

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning 2016, and ending 20 17 April 1 March 31 C Name of organization Benevolent & Protective Order of Elks #248 Inc. D Employer identification number Check if applicable Doing business as WAUSAU ELKS LODGE Address change 39-1735837 Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change Initial return 414 SCOTT STREET 715-845-5602 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return WAUSAU WI 54403 G Gross receipts \$ 606.083 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No JOHN MIJAL JR., same address as above H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) √ 501(c) (8) ◀ (Insert no.) ☐ 4947(a)(1) or Tax-exempt status: WW WAUSAUELKS COM H(c) Group exemption number ▶ 1156 Form of organization. Corporation Trust Association ☐ Other ► L Year of formation M State of legal domicile 1992 WI Part I Summarv Briefly describe the organization's mission or most significant activities: The organization carried out the mission of the 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. 2 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) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 53 Total number of volunteers (estimate if necessary) 6 250 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b Current Year S-08C Contributions and grants (Part VIII, line 1h) . 114,299 148,548 Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 304, 9 - NOV 2: 0 - 2017 -2,925 13,608 10 and 7d) 280 435 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -40,826 -19,216 12 Total revenue—add lines 8 through 11 (must equal Part-VIII column (A) line 12 143,375 76,678 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 23,377 25,146 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 13,902 25,705 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 6,727 8,343 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 75,223 74,612 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 133,806 119,229 19 Revenue less expenses. Subtract line 18 from line 12 . . . -42,551 9,569 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 257,689 232,695 21 Total liabilities (Part X, line 26) 138,787 154,212 22 Net assets or fund balances. Subtract line 21 from line 20 93.908 103,477 Signature Block Part II 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 0 Sign Signature of officer Here Roler Exalted Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check 🔲 ıf Paid self-employed Preparer Fırm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes 🔲 No Form 990 (2016)

Cat No. 11282Y

Part	
	Check if Schedule O contains a response or note to any line in this Part III
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 cultivate good
	fellowship, to quicken the spirit of American patriotism, and to provide for its government; accomplishing such by serving the
	people and communities through benevolent programs
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(O-de) \((C-de) \)
4a	(Code:) (Expenses \$ 84,608 including grants of \$) (Revenue \$)
	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
	* payment of dues to support 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, and participate at State and National Elk conferences and conventions
	<u></u>
4b	(Code:) (Expenses \$15,637 including grants of \$15,352) (Revenue \$)
	Solicitation of donations to provide assistance to needy families and veterans, and organizations in support thereof
	*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
	*Cash donations to programs supporting the homeless
	*Cash donations to programs supporting victims of domestic abuse

4c	(Code:) (Expenses \$ 10,203 including grants of \$ 9,794) (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 childre
	*Sponsorship of local Boy Scouts chapter
	*Sponsorship of Little League Baseball and Youth Softball teams
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 110.448
70	Total program service expenses 110,448

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
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, VIII, IX, or X as applicable.	1		च्याद्वाकः १ ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	·
	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		√
	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		✓
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	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		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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	į	✓
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		√
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		✓
	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	✓	
	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	√	
-			990	(2016)

Part	Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more bosoital facilities? If "Vos." complete Schodule H	000	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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		√
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		✓
c	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):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓_
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O.	38 Forr	√ n 990	(2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
rait	Check if Schedule O contains a response or note to any line in this Part V			_
	Official in Schedule O Contains a response of flote to any life in this Part V	<u>·</u> ·	Yes	i L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1500 S	1063	1 323
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.3%	4.8	2 2 2
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 53	100		74
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	300	الم المراجعة	4 35
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	}	
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:	4	Å.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	349 S	**	
_	(FBAR).		美沙	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	 ✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	60	1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		┼
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	100 100 100 100 100 100 100 100 100 100	perd to	1
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		111/2	
	and services provided to the payor?	7a	<u>* * ****</u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			†
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1 4	12 47 1	7.3. 2
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		L
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.5	Te .	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	2.5
a	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	or manner !	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			1
a h	Initiation fees and capital contributions included on Part VIII, line 12	5 32		
b 11	Section 501(c)(12) organizations. Enter:	38	A SECTION	7/2 1 to
а	Gross income from members or shareholders	[
	Gross income from other sources (Do not net amounts due or paid to other sources		Trans.	ر الراجية
-	against amounts due or received from them.)		1	**
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	05.75	3	1. 18 m 2 m
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	熟識		
b	Enter the amount of reserves the organization is required to maintain by the states in which	温馨	A	1
	the organization is licensed to issue qualified health plans		24.7	TARES.

