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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. For the 2015 calendar year, or tax year beginning April 1 2015, and ending **20** 16 C Name of organization Benevolent & Protective Order of Elks_#248 Inc D Employer identification number Check if applicable. Address change Doing business as Wausau Elks Lodge 39-1735837 Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change 715-845-5602 Initial return 414 SCOTT STREET City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return WAUSAU WI 54403 G Gross receipts \$ 565,925 H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer SCOTT WALDHART, same address as above H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) Website: ▶ WWW WAUSAUELKS COM H(c) Group exemption number ▶ Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The organization carried out the mission of the Activities & Governance Benevolent & Protective Order of Elks of the USA to provide assistance to youth, veterans, and needy individuals, and promote programs fostering patriotism to the USA. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 51 Total number of volunteers (estimate if necessary) 6 250 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line-34-7b 0 -- ' Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h). 130,893 114,299 NOV 1 5 2016 9 Program service revenue (Part VIII, line 2g) 1,950 2,925 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 254 280 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 11 34,650 -40,826 12 Total revenue—add lines 8 through 11 (must equal Part VIII; column (A); line-12)-98,447 76,678 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 27,739 23,377 14 Benefits paid to or for members (Part IX, column (A), line 4) 14,931 13,902 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6.020 6,727 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 79,583 75,223 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 128,273 119,229 19 Revenue less expenses. Subtract line 18 from line 12 -29,826 -42,551 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 303,423 232,695 21 Total liabilities (Part X, line 26) 166,964 138,787 22 Net assets or fund balances. Subtract line 21 from line 20 136,459 93,908 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer 11-7-16 Here Type or print name and title 3 2077 Print/Type preparer's name Preparer's signature Date Paid Check ___ if self-employed Preparer Firm's FIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Cat No 11282Y

Part			
	Check if Schedule O contains a response or note to any line in this Part III	<u> [</u>	<u>]</u>
1	Briefly describe the organization's mission:		
	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity, to promote the welfare of its Members and cultivat		
	fellowship, to quicken the spirit of American patriotism, and to provide for its government, accomplishing such by serving the		
	people and communities through benevolent programs		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
2	prior Form 990 or 990-EZ?	□ No	
	If "Yes," describe these new services on Schedule O.	Ŭ NO	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	[ℤ] No	
	If "Yes," describe these changes on Schedule O.	V 140	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	surad h	١.,
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.	0 0 11 101	Ο,
	, and the state of		
4a	(Code:) (Expenses \$ 70,210 including grants of \$) (Revenue \$	7	_
	Fraternal benefits to members and the promotion of charity, justice, brotherly love and fidelity by	/	
	*communicating the mission and programs of national and state Elks organizations		
	*maintenance of the Elks Lodge building and related social facilities from which to conduct benevolent activities		
	*monthly newsletter to members, and annual member participation awards		
	*host state and national Elk dignataries		
	103t State and national Elik dignatures		
4b	(Code:) (Expenses \$ 13,303 including grants of \$ 13,164) (Revenue \$)	_
	Solicitation of donations to provide assistance to needy families and veterans		
	*Providing clothing and food to needy families at Christmas		
	*Provide/build ramps to allow needy disabled people to have access to/from their homes		
	*Cash donations to programs supporting veterans		
			_
4c	(Code:) (Expenses \$ 10,470 including grants of \$ 8,413) (Revenue \$)	
	Solicitation of donations to provide assistance and programs to children		
	*Annual scholarships and related Youth Awards recognition program		
	*Programs to discourage drug and alcohol abuse		
	*Camperships to local respid care center		
	*Hoop Shoot and Soccer Shoot athletic contests		.
	*Annual Halloween and Christmas parties for young children		
	*Sponsorship of local Boy Scouts chapter		
	*Sponsorship of Little League Baseball and Youth Softball teams		
			_
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 800 including grants of \$ 800) (Revenue \$)		_
4e	Total program service expenses > 94.783		

Part I	V Checklist of Required Schedules			_
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			,
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	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? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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, Part III	5		√
6	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	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, 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.	9		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		-	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	-11a	/	
b	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	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	√	

