Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public **Inspection**

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Membership dues and selesse prevented on line 10 generated in p.8.2 Membership dues and selessex prevented on line 5b from line 5a) Membership dues and aslessex prevents form line 5a) Membership dues and selessex prevents form line 5a) Membership dues and seless expenses Membership dues and seles	Ā	For th	e 2019 calen	dar year, or t	ax year begin	ning	4/1/2019	, ar	nd ending		3/31/20	
Name change Initial return Number and street (or P O box f mail a not delivered to street address) Room/suite 24.0523905	В	Check	f applicable	C Name of or	ganization		A 04	`		D	Employer id	entification number
Inhalf return PO Box 1023 City or town State ZIP code Telephone number E Telep		Address	s change	Wilkes-Barr	e Scranton E	ks Lodge #109	124	W				
Final return/Herminaled Amended return Application pending Foreign country name Foreign province/state/county Foreign postal code Foreign postal code Foreign country name Foreign province/state/county Foreign postal code Foreign countries Foreign postal code Foreign countries Foreign postal code Foreign countries Foreign postal code Foreign countries Foreign coun		Name o	change	Number and st	reet (or PO box r	mail is not delivered	to street address)		Room/suite		24	1-0523905
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Application pending		Amende	ed return	Wilkes Barre	e		PA	1870	₁₃₋₁₀₂₃ UC) [(570	D) 7 <u>14-2616</u>
Mumber ► 1156 G Accounting Method		Applica	tion pending			Foreign prov				F	Group Exe	mption
G Accounting Method										1	Number >	1156
Website: N/A	_	A		∇ Cook	Accessed	Other (energy	۸ .		- 1	LI Cha		
Tax-exempt status (check only one) -			-	[A] Cash	Accruai	Other (specify	<i>"</i> – – – – – – – – – – – – – – – – – – –					- ,
K Form of organization X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 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 a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming and fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 7,71 7d 11,793 7c 7,71 7d 11,793 7d 7d 7,71 7d 11,793 7d 7,71 7d 11,793 7d 7,71	΄.										•	
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>J</u>	Tax-exe	mpt status (ched	ck only one) —	501(c)(3)	X 501(c) (8	3) ⋖ (insert no)	4947(a)(1) or527	(, 0,		
Part II column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K	Form of	f organization	X Co	orporation	Trust	Association	\ \ \ \ \ \ \ \	Other			_
Part II column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	L	Add line	es 5b, 6c, and	7b to line 9 to	determine gro	s receipts If gro	ss receipts are \$20	0,000 or mo	ore, or if total	assets		
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10 Grants and similar amounts paid (list in Schedule O) . 10 4,64		8		•		•				_	8	17,812
10 Grants and similar amounts paid (list in Schedule O): 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Salaries, other compensation, and employee benefits	-						لوييدا بر _{يان} و	<u> </u>	• .			
11 Benefits paid to or for members . 12 Salaries, other compensation, and employee benefits 2020						n Schedule O) :	الاستاني المساني					4,645
12 Salaries, other compensation, and employee benefits	\equiv						្ត្រាខ		•			
	eg_		Salaries, oti	ner compens	ation, and em	ployee benefits	จ.วกวก		•			
13 Professional fees and other payments to independent contractors 20	녆	1	Professiona	il fees and ot	ner payments	to independent	contractors	•	•			900
14 Occupancy, rent, utilities, and maintenance	蒙		Occupancy,	rent, utilities	i, and mainten	ance			•		-	15,155
15 Printing, publications, postage, and shipping 15 Other symphosis (december in Schodule O)	***				-	ipping .	أكالأ وملي			•		874
16 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Table 200 and 18	な					10) (Odden A.	<u></u>		•		27,076
17 Total expenses. Add lines 10 through 16	\$					16	_ · · _ · _ ·	21	· ·		_	48,650
18 Excess or (deficit) for the year (subtract line 17 from line 9)	\$5		•	•			•	(A)\ /~~··~*		•	16	-4,920
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	88(13					i iiiie 27, column	(M)) (must	agree with		40	105 247
end-of-year figure reported on prior year's return)	ţ	20	-			•	 un Schodulo O'					195,347
20 Other changes in net assets or fund balances (explain in Schedule O)	Ž			_								190,427
21 Net assets of failed balances at end of year Combine lines to through 20					•				··		<u> </u>	Form 990-EZ (2019)