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

Enter the amount of reserves on hand .

14a

14b

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. Scheck if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Sect	on A. Governing Body and Management	<u></u> -		· <u>(V)</u>
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		Yes	No
b 2	committee, explain in Schedule O. 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		
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	√	**************************************
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a		***
ь 9	Each committee with authority to act on behalf of the governing body?	8b		√
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	✓
	on the first the country requests intermediate points of the first intermediate of		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		图	# T-2
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	- ,-	✓
14 15	Did the organization have a written document retention and destruction policy?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	J. W. L.	√ √
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?	16a		
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?	16b	163	建
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 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	: >	

Page	ĺ

E	$\alpha \alpha \alpha$	(2016)	
COMM	990	CUID	

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

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

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

- 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 no	or any relate	d org	aniz	atio	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	do r box, office or direct	not ch unles er an	Pos neck ss pe	C) sition more erson direct	e than o	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	trustee	Institutional trustee		oyee	Highest compensated employee				and related organizations
(1) SCOTT WALDHART, EXAULTED RULER	20	√		1				0	0	0
(2) JOHN MIJAL, LEADING KNIGHT	15	1		1				0	0	0
(3) DALE KRENZ, LOYAL KNIGHT	12	✓		1				0	0	0
(4) RICK PODY, LECTURING KNIGHT	6	1		1				0	0	0
(5) THOMAS BLOCH, TRUSTEE	5	✓						0	0	0
(6) SCOTT ZIEBELL, TRUSTEE	12	/						0	0	0
(7) TYLER BABL, TRUSTEE	6	·					-	0	0	0
(8) MICHAEL ST. AMOUR, TRUSTEE	4	·						0	0	0
(9) ANNE HANKE, TRUSTEE	6	·						0	0	0
(10) RIDGLEY SCHOTT, SECRETARY	8			\ \ \		_		0	0	0
(11) JONATHAN FISHER, TREASURER	8			· \						
(12)				•				0	0	0
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportation	n from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relatec organizati (W-2/1099-I	ons	other compensation from the organization and related organizations
(15)												
(16)						-		_				
(17)					_	-		_				
(18)												<u> </u>
(19)												
(20)								_	<u> </u>			
(21)						-			<u> </u>			
(22)					_			_				
(23)								-				
(24)								_		<u>-</u> -		
(25)						_		_				
1b	Sub-total						<u> </u>		0		0	
C	Total from continuation sheets to Part	VII, Sectio	n A				•	>				
d 2	Total (add lines 1b and 1c)	not limited				ed:	above	e) w	ho received m	ore than \$1	00,00	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high	est compe	ensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	oortal	ole d	com	nper	nsatio	n a s,"	nd other comp complete Sch	ensation fredule J fo	om th	ne III
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mpei ompl	nsat ete	tion Sch	froi iedu	m any ule J f	un or s	related organiz such person	ation or inc	dividu 	al 5 √
	on B. Independent Contractors Complete this table for your five highest of		ad inc	done	and	ont	oontr	o o t	are that receive	d mara the	n ¢10	00.000 of
1	compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
NONE	WITH COMPENSATION EXCEEDING \$100,00	0										
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	imit	ed to	th	ose listed abo	ove) who	The state	
_	received more than \$100,000 of compens								0		SEC.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VIII Statement of Revenue

