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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2016 calendar year, or tax year beginning $Apr 1$, 2016, and end	ing Mar 31		2017		
7	Check Addres	olicable C Name of organization		D Employer	dentification number		
F	1	change WILKES-BARRE SCRANTON ELKS LODGE #109	24-05	24-0523905			
	Initial r	Number and street (or P.O. box. if mail is not delivered to street address) Room.	Number and street (or P O box, if mail is not delivered to street address) Room/suite				
	Final ret	PO BOX 1023		(570)	714-2616		
	Amend	ded return City or town, state or province, country, and ZIP or foreign postal code		F Group Ex			
	Applica	ration pending WILKES BARRE PA 187	03-1023		····· • 1156		
G		ounting Method X Cash Accrual Other (specify) ►		► X if the	organization is not		
I	Web	osite: N/A		ed to attach			
J	Tax-e	exempt status (check only one) — 501(c)(3) X 501(c) (8) <(insert no) 4947(a)(1) or	527 (Form	990, 990-EZ	z, or 990-PF)		
ĸ	Form	n of organization X Corporation Trust Association Other	·				
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	nore, or if total	▶ \$	74 000		
n.					74,828.		
- Pa	1(6)	Revenue, Expenses, and Changes in Net Assets or Fund Balances Check if the organization used Schedule O to respond to any question in this Part I					
	1	Contributions, gifts, grants, and similar amounts received			23,357.		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3	7,000.		
	4	Investment income		4	7.		
	5 a	a Gross amount from sale of assets other than inventory					
	b	b Less cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
		Gaming and fundraising events					
R	a	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		1.80			
R E V E	b	b Gross income from fundraising events (not including \$ of con	tributions				
Ŋ	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b						
	C	Less direct expenses from gaming and fundraising events 6 c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d			
	7 a	a Gross sales of inventory, less returns and allowances	25,5	93.			
	Ь	b Less cost of goods sold	13,0	86.			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	12,507.		
	8	Other revenue (describe in Schedule O)	Zepart I, Line 8 Other F	Revenue 8	18,871.		
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- O	► 9	61,742.		
	10	Grants and similar amounts paid (list in Schedule O)	A 2	10			
3	11	Benefits paid to or for members	017. 9	11			
ĚÉ	12	Salaries, other compensation, and employee benefits	<u>.</u>	12			
XPENSES	13	Professional fees and other payments to independent contractors		13	650.		
	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	91	14	11,591.		
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S	16	Other expenses (describe in Schedule O)	, Part J. Line 16 Other E	xpenses 16	26,952.		
	17	Total expenses. Add lines 10 through 16		► 17	40,355.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	21,387.		
AS NS EET TS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)	h end-of-year	19	193,161.		
	20	Other changes in net assets or fund balances (explain in Schedule O)			133,101.		
3	21	Net assets or fund balances at end of year Combine lines 18 through 20			214,548.		
BA		or Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2016)		

