Form

(Rev January 2020)

# **Return of Organization Exempt From Income Tax**

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 103

OMB No 1545-0047

2019

Open to Public

nte	rnal Revenu	e Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	nation.		Inspection		
1	For the 2	2019 calend	dar year, or tax year beginning April 1 , 2019, and ending	March 3	31	, 20 20		
1	Check if a	pplicable	C Name of organization Benevolent & Protective Order of Elks #248 Inc.		) Emplo	yer identification number		
٦	Address cl		Doing business as WAUSAU ELKS LODGE			39-1735837		
╡	Name cha	-	Number and street (or P O box if mail is not delivered to street address) Room/si	ute E	E Telephone number			
╡	Initial retur	-	414 SCOTT STREET		715-845-5602			
╡		n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
╡					Gross	receipts \$ 495,569		
닉	Amended		WAUSAU WI 54403  F Name and address of principal officer  H(			subordinates? Yes No		
٢	Application					s included? Yes No		
_	<b>-</b>					t (see instructions)		
	Tax-exem							
				c) Group exe				
			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1992 N	/ State o	of legal domicile WI		
	art I	Summa				<del></del>		
	1 E	Briefly des	cribe the organization's mission or most significant activities. The organization	tion carried	l out th	e mission of the		
Se	<u> </u>	<b>Benevolent</b>	& Protective Order of Elks of the USA to provide assistance to youth, veterans	s, and need	y indiv	iduals, and promote		
ā			ostering patriotism to the USA.					
Governance	2 (	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of mo	ore than 25	5% of I	ts net assets		
ĝ	3 1	Number of	voting members of the governing body (Part VI, line 1a)		3	9		
∞ಶ	4 1	Number of	independent voting members of the governing body (Part VI, line 1b)		4	9		
Activities	5 T	rotal numb	per of individuals employed in calendar year 2019 (Part V, line 2a)		5	42		
፮	6 T	Total numb	per of volunteers (estimate if necessary)		6	200		
ğ			ated business revenue from Part VIII, column (C), line 12		7a			
			red business taxable income from Form 990-T, line 39		7b	0		
	<del>-</del>			Prior Year		Current Year		
	8 (	Contributio	ons and grants (Part VIII, line 1h)	18	3,096	140,687		
Revenue	9 F		ervice revenue (Part VIII, line 2g)		9,490	6,436		
Υē	10	•	Income (Part VIII, column (A), lines 3, 4, and 7d)		377	464		
æ	10 11							
	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,361	-46,342		
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,602	101,245		
	13 (	arants and	I similar amounts paid (Part IX, column (A), lines 1–3)	Revice 3	4,118	43,745		
	14 E	senetits pa	aid to or for members (Part IX, column (A), line 4)	K.USB 2	1,870	15,261		
es	15 5	Salaries, ot	her compensation, employee benefits (Part IX, column (A), line 4)  Received  Received  Received  151		3,044	9,088		
Expenses	16a F	Profession	al fundraising fees (Part IX, column (A), line 11e)					
ž	b 1		raising expenses (Part IX, column (D), line 25)	020 7				
ш	17 (		All Lives (Filters, constitute y, misserial res, filt 2 to)	020 7	1,189	68,776		
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,221	136,870		
		Revenue le	CARCING CAPCINGCO. COSTRUCT INTO TO HOLIT INTO TE		1,381	-35,625		
5 8	<u>§</u>		Beginn	ing of Curren	t Year	End of Year		
ivel Assets Find Balani	g 20 T		ts (Part X, line 16)	27	0,723	227,377		
35	21 7	Fotal lıabılı	ties (Part X, line 26)	18	0,752	173,031		
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P	art II	Signatu	re Block					
Ur	nder penalti	es of perjury	I declare that I have examined this return, including accompanying schedules and statements,	and to the b	est of m	y knowledge and belief, it is		
tru	ue, correct,	and complet	peclaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	1	1-		
		1 4/	hull /1/ovall	$ \beta$	1131			
Si	gn	Spriat	ure of officer	Date	19			
4	ere	\/B	ruce Conard Exalted Rule-					
		Type o	r print name and title					
_		<del>'</del>	preparer's name Preparer's signature Date		heck [	] if PTIN		
	aid	1 "			elf-empl	-		
	eparer	Councie	ne Þ	Firm's E	IN ▶			
J	se Only	/ <del></del>		Phone n	_			
11-	y the IPS	Firm's add	this return with the preparer shown above? (see instructions)	Friorie		. Yes No		
_				1927	····	7 Form <b>990</b> (2019)		
-0	r Paperwo	ork Heauct	ion Act Notice, see the separate instructions. Cat No 112	041	$\sim$	2 FORTH 990 (2019)		

