	2, 935.000	Small Cap Core
1				isbnu9 913 feunt jet
Unrealized Galn(Loss) 3/31/14	Market Value 3/31/14	Cost Plus Reinvested 3/31/14	Quantity	FUND

MUTUAL FUNDS EXHIBIT I

EGND' INC∵... MISCONZIN EFKZ BENEAOFENT