Form	990-EZ (2016) WILKES-BARRE SC	CRANTON ELKS LODGE	#109		2	4-0	052	3905 Page 2
Pai	till Balance Sheets (see the inst	tructions for Part II)						X
	Check if the organization used Schei	dule O to respond to any quest	ion in this Part II					
22	Cash, savings, and investments			(A) Be	ginning of y		11	(B) End of year
22					<u>35,89</u>		22	46,516.
23	Land and buildings	See L-24 Stu			220,10		23	218,936.
24						<u>5.</u>	24	560.
25	Total liabilities (describe as Cabadala Ca				<u>256,57</u>		25	266,012.
26	Total liabilities (describe in Schedule O)				63,41		26	51,464.
27	Net assets or fund balances (line 27 of				<u> 193,16</u>	<u> 1.</u>	27	<u>214,548.</u>
Pai	Statement of Program Service A	Accomplishments (see the in	structions for Part III)		Г	\neg		Expenses
What	Check if the organization used Sch	ledule O to respond to any que	stion in this Part III.		<u> </u>			aired for section 501
Milai	is the organization's primary exempt purpose?	ROMOTION OF COMMUNI	ITY ACTIVITIE	S				and 501(c)(4)
mea	ribe the organization's program service act sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the services	provided, the number	of perso	ns			hers)
								·
28	PROMOTION OF COMMUNITY A	CTIVITIES				_	ŀ	
						_	1	
						_	1	
	(Grants \$) If the	nis amount includes foreign gra	ints, check here		· · · •]	1 2	28 a	
29						_]	Ì	
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	(Grants \$) If the	nis amount includes foreign gra	ints, check here		🔸	1 :	29 a	
30						_		
						_ [
						_1	j	
	(Grants \$) If the	nis amount includes foreign gra	nts, check here			$\exists :$	30 a	
31	Other program services (describe in Sche	dule O)			· · · · · · ·	_]		
	(Grants \$) If the	nis amount includes foreign gra	nts, check here	· · · ·	>		31 a	
32	Total program service expenses (add II	nes 28a through 31a)					32	
Pai	tilV List of Officers, Directors,	Trustees, and Key Emp	ployees (list each one	even if no	t compensate	d — s	see the	e instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV.		<u></u>		• • •	<u> </u>
(b) Average hours per (c) Reportable						alth benefits, ons to employee (e) Estimate		
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat	on con	d) Health bene tributions to em	ploye		(e) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	con	d) Health bene tributions to em efit plans, and o compensatio	ploye leferre		(e) Estimated amount of other compensation
CAT		week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC (if not paid, enter -0-)	con	tributions to em efit plans, and c	ploye leferre		
	(a) Name and title HY_BROJAKOWSKI LTED_RULER	week devoted to	(if not paid, enter -0-)	con	tributions to em efit plans, and c	ploye leferre		
EX <i>F</i>	HY_BROJAKOWSKI	week devoted to position	(if not paid, enter -0-)	ben	tributions to em efit plans, and c	ploye leferre	ed	other compensation
EXA KEV	HY_BROJAKOWSKI	week devoted to position	(if not paid, enter -0-)	ben	tributions to em efit plans, and c	ploye leferre	ed	other compensation
EXA KEV TRE	HY_BROJAKOWSKI LTED RULER IN_WEISS	week devoted to position	(if not paid, enter -0-)	O .	tributions to em efit plans, and c	ploye leferre	O.	other compensation
EXA KEV TRE RIC	HY_BROJAKOWSKI LTED_RULER IN_WEISS ASURER	week devoted to position	(if not paid, enter -0-)	O .	tributions to em efit plans, and c	ploye leferre	O.	other compensation
EXA KEV TRE RIC SEC	HY_BROJAKOWSKI LTED_RULER IN_WEISS ASURER HARD_WESTBROOK	week devoted to position 4.00 1.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye leferre	0. 0.	other compensation 0.
EXA KEV TRE RIC SEC	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY	week devoted to position 4.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye leferre	0. 0.	other compensation 0.
EXA KEV TRE RIC SEC WII TII	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY	week devoted to position 4.00 1.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye leferre	0. 0.	O. O.
EXA KEV TRE RIC SEC WII TII JAM	HY BROJAKOWSKI LITED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY	week devoted to position 4.00 1.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye	0. 0.	O. O.
EXA KEV TRE RIC SEC WII TII JAM TRU	HY BROJAKOWSKI LITED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR ISTEE	week devoted to position 4.00 1.00 1.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye	0. 0.	O. O. O.
EXA KEV TRE RIC SEC WII TII JAM TRU	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR	week devoted to position 4.00 1.00 1.00	(if not paid, enter -0-)	O.	tributions to em efit plans, and c	ploye	0. 0.	O. O. O.
EXA KEV TRE RIC SEC WII TII JAM TRU TOM LEA	HY BROJAKOWSKI LITED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR ISTEE	week devoted to position 4.00 1.00 1.00 1.00	(if not paid, enter -0-)	0	tributions to em efit plans, and c	ploye	0. 0.	0. 0. 0. 0.
EXAMENT OF THE PROPERTY OF T	HY BROJAKOWSKI LITED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR STEE I GILROY DING KNIGHT	week devoted to position 4.00 1.00 1.00 1.00	(if not paid, enter -0-)	0	tributions to em efit plans, and c	ploye	0. 0.	0. 0. 0. 0.
EXAMENT OF THE PROPERTY OF T	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR ISTEE GILROY DING KNIGHT L WALLER	week devoted to position 4.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0.	0. 0. 0. 0. 0.
EXAMENT TO MENT TO ME	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK ERETARY LIAM GAFFNEY ER ES TANNER JR ISTEE I GILROY DING KNIGHT LL WALLER AL KNIGHT	week devoted to position 4.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0.	0. 0. 0. 0. 0.
EXAMENT TREE SECULATION TRUE TOMESTE LECTURE STEELES	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ER ES TANNER JR STEE GILROY DING KNIGHT L WALLER AL KNIGHT VE GILROY SR	week devoted to position 4.00 1.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
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KEVE KEVE TREE RICE SECONDINE TRUE TOME TRUE LEAR BLILLOY LEAR ROSE TRUE ROS	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ES TANNER JR STEE I GILROY DING KNIGHT L WALLER AL KNIGHT VE GILROY SR TURING KNIGHT S ANDREWS STEE	week devoted to position 4.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
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KEVE KEVE TRE RICE SECONDINE TRU TRU LEA BILLOY LEA RUSTE LECONDINE TRU ROSE	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ES TANNER JR STEE GILROY DING KNIGHT L WALLER AL KNIGHT VE GILROY SR TURING KNIGHT S ANDREWS STEE S LIVINGSTONE	week devoted to position 4.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
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KEVE KEVE TRE RICE SECONDINE TRU TRU LEA BILLOY LEA RUSTE LECONDINE TRU ROSE	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ES TANNER JR STEE GILROY DING KNIGHT L WALLER AL KNIGHT VE GILROY SR TURING KNIGHT S ANDREWS STEE S LIVINGSTONE	week devoted to position 4.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
KEVE KEVE TRE RICE SECONDINE TRU TRU LEA BILLOY LEA RUSTE LECONDINE TRU ROSE	HY BROJAKOWSKI LTED RULER IN WEISS ASURER HARD WESTBROOK RETARY LIAM GAFFNEY ES TANNER JR STEE GILROY DING KNIGHT L WALLER AL KNIGHT VE GILROY SR TURING KNIGHT S ANDREWS STEE S LIVINGSTONE	week devoted to position 4.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(if not paid, enter -0-)	0. 0. 0.	tributions to em efit plans, and c	ploye	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.