	0 (2015)		- 1	Page 4
Part	Checklist of Required Schedules (continued)		V	1 51-
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	17.		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		✓
32	Part I	31		√
33	complete Schedule N, Part II	32		√
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
35a	or IV, and Part V, line 1	34 35a		V
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 organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page \$
- are	Check if Schedule O contains a response or note to any line in this Part V			
	' Criquit in correction of containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of flotte to drift into its affect of the containing a responder of the	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51			
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		✓
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
_	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	E.		-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		V /
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓ :	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	1	ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		ļ. <u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	I	1	1

b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

14b

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.						
	Check if Schedule O contains a response or note to any line in this Part VI						
Section	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		V			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓ ✓	√ √			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a b	The governing body?	8a 8b	✓	✓			
9							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9 nue Co	ode.)	 √			
	· · · · · · · · · · · · · · · · · · ·		Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		ļ ,			
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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 14 15	Did the organization have a written whistleblower policy?	13 14	✓	√			
а	The organization's CEO, Executive Director, or top management official	15a		✓			
b	Other officers or key employees of the organization	15b		✓			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a	(株)	✓			
Secti	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501 (c)(3)s	only)			
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>				
	JONATHON FISHER, TREASURER 414 SCOTT STREET, WAUSAU, WI 54403 715-845-5602						

,	•			
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Empl	oyees, and
	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

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

hours per week (list any hours for related organizations below dotted line) (1) KARL HANKE, EXAULTED RULER 20 (2) SCOTT WALDHART, LECTURING KNIGHT Author of the composition of the	(F) stimated mount of other npensation from the ganization of related panizations
hours for related organizations below dotted line) (1) KARL HANKE, EXAULTED RULER 20 (2) SCOTT WALDHART, LECTURING KNIGHT 15 V August 15	npensation from the ganization nd related
✓ ✓ o o	0
	0
(3) JOHN MIJAL, LOYAL KNIGHT 12 0 0	0
(4) ORVAL QUAMME, LECTURING KNIGHT 6 0 0	0
(5) MARTY SULLIVAN, TRUSTEE 4 0 0	0
(6) SCOTT ZIEBELL, TRUSTEE 12 0 0	0
(7) TYLER BABL, TRUSTEE 6	0
(8) TODD WUNSCH, TRUSTEE 5	0
(9) ANNIE HANKE, TRUSTEE 5	0
(10) RIDGLEY SCHOTT, SECRETARY 8	0
(11) ROBERT GREISER, TREASURER 12	0
(12)	
(13)	
(14)	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (conti	nued)
	(A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch	Pos neck ss pe d a d	c) ition more rson lirect	than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)			-						-		
(17)											
(18)						-					
(19)							_				
(20)											
(21)											
(22)											
(23)											
(24)											
(25)			<u> </u>								
1b c	Sub-total	-					•	▶	0	0	0
d 2	Total (add lines 1b and 1c)						above	► e) w	ho received m	0.00 ore than \$100,00	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc						-		est compensate	· · · · · · · · · · · · · · · · · · ·
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000)? //	"Yes	s, "	complete Sch		ne a la la
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei	nsat	tion	fror	n any	un	related organiz	ation or individu	
Section	on B. Independent Contractors	,, .									J J V
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
NONE	WITH COMPENSATION EXCEEDING \$100,00	00									
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	

Form **990** (2015)