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission:	<u>· · · · ⊔</u>										
•	To inculcate the principles of Charity, Justice, Brotherly Love and Fidelity; to promote the welfare of its Members and cu	ltivate good										
	fellowship; to quicken the spirit of American patriotism; and to provide for its government; accomplishing such by servi											
	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?											
_	· · · · · · · · · · · · · · · · · · ·											
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.											
4a	(Code: ) (Expenses \$ 67,946 including grants of \$ 137) (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											
	••••••••••••••••••••••••••••••••••											
4b	(Code ) (Expenses \$ 32,829 including grants of \$ 32,692) (Revenue \$											
10	(	/										
,,,	Solicitation of donations to provide assistance to needy families and veterans, and organizations in support thereof	<b></b>										
15	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	***************************************										
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BDGIO

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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		1
4	<b>Section 501(c)(3) organizations.</b> 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		1
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7	-	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		✓
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			
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	į	<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	"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		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b>√</b>
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		<b>✓</b>
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		<b>&gt;</b>
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		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>√</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		✓

Part	Checklist of Required Schedules (continued)			
00	Did the annual state when the OC 000 of monte or other positions to prefer the sector individuals on		Yes	No
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	✓	
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>\</b>
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		✓
<b>33</b> .	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>-</b>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

art '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
F-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
b		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	/	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
J	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
 a	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
U	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			
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	Ì	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ır	for a struc	tions
O = -4:	Check if Schedule O contains a response or note to any line in this Part VI :	<u> </u>	•	✓
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a		163	140
1a	If there are material differences in voting rights among members of the governing body, or	4		İ
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			ĺ
b	Enter the number of voting members included on line 1a, above, who are independent 1b s	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ן י		ŀ
	any other officer, director, trustee, or key employee?	2	<b>✓</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	<b>-</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		
, ,	one or more members of the governing body?	7a	✓	
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	<b>\</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		<b>✓</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
12	Did the organization have a written whistleblower policy?	13		_/
13 14	Did the organization have a written document retention and destruction policy?	14	1	
	Did the process for determining compensation of the following persons include a review and approval by	H	_	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b> </b>
b	Other officers or key employees of the organization	15b		<b>\</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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	.56		-
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		4	04/
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	STEVE LAMMERS, TREASURER 414 SCOTT STREET, WAUSAU, WI 54403 715-845-5602			

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Form	qqn	(201	Q١

Part VII	Compensation of Officers, Di	rectors, Trustees,	Key Employees, High	est Compensated Employees,	and
	Independent Contractors	41			

## 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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor	any relate	d orga	anız	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or directo	unles	Pos neck ss pe	rson lirect	e than or thrus Highest compensated employee	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 and related organizations
(1) ADAM DOEDE, EXALTED RULER	10	/		1				0	0	0
(2) BRUCE CONARD, LEADING KNIGHT	12	/		· ✓				0		
(3) MIKE HALL, LOYAL KNIGHT	7	1		1				0	0	0
(4) JONATHAN FISHER, LECTURING KNIGHT	7	1		<b>✓</b>				0	0	
(5) KEVIN MCCARTHY, TRUSTEE	6	1						0	0	
(6) KRISTIN DOLL, TRUSTEE	5	1						0	0	0
(7) BOB STEPHENS, TRUSTEE	5	1						0	0	
(8) TYLER BABL, TRUSTEE	5	<b>✓</b>						0	0	0
(9) STEVE LAMMERS, TRUSTEE & TREASURER	10	1		/				0	0	0
(10) RIDGLEY SCHOTT, SECRETARY	5			/				0	0	0
(11)										
(12)										
(13)										
(14)			_							