		Check if Schedule O	contains	a res	ponse or note t	o any line in this	s Part VIII	<u></u>	📙
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated campaigns	·	1a	1	ETHE BOOK	A CONTRACT OF THE PARTY OF THE	AST WARRED	AND COLORS
Grants	Ь	Membership dues .		1b	85,290			X . X X X X X X X X X X X X X X X X X X	
Q E	c	Fundraising events .		1c	03,230			The state of the s	
Contributions, Gifts, Grants and Other Similar Amounts		-		$\overline{}$					
<u>ia</u>	d	Related organizations		1d					
ši ž	e	Government grants (con		1e				*****	Section 1
i S	f	All other contributions, gi				No. of the last of	# N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
ξ <u>Σ</u>		and similar amounts not incl	luded above	1f	63,258			Charles and S	
Ξō	a	Noncash contributions includ	led in lines 1a	-1f: \$		A CONTRACTOR OF THE PARTY OF TH	Section of the section of		
징필	h	Total. Add lines 1a-1		-		148,548	Market are seen	L. Anna L.	
		rotali / taa iiiloo ta 1	<u> </u>		Business Code		AND LIVE TO SERVE SHEET	Name of the second	
궃	0.	NEWCI ETTED TO MEN	ADEDC					LAN CO. STATE SACRET. WAS	at the last with the last to the same
ě	2a	NEWSLETTER TO MEN	IBERS		813410	2,600			
ac.	b	MEMBER EVENTS			713990	11,008			
ξ	C								
Ser	d								
Ē	e								
gra	l f	All other program serv	ice revenu	e .					
Program Service Revenue	g	Total. Add lines 2a-21				13,608	الم الله الله الله الله الله الله الله ا	21 12 proprieta	**************************************
	3	Investment income (including	divid	ends interest	13,000	<u> </u>	1	- 16-7 - 16-4-16-16-16-16-16-16-16-16-16-16-16-16-16-
	"	and other similar amo							
			•			435			
	4	Income from investment	of tax-exer	npt bo	ond proceeds ►				
	5	Royalties	<u> </u>						
			(ı) Real		(ii) Personal			全型用厂工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	WANTE WAR
	6a	Gross rents				是大學學的	\$ 1265 JAG		李维林的公路
	b	Less: rental expenses						The state of the state of the	
	Ç	Rental income or (loss)				新华山田			
	d	Net rental income or (loce)					Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	- 1 4/4 - CA A C C S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7a	Gross amount from sales of	(i) Securiti	 es	(II) Other	Man	<i>সান্ধ্যাৰ ধন্না</i> ল		"我我们的"。"我你看看这一个概念。"
	14	L	(1) 0000110	-	(ii) Other	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		assets other than inventory				NAME OF THE PARTY		"是"的现在分词	
	b	Less: cost or other basis						"自然"的一张等级	
		and sales expenses .							
	С	Gain or (loss)				The state of the s	A STATE OF THE STA		
	d	Net gain or (loss) .			>		handle or the street section		
		. ,				第5次个13m/20m2	小部門河南門鄉		14441111111111111111
ne n	8a	Gross income from fur	ndraising				al salting the second		
ea		events (not including \$	a.a.a.					ALC: WILLIAM STATES	
ě		of contributions reporte	d on line de	<u>.</u> -		等于是是需要	The state of the s	***	学学学学
Ψ.				1		第二次编辑	在學者的學家	· 大学学学学	中国的
Other Reven	:	• • • • • • • • • • • • • • • • • • • •		а	60,965				· 以中国的特殊
ð	b	Less: direct expenses		. b	40,788				16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C	Net income or (loss) fr			events . 🕨	20,177	型 经		
	9a	Gross income from gai	ming activit	ies.		V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	新聞 1 計画 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. 逐渐激烈的图
				a	13,189	意义 医妊娠性			は関東でもで
į	b	Less: direct expenses		1	988	公司 (1) (1) (1)		A TOTAL STATE OF THE STATE OF T	A TOTAL STATE OF THE STATE OF T
Ì		Net income or (loss) from				10.000			
	C 10a				VILIGO P	12,201	- , - , - , - , - , - , - , - , - , - ,	, , 5.	_ //.a / // a
ļ	10a	Gross sales of inverturns and allowance					- the paper " - a s place	المرابع والمتحد المستعلق والمتعاشرون	المحمد موديده المقتسير المؤافق التراج
[а	368,970		4	1 1 1 1 1 1 1	
	b	Less: cost of goods so		b	420,932	1		· · · · · · · · · · · · · · · · · · ·	Light has a mark of the Land
	С	Net income or (loss) from		f inve	entory 🕨	-51,962			
ſ		Miscellaneous Re	evenue		Business Code			2 - 1 - 2 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
•	11a								
	b								
i				}					
Į	۲ C	All other reverse		}	007775				
	d	All other revenue		L	900099	368		- -,	
	е	Total. Add lines 11a-1		•	▶	368	, , ,		
	12	Total revenue. See in:	structions.	<u>.</u>	▶	143,375			
									Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor	ise or note to any li	ine in this Part IX		🗆					
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, 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	4,200	4,200		***************************************					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	20,946	20,946							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	25,705	25,705							
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 8	Other salaries and wages	7,688		7,688						
9 10 11	Other employee benefits	655		655						
a b	Management									
c d e	Accounting	3,534	5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	3,534						
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		San - All Later Special Control	San A San						
12	Advertising and promotion	423	423		<u> </u>					
13	Office expenses	4,941	3,746	1,195						
14	Information technology		577.10	.,,,,,						
15	Royalties			· · · · · · · · · · · · · · · · · · ·						
16	Occupancy	9,156	7,786	1,370						
17	Travel		1,100	1,010						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	2,072	2,072							
20	Interest	2,947	2,947							
21	Payments to affiliates	12,030	12,030							
22	Depreciation, depletion, and amortization .	22,291	15,604	6,687	···					
23	Insurance	14,059	11,950	2,109						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	1.7 g = - 1.								
	(A) amount, list line 24e expenses on Schedule O.)		Market Children Target &	東京では、東京は後継						
a	PERMITS	120		120						
b	OFFICER TUXEDOS FOR ELK RITUALS	1,937	1,937							
C	YOUTH EVENTS-PROJECT EXPENSES	408	408							
d	VETERAN'S EVENT	285	285							
e	All other expenses	409	409							
25		133,806	110,448	23,358						
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 following SOP 98-2 (ASC 958-720)									
		<u> </u>	·		Form 990 (2016)					