Form 9	90 (201	5)					Page 9
Part	VIII	Statement of Revenue				-	
	r	Check if Schedule O contains a re-	sponse or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
L					revenue	Tevende	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns <u>1a</u>					
Gra	b	Membership dues <u>1b</u>					
fts, 'An	C	Fundraising events 1c					
	d	Related organizations 1d					
ons, Sir	e f	Government grants (contributions) 1e All other contributions, gifts, grants,	 				
utic Je	'	and similar amounts not included above	20 524				
G	_	Noncash contributions included in times 1a-1f \$	28,524				
io pu	g h	Total. Add lines 1a–1f		114,299			
	<u>''-</u>	Total Add lines to the control of th	Business Code	114,255			
enu	2a	NEWSLETTER TO MEMBERS	813410	2,925	···		
æ	b		310110	2,020			
ခွဲ့	c						
ŠeΓ	d			-			
Ë	е						
Program Service Revenue	f	All other program service revenue.					
<u>ā.</u>	g	Total. Add lines 2a-2f		2,925			
	3	Investment income (including dividence	_				
		•	•	280			
	4	Income from investment of tax-exempt b					
	5	Royalties	(ii) Personal	-			
			(II) Personal				
	6a	Gross rents					[
	b	Less: rental expenses Rental income or (loss)					
	d						
	7a	Gross amount from sales of (i) Securities	(II) Other		···		
	'"	assets other than inventory	· · · · ·				
	b	Less. cost or other basis	1				
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	▶				
40							
Other Revenue	8a	Gross income from fundraising					
Š		events (not including \$					
æ	ļ	of contributions reported on line 1c).					
þer		See Part IV, line 18	3 :, 3 :=				
ŏ			50,354				
		Net income or (loss) from fundraising Gross income from gaming activities.	g events . ▶	988			
) Ja	See Part IV, line 19	11 621				
	ь		a 11,631 b 1,721				
	C	Net income or (loss) from gaming ac		9,910			
	10a			3,310			
		returns and allowances					
	b	Less: cost of goods sold I	b 437,172				
	С	Net income or (loss) from sales of in-		-52,036			
		Miscellaneous Revenue	Business Code				
	11a						
	b		-				
	С						
	d	All other revenue	900099	312			
	е	Total. Add lines 11a–11d	🟲	312			
	1 12	Total revenue See instructions	.	70.070		I .	1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con								
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations	-							
	and domestic governments. See Part IV, line 21	2,800	2,800						
2	Grants and other assistance to domestic				"				
	ındıvıduals. See Part IV, line 22	20,577	20,577						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	ındıvıduals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	13,902	13,902						
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	6,087		6,087					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
^	* * * * * * * * * * * * * * * * * * * *								
9	Other employee benefits	0.45		0.45					
10 11	Payroll taxes	640		640					
	Management								
a b	Legal								
C	Accounting	3,521		3,521					
d	Lobbying	3,321		3,321	.				
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column		·						
	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	766	766						
13	Office expenses	4,111	1,352	2,759					
14	Information technology								
15	Royalties				····				
16	Occupancy	9,143	7,314	1,829					
17	Travel				<u> </u>				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	-							
19	Conferences, conventions, and meetings .	1,773	1,773						
20	Interest	2,812	2,812						
21 22	Payments to affiliates	12,870	12,870	7.00=					
23	Insurance	24,023	16,816	7,207					
23 24		13,686	11,633	2,053					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column			į					
	(A) amount, list line 24e expenses on Schedule O.)								
а	PERMITS	350		350	<u>-</u> <u>.</u>				
b	OFFICER TUXEDOS FOR ELK RITUALS	840	840	- 500					
c	YOUTH EVENTS-PROJECT EXPENSES	1,057	1,057						
d	VETERAN'S EVENT	139	139						
е		132	132						
25	All other expenses	119,229	94,783	24,446					
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here 🕨 🔲 if		j						
	following SOP 98-2 (ASC 958-720)	ı l	I						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34,209	1	4,332
	2	Savings and temporary cash investments	103,649	2	88,432
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,349	4	501
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	<u></u>
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	16,375		16,433
	9	Prepaid expenses and deferred charges	784	9	3,004
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 361 272			
		1,301,272		40-	
	b	Less: accumulated depreciation	140,057		119,993
	11	Investments—publicly traded securities	-	11 12	
	12 13	Investments—other securities. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	303,423	_	232,695
	_17	Accounts payable and accrued expenses			
	18	Grants payable	30,330	18	
	19	Deferred revenue	46,608		46,959
	20	Tax-exempt bond liabilities	40,000	20	70,555
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
ial	22	Secured mortgages and notes payable to unrelated third parties	04.000	22	40.000
_	23 24	Unsecured notes and loans payable to unrelated third parties	84,000	24	49,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		O.E.	
	26	Total liabilities. Add lines 17 through 25	166,964	25 26	100 707
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	138,787
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	63,181	27	17,650
Ва	28	Temporarily restricted net assets	73,278		76,258
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Nei	33	Total net assets or fund balances	136,459	33	93,908
_	34	Total liabilities and net assets/fund balances	303,423	34	232,695
	·				Form 990 (2015)