33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Wee any significant changes rade to the organization growing discussions? If Yes, a facts a conformed capy of the amended counters is they relied a change to the organizations have unrelated bissiness gross income of \$1,000 or more during the year from bissiness activates (such as those reported on lines 2, 6s, and 7s, among others)? 55 Did the organization have unrelated bissiness gross income of \$1,000 or more during the year from bissiness activates (such as those reported on lines 2, 6s, and 7s, among others)? 56 If Yes, 1co line 35s, has the organization filled a Form 980-T for the year? If No., provide an explanation in Schedule O. 57 Bissiness provides any organization of the Yes, 100 (No.), 500	Party Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any question.	ements in tion in this Part V			. []
34 W and any spiritraich durings make to the organizing or governing documents? If Yes, data is anothered only of the amended documents. They relied a change to the organization name to express a change of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on hise, 2.6, and 73, among others)? bit If Yes, 10 line 35a, has the organization filled a Form 990-T for the year? If Yes, 1, organization should not section 6033(9) onloce, 355 or Was the organization of section \$15(44), 501(65), 651(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)	33 Did the organization engage in any significant activity not previously reported to the IRS?			Yes	
a change to the arganization's name. Otherwise, explain the change on Schedule O (See Instructions) 35 AD Oth the organization has deministed business gross incrince of \$1 (0.00 or more during the year from business activities (such as those reported on lines 2, 6.a. and 7.a, among others)? 35 B X b 11 *Ves.* to time 53.a. has the organization field at 6mm 990-17 for the year? If *No.* provide an explanation in Schedule O or Wish the organization as ection 501(c)(4), 501(c)(6) or 501(c)(6) organization subject to section 6033(e) notice. 35 C X do the organization undergo a liquidation, dissolution, formation or significant dissociation of net assets during the year? If *Ves.* complete sphetiate (P. Part III) 36 D of the organization undergo a liquidation, dissolution, formation, or significant dissociation of net assets during the year? If *Ves.* complete applicable parts of Schedule N . 37 a Elter amount of political expenditures, director indived, as described in the instructions — \$137a			33		X
33a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2 ds. and 7s. among others)? bif Yes, to line 35s, has the organization filed a Form 990 Tor the year? if No; provide an explanation in Schedule 0 35b calls of Was the organization of 501(c)(4), 501(c)(6), 501			34		Х
bit Yes' to line 35s, has the organization filed a Form 90-7 for the year? If No. Innovate an exploration in Schedule 0 country of the property of the propert					
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the veryal "f Ves, complete Schedule (C. Part III). 35 c					_X
reporting, and proxy lax requirements during the year? If Yes, complete Schedule C, Part III	- · · · · · · · · · · · · · · · · · · ·		35 b		
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 3	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	33(e) notice,	35 c		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 3.5 3.7 38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38a 3. 3. 3. 3. 3. 3. 3. 3			36	-	Х
38 a Did the organization borrow from, or make any loans to, any officer, director, fustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38 a X b If Yes, complete Schedule I., Part II and enter the total amount molved 39 Section 501(c)(7) organizations Enter a similar to the control of the c	37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 88 a	· · · · · · · · · · · · · · · · · · ·		37 b		
as Section 501(c)(7) organizations Enter a inflation fees and capital contributions included on line 9. a Inflation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ** section 4911 ** section 4915 ** section 4916	any such loans made in a prior year and still outstanding at the end of the tax year covered by this				
a initiation fees and capital contributions included on line 9. do fores recepts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under section 4911 * section 4912 * section 4955 * section 4955 * section 4911 * section 4912 * section 4955 * section 4955 * section 4955 * section 4955 * section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit fransaction during the year, or did it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? if Yes, complete Schedule I. Part I		38 b	1.1, 1		
b Gross receipts, included on line 9, for public use of club facilities section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	39 Section 501(c)(7) organizations Enter	C.2.M	-4		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *	a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	39a			
section 4911 * section 9112 * section 4912 * section 4915 * Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-622 if yes, complete Schedule L. Part I. 40b	b Gross receipts, included on line 9, for public use of club facilities	39 b		53.	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule L. Part 1. c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax mopsed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If yes, 'complete Form 8865-T. 42a The organization's books are in care of KEVIN METS. Located at 10.7 RELITANCE DR. WILKES—BARRE PA 1844 18702 D. 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c. At any time during the calendar year, did the organization maintain an office outside the United States? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of flax-exempt interest received or accrued during the tax year 44 Dut the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b. Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b. Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b. Did the organization pag	• • • • • • • • • • • • • • • • • • • •		100723 B		
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ If Yes, Complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.8. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax mposed on organization. e All organizations at any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8866-T. 42a The organization's books are in care of KEVIN WEISS Telephone no Telephone no Report no All Telephone no Telephone no			33		
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-1. 42 I List the states with which a copy of this return is filled * 42a The organization's books are in care of ** KEVIN WEISS** Localed at ** 107 RELIANCE DR** b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c			40 b		-
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42 a The organization's books are in care of KEVIN MEISS Located at 107 RELIANCE DR WILKES-BARRE PA 2/P+4 18702 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42 c	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		40 e	_	X
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instead of Form 990-EZ	of Form 990-EZ			E2-85	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	ınstead of Form 990-EZ				X_
If 'No,' provide an explanation in Schedule O					
b 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.'	If 'No,' provide an explanation in Schedule O			<u> </u>	
D DIG the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Section 312(0)(13), in 163,					
I UIII 770 dilu Scilculc IV iliay necu to de completeu ilisteau oi i uiii 770 LA (See Ilisinistia).	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	f section 512(b)(13)? If 'Yes,'	45 b		X