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	4,332	1	13,624
	2	Savings and temporary cash investments	88,432	2	116,419
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	501	4	2,162
	5	Loans and other receivables from current and former officers, directors,		100	The state of the s
		trustees, key employees, and highest compensated employees.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Stand	man de la companya del companya de la companya del companya de la
		Complete Part II of Schedule L	P. 302 22 30 30 5 7 30	5	Commence of the second second second
	6	Loans and other receivables from other disqualified persons (as defined under section	Show the first	1	And Kalandar Andrew
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		100	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	And the second second	查证	2000 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	10.515
•	8	Inventories for sale or use	16,433	8	18,517
	9	Prepaid expenses and deferred charges	3,004	9	3,201
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1.375.450		1	
		1/07/07/100		10c	·
		Less: accumulated depreciation	119,993	11	103,766
	11	Investments—publicly traded securities		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)	232,695	16	257,689
	17	Accounts payable and accrued expenses	42,828	17	41,048
	18	Grants payable	12,029	18	
	19	Deferred revenue	46,959	19	56,164
	20	Tax-exempt bond liabilities		20	, <u>, , , , , , , , , , , , , , , , , , </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ş	22	Loans and other payables to current and former officers, directors,		1	7.4%
Liabilities		trustees, key employees, highest compensated employees, and		, w ;	· (()
abil		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	49,000	23	57,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	138,787	26	154,212
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
JC.	07	•	17,650	27	30,058
ala	27	Unrestricted net assets	76,258	_	73,419
Ä	28 29	Permanently restricted net assets	70,230	29	73,410
nu	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	7		
or Fund Balances		complete lines 30 through 34.		` '	, -,
S	30	Capital stock or trust principal, or current funds		30	<u></u>
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	93,908	33	103,477
_	34	Total liabilities and net assets/fund balances	232,695	34	257,689
					Form 990 (2016)

rom 9	90 (2016)			Pa	ige 1∠
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	13,375
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	33,806
3	Revenue less expenses. Subtract line 2 from line 1	3			9,569
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ç	93,908
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		10)3 <u>,477</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
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," exchedule O.	kplain in		Yes	20
2 a	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 correviewed on a separate basis, consolidated basis, or both:			✓	
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b		
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expressions are considered.	untant?	2c	\	
За	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Form	n 990	(2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

	VOLENT & PROTECTIVE ORDER OF ELKS #248 INC		39-1735837
Pai	Organizations Maintaining Donor Adv Complete if the organization answered		
	Complete if the organization answered	(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	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grai	
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par	t II Conservation Easements.		
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recreat	tion or education) 🔲 Preservation of	f a historically important land area
	☐ Protection of natural habitat	Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in		i i
•	•		
3	Number of conservation easements modified, transtax year ►	sterrea, releasea, extinguisnea, or terri	ninated by the organization during the
4		nyation accoment is located >	
4 5	Number of states where property subject to conser Does the organization have a written policy reg		poetion bandling of
J	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect		
•	Land voluntees hours devoted to monitoring, inspect	ing, harding of violations, and emorning t	sonservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations and enforcing	conservation easements during the year
•	►\$	g, nariding of violations, and emoloting	conservation casements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	— • • • • •
-	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFA	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar public service, provide the following amounts relating		ucation, or research in furtherance of
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain, provide the
	following amounts required to be reported under SF	•	<u> </u>
а			
	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		b ¢