_	-	•
Page		_

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,</u> 7	6,678
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	9,229
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	2,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13	6,459
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9	3,908
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	·		
	Schedule O.				
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 compared to the compared to the statement of the year were compared to the compared to the compared to the compared to the year were co	oiled oi			
	reviewed on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		t		
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ır	ו ו		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	لــِيـا	
			Forn	990	(2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name o	i die organization		Limployer identification number
	OLENT & PROTECTIVE ORDER OF ELKS #248 INC		39-1735837
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
•	funds are the organization's property, subject to the		
^		-	— —
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene		
	The state of the s		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · Yes No
Par	Conservation Easements.		
	Complete if the organization answered		<u> </u>
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	☐ Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	_Total_acreage restricted by_conservation easemen	ts	
c c	Number of conservation easements on a certified		
d	Number of conservation easements included in		
u			· · 2d
3	Number of conservation easements modified, tran		
3	tax year ►	isierrea, releasea, extinguismea, or ten	minuted by the organization during the
_	Number of states where property subject to conse	envation easement is located	
4	Does the organization have a written policy re		spection handling of
5	violations, and enforcement of the conservation ea		
_			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(II)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection	is of Art, Historical Treasures, or	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	•
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
_	works of art, historical treasures, or other simila		
	public service, provide the following amounts relati		. ,
	•	-	• •
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		· · · · • •
^	(ii) Assets included in Form 990, Part X	historical tractures or other similar	or accete for financial gain, provide the
2	If the organization received or held works of an		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	▶_ \$

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follov	wing that are a	significant u	ise of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	5							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how th	hey further	the org	ganization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part									-
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	Illowing ta	able:			Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	i		
е	Distributions during the year					16	•		
f	Ending balance					11	; ·		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodia	l account liabili	ty? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	xplanation	n has been	provide	ed on Part XIII		
Par									
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance		•						
b	Contributions								
С	Net investment earnings, gains, and losses	-				÷			
d	Grants or scholarships								
e	Other expenditures for facilities and							- 	
C	programs								
	-					·			
f	Administrative expenses End of year balance								
g	End of year balance	he current veer or	d balana	o /lino 1a	column (o	\\ bold			
2				e (iiiie 1g	, column (a)) Held	as.		
a	Board designated or quasi-endowme	0/	70						
D	Permanent endowment	⁷⁰							
С	Temporarily restricted endowment ►		000/						
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the	•		zation the	at ara bald	and ad	ministered for 1	·ha	
3a	organization by:	e possession or tr	ie organi	Zalion liic	at are neid	anu au	irilinistered for i	_	
	,								es No
	(i) unrelated organizations							. 3a(i)	+-
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	
4	Describe in Part XIII the intended uses		on's enac	owment it	unas.				
Par				000 5		44	0 5 000		4.0
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land			ļ	13,119				13,119
b	Buildings			ļ	793,148		718,333		74,815
С	Leasehold improvements	-							
d	Equipment				504,223		475,803		28,420
е	Other				50,782		47,143		3,639
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	K, column	(B), line 10)c.) .	.		119,993