	the organization engage, directly or indirectly				1 19	Yes	NO		
	didates for public office? If 'Yes,' complete So				46		X		
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51		estions 47-49b and 5	2, and complete the	tables				
	Check if the organization used Schedule	O to respond to any qui	estion in this Part VI				. П		
						Yes	No		
	the organization engage in lobbying activities uplete Schedule C, Part II				47	$\neg \neg$	X		
	ne organization a school as described in secti					-+	X		
	the organization make any transfers to an ex				├	$\neg \uparrow$	X		
	es,' was the related organization a section 52								
	nplete this table for the organization's five hig				key				
em	ployees) who each received more than \$100,	000 of compensation fro	om the organization if the	r					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation				
			<u> </u>						
- -									
		<u> </u>	<u> </u>						
f Tot	al number of other employees paid over \$100	,000 •							
51 Cor	nplete this table for the organization's five hig ipensation from the organization. If there is n	hest compensated inde	pendent contractors who	each received more than	\$100,000 of	:			
	(a) Name and business address of each independent con	- 	(h) Type	of service	(c) Compe				
_			- (2) 1,750	5, 55, 7,65					
			-						
			 						
			<u> </u>						
						-			
			-						
			 						
			-						
d Tota	al number of other independent contractors e	ach receiving over \$100	,000,						
52 Did	the organization complete Schedule A? Note	: All section 501(c)(3) o	rganizations must attach	a		Г	٦		
	pleted Schedule A				_ Yes		_No		
true, correct,	ies of perjury, I declare that I have examined this return, incl and complete Declaration of preparer (other than officer) is	based on all information of wh	ich preparer has any knowledge	of thy to twee and belief, it is					
٥.	Signature of officer Date								
Sign Here									
	CATHY BROJAKOWSKI EXHAULTED RULER Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	PT	IN				
Paid	Adam Kamor	Adam Kamor		Check LJ if self-employed P(00730823	3			
Paid Preparer	Firm's name ► <u>Decker Accounting</u>								
Use Only				Firm's EIN ►	<u>▶ 27-1504322</u>				
	Wilkes Barre		PA 18702	Phone no (570		<u>005</u>			
May the II	RS discuss this return with the preparer show	n above? See instructio	ons		. ► X Yes	<u></u>	No		
					Form 990-	-EZ (2	2016)		

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Form 990-EZ (2016) WILKES-BARRE SCRANTON ELKS LODGE #109

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 2016

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.

Open to Public Inspection

Name of the organization

Employer identification number

WILKES-BARRE SCRANTON ELKS LODGE #109

24-0523905