Pari	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar /	Assets (c	ontinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	ds, chec	k any of th	ne follow	wing that are a	significar	nt use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	Othe	r				
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.	ion's collections a	and expla	in how t	hey further	the org	ganization's ex	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather								es □ No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes"	" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount o	n Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:	_	 	Amount	· · · · · · · · · · · · · · · · · · ·
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	,		
f	Ending balance					11			
2a	Did the organization include an amoun					ustodia	l account liabil	ity? 🔲 Y	es 🗌 No
b	If "Yes," explain the arrangement in Pa								
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses		-		· · · · ·				
d	Grants or scholarships						-		
е	Other expenditures for facilities and programs								
f	Administrative expenses					_			
g	End of year balance								
2	Provide the estimated percentage of the	he current year en	d balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowmer		%						
b	Permanent endowment ►	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of the	e organiz	zation tha	at are held	and ad	ministered for	the	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(,							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							. 3b	
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fi	ınds.				
Part									
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 11a.	See Form 99	0, Part X,	line 10.
	Description of property	(a) Cost or ot			r other basis ther)	٠,	Accumulated epreciation	(d) Boo	ok value
1a	Land				13,119	May 15	江海南部		13,119
b	Buildings				807,326		737,884		69,442
C	Leasehold improvements								
đ	Equipment				504,223		484,378		19,845
e	Other				50,782		49,422		1,360
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part)	(, column	(B), line 10	Oc.) .			103,766

Part VII	Investments – Other Secur		000 D+ W. K.		- 000 D-st V II 10
	Complete if the organization				
	(a) Description of security or ca (including name of securit	itegory y)	(b) Book value	1 ' '	thod of valuation [.] d-of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other					
(A)					
(B)			···	<u> </u>	
(C)					
(D) (E)					
(F)					
(G)	~ 			<u> </u>	
(G)				 	
	b) must equal Form 990, Part X, col. (B) line 12	2.) ▶		The state of the s	A Maria Cara Cara Cara Cara Cara Cara Cara
Part VIII	Investments-Program Re		·	2,45 m and 2 2147.5	4 - 144 ANY HOLE - PANESH SHIP AND
	Complete if the organization		m 990, Part IV, lir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investme		(b) Book value	(c) Me	thod of valuation.
				Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)				ļ . <u>.</u>	
(5)				ļ	
(6)				 	
				 	
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13) .		 	
Part IX	Other Assets.	1.)		4 4 6	
Partix	Complete if the organization	answered "Yes" on For	m 990 Part IV lir	a 11d Saa Form	990 Part X line 15
	Complete ii the organization	(a) Description	111 300, 1 411 14, 111	ic 11d. 000 1 0111	(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)		·			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part	X, col. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization line 25.	answered "Yes" on For	m 990, Part IV, lin	ie 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		 	
(1) Federal ır	come taxes				
(2)				e in flagge to the fig.	د داران و از
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
(9)					
	b) must equal Form 990, Part X, col. (B) line 25			Same of the	
2 Liability for	uncertain tax positions. In Part XIII	provide the text of the footing	te to the organization	n's financial stateme	ents that reports the

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

Part	•	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	<u>1</u> <u>606,083</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a b	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	
q C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 462,708
3 4	Subtract line 2e from line 1	্র ক্রিয়ার
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	449
b	(2007) 00	
С 5	Add lines 4a and 4b	4c 143.375
Part		
Fait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	neturi.
1	Total expenses and losses per audited financial statements	1 596,514
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	390,514
a	Donated services and use of facilities	
	Prior year adjustments	
	Other losses	
	Other (Describe in Part XIII.)	
	And the control of	_
3	Subtract line 2e from line 1	2e 462,708
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 1 ではなく
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	L TO
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part		5 133,806
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation.
DIREC	EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST	THE RELATED GROSS
RECEI	PTS.	
	enc	d Schedule D

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number** BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC 39-1735837 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e

Solicitation of non-government grants а ✓ Internet and email solicitations ☐ Solicitation of government grants b ☐ Phone solicitations g Special fundraising events C d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (or retained by) fundraiser listed in (iv) Gross receipts from activity custody or control of contributions? (ii) Activity (or retained by) organization col (i) Yes No 1 NONE 2 3 5 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