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Par	Check if the organization used Schedule O to re	spond to any	question in the	his Part II .			•		X
				T	(A) Begin	ning of y	ear		(B) End of year
22	Cash, savings, and investments			Ī		17,	464	22	10,998
23	Land and buildings			[202,	666	23	192,616
24	Other assets (describe in Schedule O)			[545	24	345
25	Total assets	•				220,	675	25	203,959
26	Total liabilities (describe in Schedule O)		•			25,	328	26	13,532
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)			195,	347	27	190,427
Pa	rt III Statement of Program Service Accomplish Check if the organization used Schedule O to					[7		Expenses
\\/ha	t is the organization's primary exempt purpose? F		<u> </u>				_		quired for section
	cribe the organization's program service accomplishing				rvices				(c)(3) and 501(c)(4) Inizations, optional
	neasured by expenses in a clear and concise manne								others)
	ons benefited, and other relevant information for each		•						/4 / 1
	Description of community actuation		•				-		T
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	(Grants \$) If this amount	ıncludes fore	ign grants, ch	neck here		•	للـــ	28a	
29									
						- -			
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	(Grants \$) If this amount	includes fore	ign grants, cl	neck here		>	 -	29a	
30					·				
	/O								
	(Grants \$) If this amount	includes fore	ign grants, cr	neck nere	···· · ,·· · -			30a	<u> </u>
37	Other program services (describe in Schedule O) . (Grants \$) If this amount	includes fore	ian arante ch	nack hara		٠ 🛌 ا	- 1	24-	
20	<u> </u>						_	31a 32	-
	Total program service expenses. (add lines 28a thi	ough Star .					_		· · · · · · · ·
				a ayan if not comp	nantad	ooo tha	لسند		os for Bort IVA
Pa	rt IV List of Officers, Directors, Trustees, and Ke	y Employee	s (list each on		nsated—	see the	instr		ns for Part IV)
Pa		y Employee	s (list each on	n this Part IV				uction	ns for Part IV)
Pa	rt IV List of Officers, Directors, Trustees, and Ko Check if the organization used Schedule O to	respond to a	s (list each on ny question i verage	(c) Reportable compensation		i) Health i	benefits	cuction	(e) Estimated amount of
Pa	rt IV List of Officers, Directors, Trustees, and Ke	respond to a (b) Average hours p	s (list each on ny question i	(c) Reportable compensation (Forms W-2/1099-MI	(c) em	i) Health i contributi	benefits ons to nefit pla	uctions,	
	rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title	respond to a (b) Average hours p	s (list each on ny question ii verage er week	(c) Reportable compensation	(c) em	i) Health i	benefits ons to nefit pla	uctions,	(e) Estimated amount of
Patr	rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title	respond to a (b) At hours p devoted t	s (list each on ny question ii rerage er week o position	(c) Reportable compensation (Forms W-2/1099-MI	GC) em	i) Health i contributi	benefits ons to nefit pla	uctions,	(e) Estimated amount of other compensation
Patr Exa	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler	respond to a (b) Average hours p	s (list each on ny question ii verage er week	(c) Reportable compensation (Forms W-2/1099-MI	(c) em	i) Health i contributi	benefits ons to nefit pla	uctions,	(e) Estimated amount of
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Patr Exal Kev Trea Mak Sec Mar Loya Kare	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler n Weiss surer colm Barber etary y Theroux al Knight en Gaffney	ey Employee respond to a (b) At hours p devoted t Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 4 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0	i) Health i contributi	benefits ons to nefit pla	o O	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Seco Marr Loya Kare	Check if the organization used Schedule O to (a) Name and title (ck Paralis ted Ruler in Weiss surer colm Barber etary y Theroux al Knight in Gaffney uring Knight	ey Employee respond to a (b) At hours p devoted t Hr/WK Hr/WK	s (list each on ny question ii rerage er week o position 4 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	(C) em and C	i) Health i contributi	benefits ons to nefit pla	on on one of the original of t	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Seco Mary Loya Kare Lect	Check if the organization used Schedule O to (a) Name and title (ck Paralis ted Ruler n Weiss surer colim Barber retary y Theroux al Knight en Gaffney uring Knight Westbrook	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	O O O O	i) Health i contributi	benefits ons to nefit pla	O O O	(e) Estimated amount of other compensation
Patr Exal Kev Trea Mak Sec Mar Loya Kare Lect Dick	Check if the organization used Schedule O to (a) Name and title (ck Paralis ted Ruler n Weiss surer colm Barber retary / Theroux al Knight en Gaffney uring Knight Westbrook tee	ey Employee respond to a (b) At hours p devoted t Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 4 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0	i) Health i contributi	benefits ons to nefit pla	o O	(e) Estimated amount of other compensation
Patr Exal Kev Trea Mar Loya Kare Lect Dick Trus	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler n Weiss surer colm Barber retary y Theroux al Knight en Gaffney uring Knight Westbrook tee s Andrews	ey Employee respond to a (b) At hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 4 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	o o o o	(e) Estimated amount of other compensation
Patr Exal Kev Trea Malo Sec Mar Loya Kare Lect Dick Trus Rus Trus	Check if the organization used Schedule O to (a) Name and title (ck Paralis ted Ruler n Weiss surer colm Barber retary / Theroux al Knight en Gaffney uring Knight Westbrook tee s Andrews tee	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	O O O O	i) Health i contributi	benefits ons to nefit pla	O O O	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	O O O O O	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) At hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 4 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	o o o o	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) At hours p devoted to the hours p devo	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Mald Sec Marr Loya Kare Trus Trus Jam	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) An hours p devoted t Hr/WK	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Patr Exal Kevi Trea Malo Seci Mari Loya Kare Lect Dick Trus Rus Trus	Check if the organization used Schedule O to (a) Name and title ick Paralis ted Ruler in Weiss surer colm Barber retary y Theroux al Knight in Gaffney uring Knight Westbrook tee s Andrews tee es Tanner, Jr	ey Employee respond to a (b) At hours p devoted to the hours p devo	s (list each on ny question ii) verage er week o position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	(c) Reportable compensation (Forms W-2/1099-MI	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	i) Health i contributi	benefits ons to nefit pla	0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in the contract statement requirements in the contract statement requirement requirements in the contract statement requirement requirements at the contract statement requirement requirement requirements at the contract statement requirement requ		art V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X
36	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		2.44	W.M. 1985
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	51°44, 4°5338	X 2/1231
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:			
a a	Initiation 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 NIA	180		9
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	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-EZ? If "Yes," complete Schedule L, Part I	40Ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		25.12	7.538
	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 .			
-	transaction? If "Yes," complete Form 8886-T	40e	2. C. E. S.	X
41	List the states with which a copy of this return is filed ► NONE	<u></u>		
42 a	The organization's books are in care of ► Kevin Weiss, Treasurer Telephone no ►	570-7	14-261	6
	Located at ► 39 Evans Street City Pringle ST PA ZIP + 4 ► 187	04		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	· -	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country		建物源	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
c	Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States?	42c	WIXE	X
C	If "Yes," enter the name of the foreign country	420	<u></u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year . NIA > 43			
	The strict the amount of tax exempt interest reserved of assistant during the tax year.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			12 200
	completed instead of Form 990-EZ	44a	2 x 12/21/00	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			5.135
_	completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an .	44c	148.75	
u	explanation in Schedule O	44d	14-14 (F. 17)	12.27.475
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	70		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		100	
	Form 990-EZ See instructions	45b	00 53	X (2040)
		Form 9	フリーピ	(2019)