Part VII	Investments – Other Securities.	rm 000 Port IV lin	a 11b. Can Form 000. Part V. line 12
	Complete if the organization answered "Yes" on Fo	T	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
	b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments – Program Related.	l	
T all C VIII	Complete if the organization answered "Yes" on For	rm 990. Part IV. line	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 000 B W 1 BU 101 b		
	b) must equal Form 990, Part X, col (B) line 13.) ▶	L	
Part IX	Other Assets.	rm 000 Dort IV lin	a 11d San Form 000 Bort V June 15
-	Complete if the organization answered "Yes" on For	m 990, Fart IV, IIII	(b) Book value
(4)	(6) 2000(1)21011		(2) 2001. 12.00
(1)			
(3)			
(4)		····-	
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Foiline 25.	rm 990, Part IV, lind	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book value		
(1) Federal ır	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col (B) line 25.) ▶		
	r uncertain tax positions. In Part XIII, provide the text of the footn		
organization	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	SON HERE II THE TEXT OF T	ne roothote has been provided in Part XIII 📋

Pan		-	Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		 	7
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments		بي	
b	Donated services and use of facilities		()	
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)	489,247		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	76,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		lož l	
а	Investment expenses not included on Form 990, Part VIII, line 7b4a			
b	Other (Describe in Part XIII.)		, S . S .	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	76,678
Part	XII Reconciliation of Expenses per Audited Financial Statements With I	Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	608,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Service .	
а	Donated services and use of facilities		ું <u>જે</u> કે	
b	Prior year adjustments		10 A	
С	Other losses		The star	
d	Other (Describe in Part XIII.)	489,247	14. ·	
e	Add lines 2a through 2d		2e	489,247
3	Subtract line 2e from line 1		3	119,229
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			113,223
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)		g a	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2	5	119,229
	XIII Supplemental Information.			115,225
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1h and 2h	· Part V line	4. Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			, , , a , , , , , , , , , , , , , , ,
	XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PAR	-		\/ENITE"
AKI	XI, LINE 20 AND PART XII, LINE 20FOR FURFUSES OF FORM 990 FRESENTATION ON FAF	CI VII, SIAIEN	VIEINI OF RE	VENUE,
	T EVDENIGES DEL ATING TO FUNDDAIGNIC CAMINO AND SALES OF INVENTORY ADE NE	TED ACAINGE	THE DELAT	ED CDOCC
DIREC	T EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NET	TED AGAINST	THE RELAI	ED GROSS
RECEI	DTC			
RECE	P15			
				-
			end	Schedule D

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" on Form 990, Part IV, line 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.

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

OMB No 1545-0047

Employer identification number

Name	of the organization					Employer identific	cation number
BENE	VOLENT & PROTECTIVE ORDER O	F ELKS #248 INC					1735837
Par	t I Fundraising Activities.	Complete if the	ne organiz		vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are r Indicate whether the organization	iot required to	complete	triis part.	ovuna ostrvitica. Cl	anak all that anak	
1_		on raised lunds	_		ion of non-governr		
a	Mail solicitations		e L				
b	☑ Internet and email solicitatio	ins	T L		ion of government		
С	☐ Phone solicitations		gĿ	Special Special	fundraising events		
d	✓ In-person solicitations				d 1 (for all colors as a ff co		
2a	Did the organization have a writ or key employees listed in Form	πen or oral agre	ement with	any individ	dual (including office	ers, airectors, trust	ees,
_							
b	, ,			araisers) pi	ursuant to agreeme	ents under which tr	ie iunuraiser is to be
	compensated at least \$5,000 by	y the organization	ж.				
			т		· · · · · ·		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(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]		
N	ONE			ļ			
2							
3						<u> </u>	
			-	ļ	 		<u> </u>
4							
5				,		•	
6							
7			<u> </u>	-			
8							<u> </u>
	<u> </u>						
9							
10							
				-l			
Tota			. <u></u> .	▶	<u> </u>		
3	List all states in which the orga	anization is regi	stered or lic	censed to s	solicit contributions	s or has been notifi	ed it is exempt from
	registration or licensing.						
-							
					•••		
							· · · · · · · · · · · · · · · · · · ·
				-			