(a) Event #1 34 RAFFLES (event type) 28,769 4,589 8,323	769 16,567 585		(d) Total events (add col. (a) through col (c)) 60,965
(event type) 28,769 28,769 4,589	(event type) 769 16,567 769 16,567	(total number)	col (c)) 60,965
28,769	769 16,567 585		
28,769 4,589	585	15 629	60,965
4,585	585	15 023	00,500
8,323	323	I I	4,585
	1		8,323
	192		192
1,284	284 10,404	7,224	18,912
	2,721	1,220	3,941
660	660 893	3,282	4,835
Add lines 4 through 9 in a tract line 10 from line 3, a			40,788
he organization answe	wered "Yes" on Form 99		reported more
990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	6,868	6,321	13,189
	NETTED ABOVE		
	788	200	988
☐ Yes %	%	✓ Yes 98 % □ No	
☐ No	n column (d)		988
	m line 1, column (d)	.	12,201
No Add lines 2 through 5 in a		NSIN	
No Add lines 2 through 5 in cary. Subtract line 7 from	gaming activities: WISCO	s?	🗹 Yes 🗌 No
		conduct gaming activities in each of these state	organization conducts gaming activities: WISCONSIN conduct gaming activities in each of these states?

Schedu	ule G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility
	Name ► JONATHAN FISHER, TREASURER
	Address ► 414 SCOTT STREET, WAUSAU, WI 54403
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b b	The state of the s
	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?
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC 39-1735837 EXPLANATIONS OF FORM 990, PART VI "GOVERNANCE, MANAGEMENT, AND DISCLOSURE" QUESTIONS 6 AND 7a--THE DUES PAYING MEMBERS ELECT THE OFFICERS AND TRUSTEES THAT COMPRISE THE "BOARD OF DIRECTORS" (GOVERNING BODY) IN EITHER AN ANNUAL ELECTION OR AS VACANCIES OCCUR DURING THE YEAR QUESTION 7b--THE DUES PAYING MEMBERS APPROVE THE ANNUAL BUDGET AT THE SECOND MEMBERSHIP MEETING OF APRIL QUESTION 8b--THE PRACTICE OF THE ORGANIZATION IS TO ENCOURAGE, BUT NOT MANDATE THAT MINUTES OF COMMITTEE MEETINGS BE DOCUMENTED QUESTION 11a--COPIES OF THE DRAFT FORM 990 WERE PROVIDED TO MEMBERS OF THE GOVERNING BODY, WITH A REVIEW CONDUCTED PRIOR TO FORM 990 BEING FILED. QUESTION 19--NO SUCH DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC, BUT THIS FORM 990 WILL BE PROVIDED TO ALL UPON REQUEST

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

1545-0047	
Š	9
200	0

Employer identification number

BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC. Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	(ssistance	the grants or a	assistance, the d	rantees' eligibility f	or the grants or assista	39-1735837 nce, and
the grants the grants of procedurations	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the us	se of grant fund	ng the use of grant funds in the United States.	States.		· · · · · · · · · · · · · · · · · · ·
a nce to Do 1y recipient	nestic Organization nat received more th	ns and Dom€ han \$5,000. F	estic Governm Part II can be di	ents. Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	swered "Yes" on Form 1.
(p) EIN	(c) IRC section (d) Ar (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						19 11 11 11 11 11 11 11 11 11 11 11 11 1
			-			
(3) and govations	Enter total number of section 501(c)(3) and government organizations I	nizations listed in the line 1 table	ne 1 table			0
Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	-	. Ö	Cat. No. 50055P		Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)

Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CLOTHING & FOOD TO FAMILIES AT XMAS	92		9,527	9,527 PURCHASE COST	CLOTHING & FOOD
2 CAMPERSHIPS AT CAMP WABEEK	က	3,393		THIRD PARTY BILLING	PAID ATTENDANCE FEE FOR CAMP
3 SCHOLARSHIPS AND AWARDS CEREMONY	6	5,200	501	501 COST OF FOOD	MEALS AT AWARDS CEREMONY
4 FEED THE NEEDY SUPPERS	110		608	809 PURCHASE COST	COST OF FOOD
5 BABY SUPPLIES TO NEEDY MOTHERS	35		746	746 PURCHASE COST	COST OF DIAPERS, FORMULA, ETC
6 INSTALLED WHELCHAIR RAMPS AT HOMES OF					
SAI	2		077	770 PURCHASE COST	RAMP MATERIALS/SUPPLIES
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addit	ional information.
	[1			