<u>4-05239</u>	ŲΣ	Page 4						
	Yes	No						
46		X						
for lines								

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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	í.		
N	Al	-	

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49 a										
	If "Yes," was the related organization a section 527 organization?									
50	Complete this table for the organization's five his	_	ola	vees (other than office	rs, director	s, trustees,	and	kev		
	employees) who each received more than \$100							•		
	(a) Name and title of each employee	(b) Average hours per week devoted to position		(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Healt contribution benefit plans	th benefits, s to employee s, and deferred ensation	(e)		ated amo	
Name	None						i			
Title		Hr/WK	00							
Name										
Title		Hr/WK	00							
Name										
Title		Hr/WK	00							
Name							Į.			
Title		Hr/WK	00							
Name										
Title		Hr/WK	00							
f	Total number of other employees paid over \$100			<u> </u>						
51	Complete this table for the organization's five his	-			each rec	eived more i	than			
	\$100,000 of compensation from the organization	on If there is none, ente	er "N	lone "						
	(a) Name and business address of each independ	ent contractor		(b) Type of service	ce	(c) Com	pensa	tion	
Name	None Str									
City	ST	ZIP								
Name	Str									
City	ST	ZIP								
Name	Str									
City	ST	ZIP								
Name	Str									
City	ST	ZIP								_
Name	Str									
C.A.	CT	710		ĺ						

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

Paid
Preparer
Use Only

52

Sign Here

Type or print name and title

Signature of officer

completed Schedule A.

Print/Type preparer's name Jerome T Matlowski

Firm's name Matlowski Corporation, PC Firm's address > 13 Lee Park Avenue, Hanover Township, PA 18706

Total number of other independent contractors each receiving over \$100,000

Preparer's signature

self-employed

Phone no

PTIN P01353546

Yes

No

Firm's EIN > 23-2937205 (570) 829-1923

➤ X Yes

May	the IRS	discuss	this return	n with the	preparer	shown	above?	See instructions	i

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

No

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
Wilkes-Barre Scranton Elks Lodge #109	24-0523905
Form 990-EZ, Part I, Line 8, Other Revenue: Rent 13,170	
Form 990-EZ, Part I, Line 8, Other Revenue Small Games 4,642	
Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,500	
Form 990-EZ, Part I, Line 16, Other Expenses Interest 1,098	
Form 990-EZ, Part I, Line 16, Other Expenses Supplies 699	
Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,093	
Form 990-EZ, Part I, Line 16, Other Expenses. Depreciation. 10,050	
Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense 1,643	
Form 990-EZ, Part I, Line 16, Other Expenses Per Capita Fees, Dues, and Donations 3,002	
Form 990-EZ, Part I, Line 16, Other Expenses Licenses 1,221	
Form 990-EZ, Part I, Line 16, Other Expenses Insurance: 4,086	
Form 990-EZ, Part I, Line 16, Other Expenses Refuse Removal 1,680	
Form 990-EZ, Part I, Line 16, Other Expenses. Bank Charges: 4	
Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 545, End of year	
345	
Form 990-EZ, Part II, Line 26, Liabilities Notes/Mortgage Payable Beginning of year 25,328,	
End of year 13,532	······
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