Cat No 50083H

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
a		•	31 RAFFLES (event type)	2 GOLF OUTINGS (event type)	14 Foodstand/dinner (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	18,012	7,630	25,700	51,342
ш	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	18,012	7,630	25,700	51,342
	4	Cash prizes	11,932			11,932
	5	Noncash prizes	3,453	366	451	4,270
Direct Expenses	6	Rent/facility costs		4,295	3,128	7,423
it Exp	7	Food and beverages		2,920	15,935	18,855
Direc	8	Entertainment			3,400	3,400
	9	Other direct expenses .	757		3,717	4,474
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, co	olumn (d)		50,354 988
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	0, Part IV, line 19, or i	reported more
Revenue	_		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue		6,236	5,395	11,631
ses	2	Cash prizes		NETTED ABOVE	NETTED ABOVE	
ct Expenses	3					
	3	Noncash prizes				
Direct	4	Noncash prizes				
Direct	4 5	·		1,521	200	1,721
Direct	4	Rent/facility costs	☐ Yes% ☐ No	1,521 Ves 92 % No	200 ✓ Yes 98 % ☐ No	1,721
Direct	4 5	Rent/facility costs Other direct expenses .	□ No	✓ Yes 92 % No	✓ Yes 98 %	
Direct	4 5 6	Rent/facility costs Other direct expenses . Volunteer labor	No No Id lines 2 through 5 in co	✓ Yes 92 % No Dlumn (d)	✓ Yes 98 % No	1,721 1,721 9,910
Dire	4 5 6 7 8 Er	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Act Net gaming income summary. Inter the state(s) in which the or the organization licensed to co	No Id lines 2 through 5 in conducts gain activities	✓ Yes 92 % No No No No No No No No No N	✓ Yes 98 %	1,721 9,910 ☑ Yes ☐ No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

	e G (Form 990 or 990-EZ) 2016		٢	age 3
11 12	Does the organization conduct gaming activities with nonmembers?		'es □ 'es ☑	
13	Indicate the percentage of gaming activity conducted in:	ш.	C3 <u>.</u>	110
	The organization's facility		10	0%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► JONATHON FISHER, TREASURER	· 		
	Address ► 414 SCOTT STREET, WAUSAU, WI 54403			. .
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es 🗸	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
	Name ▶	·		
	Address►		·	
16	Gaming manager information:			
	Name ► BOARD OF DIRECTORS OF THE ORGANIZATION			
~	Gaming manager compensation ▶ \$0	-		-
	Description of services provided ► PULLTAB ORDERING, RECONCILIATION & CASH DEPOSITS			
	☑ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		′es ☑	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions			<u> </u>
		. 		
				·
•••				
· 		 -		
				

SCHEDULE I (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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1545-0047	15
OMB No	20

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance √
Yes 39-1735837 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC (b) EIN 1 (a) Name and address of organization NONE EXCEEDING \$5,000 or government Part I Part II (7) Ξ N (12) 5 ල **£** E 3 9 8 9

Cat No 50055P

Schedule I (Form 990	orm 990) (2015)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Day III oan he dunlicated if additional ensure is needed

Part III can be duplicated if additional space is needed	l space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLOTHING & FOOD TO NEEDY FAMILIES AT					
2 CHRISTMAS	96		9,183	9,183 PURCHASE COST	CLOTHING & FOOD
3 INSTALLED WHELCHAIR RAMPS AT HOMES OF					
4 DISABLED INDIVIDUALS & AT ELDERLY HOMES	2		2,097	PURCHASE COST	RAMP MATERIALS/SUPPLIES
5 SCHOLARSHIPS AND AWARDS CEREMONY	6	000'9	185	COST OF FOOD	MEALS AT AWARDS CEREMONY
6 CAMPERSHIPS AT CAMP WABEEK	. 2		2,228	THIRD PARTY BILLING	PAID ATTENDANCE FEE FOR CAMP
7 FEED THE NEEDY SUPPERS	06		884	PURCHASE COST	COST OF FOOD
Part IV Supplemental Information. Provide the information required in Part I, line 2,	the information r	equired in Part I, lin	Part III, col	(b), and any other additional information.	ional information.
ANSWER RELATED TO PART 1, QUESTION 2, REGARDING THE MONITORING PROCESS FOR THE GRANT PROGRAMS NOTED ABOVE	NG THE MONITORIN	IG PROCESS FOR THE	GRANT PROGRAMS I	NOTED ABOVE.	
1 ELIGIBILITY IS DETERMINED BY OUTSIDE SERVICE AGENCY. THE PROGRAM COSTS ARE PAID BY THE ORGANIZATION AND THE CLOTHING AND FOOD	AGENCY, THE PROG	RAM COSTS ARE PAII	OBY THE ORGANIZAT	ION AND THE CLOTHING AN	ID FOOD
IS DELIVERED TO THE FAMILIES DIRECTLY BY ELK MEMBERS.	K MEMBERS.				
2. ELIGIBILITY IS DETERMINED BY LOCAL FAITH IN ACTION ORGANIZATION, WHO FORWARDS NAMES TO THIS ORGANIZATION THE PROGRAM COSTS ARE	TION ORGANIZATIO	N, WHO FORWARDS N	AMES TO THIS ORGA	NIZATION THE PROGRAM (OSTS ARE
DIRECTLY PAID FOR BY THE ORGANIZATION AND THE RAMPS ARE CONSTRUCTED AND INSTALLED UNDER THE SUPERVISION OF ELK MEMBERS	THE RAMPS ARE C	ONSTRUCTED AND IN	STALLED UNDER THE	SUPERVISION OF ELK MEN	BERS
3. AWARD CONSIDERATIONS ARE DOCUMENTED AND A COMMITTEE	A COMMITTEE REV	REVIEWS THE APPLICATIONS AND CHOOSES THE WINNERS	ONS AND CHOOSES TH	HE WINNERS	
4. PARENTS OF DISABLED CHILDREN APPLY DIRECTLY TO CAMP WABEEK. THE CAMP SOLICITS THE ORGANIZATION TO SPONSOR CHILDREN WHO LIVE IN	Y TO CAMP WABEE	K. THE CAMP SOLICIT	S THE ORGANIZATION	I TO SPONSOR CHILDREN V	/HO LIVE IN
THE AREA SERVED BY THE ORGANIZATION THE ORGANIZATION		'S THE NECESSARY F	EE SO THE DISABLED	PAYS THE NECESSARY FEE SO THE DISABLED CHILD CAN ATTEND THE CAMP	АМР
5 ELIGIBILITY IS DETERMINED BY LOCAL CHURCH WHO ADMINISTERS THE SUPPER PROGRAM ELKS PROVIDED THE MEAL ON 4 NIGHTS	IO ADMINISTERS TH	IE SUPPER PROGRAM	ELKS PROVIDED THE	MEAL ON 4 NIGHTS	
-					

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC	39-1735837
EXPLANATIONS OF FORM 990, PART VI "GOVERNANCE, MANAGEMENT, AND DISCLOSURE"	
QUESTIONS 6 AND 7aTHE DUES PAYING MEMBERS ELECT THE OFFICERS AND TRUSTEES	THAT COMPRISE THE "BOARD OF
DIRECTORS" (GOVERNING BODY) IN EITHER AN ANNUAL ELECTION OR AS VACANO	IES OCCUR DURING THE YEAR
QUESTION 7bTHE DUES PAYING MEMBERS APPROVE THE ANNUAL BUDGET AT THE SECO	ND MEMBERSHIP MEETING OF APRIL
QUESTION 8bTHE PRACTICE OF THE ORGANIZATION IS TO ENCOURAGE, BUT NOT MANDA	TE THAT MINUTES OF COMMITTEE
MEETINGS BE DOCUMENTED	
QUESTION 11aCOPIES OF THE DRAFT FORM 990 WERE PROVIDED TO MEMBERS OF THE G	OVERNING BODY, WITH A REVIEW
CONDUCTED PRIOR TO FORM 990 BEING FILED	
QUESTION 19NO SUCH DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC, BUT THIS FO	RM 990 WILL BE PROVIDED TO ALL
UPON REQUEST	
	·
	END SCHEDULE O
	END SCHEDULE O