Part	VII Section A. Officers, Directors, 7	rustees,	Key	Em	plo	yee	s, ar	ıd F	lighest Compe	ensated	Emplo	yees (c	ontinuea
Ξ	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	erson	e than is both or/trus	ı an	( <b>D</b> ) Reportable compensation	(E Repor comper	table isation	of	(F) ed amount other
		per 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)	from re organiz (W-2/109	ations	fro organi	ensation m the zation and rganizations
(15)													
(16)													-
(17)													
(18)													
(19)													
(20)													
(21)										-			
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal	VII, Sectio	n A				•	<b>&gt; &gt; &gt;</b>	0	-	0		(
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited						e) w					
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire								t compe	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole (  50,	com 000	per	nsatio	n ai s,"					
5	Did any person listed on line 1a receive of or services rendered to the organization?										dividual	-	
	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·			
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business addi	ress							(B) Description of serv	rices	C	(C) Compensa	tion
NONE	WITH COMPENSATION OVER \$100,000												
		<u> </u>											
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abov	e) who			

Part	VIII	Statement of Re Check if Schedule			espor	se or note to an	ov line in this Pa	nrt VIII		
				, and an a	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns		1a		-			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	78,829				
ع ق	С	Fundraising events			1c					
fts 7 A	d	Related organizatio	ns .		1d					
ia ig	е	Government grants	(conf	tributions)	1e					
Sin	f	All other contribution	ns, gi	fts, grants,						
utic er		and similar amounts no	ot incl	uded above	1f	61,858				
들왿	g Noncash contributions included in									
Cont	lines 1a–1f 1g				\$					
<u> </u>	h	Total. Add lines 1a-	-1f .		<u> </u>	<u> ►</u>	140,687			
						Business Code	-			_
ice	2a	NEWSLETTER TO M	EMBE	RS		813410	2,031			
e S	b	MEMBER EVENTS				713990	4,405			
n S In	С									
Program Service Revenue	d									
	e									
ፈ .	f	All other program service revenue .				Ĺ				
	g	Total. Add lines 2a-					6,436			
	3	Investment income		luding divi	dends					
	_	other similar amoun		•		·	464			
	4	Income from investment of tax-exempt bor			ond proceeds					
	5	Royalties	<del></del>	· · · ·	<u> </u>					
				(i) Rea	(l 	(II) Personal				
	6a	Gross rents .	6a							
	b	Less. rental expenses	6b	<u> </u>						
	C.	Rental income or (loss)		<u> </u>						
	d	Net rental income o	r (los:	<u>,                                    </u>						
	7a	Gross amount from		(ı) Securi	ties	(II) Other				
		sales of assets								
4	١.	other than inventory	7a_							1
Revenue	b	Less' cost or other basis	7b							
ě		and sales expenses Gain or (loss) .	7c							
æ	d d	Net gain or (loss)		<u> </u>						
ř					<u> </u>	· · · · · ·	· <del>-</del> -			·
Other	oa	Gross income fro events (not including		indraising						
		of contributions re		d on line						
		1c) See Part IV, line			8a	47,540				
	ь	Less. direct expens			8b	21,550		1		
	c	Net income or (loss)					25,990			
	9a	Gross income 1			5		20,000		<del></del>	·
	•	activities See Part I			9a	11,217				
	b	Less. direct expens			9b	1,264		,		
	С	Net income or (loss)		gaming a	ctivitie		9,953			
	10a	Gross sales of in		-						
		returns and allowan			10a	289,131				
	b	Less cost of goods			10b	371,510				
	С	Net income or (loss)			vento		-82,379		-	
<u>s</u>		<u></u>				Business Code	·	_		
او <u>بر</u>	11a									
ang	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue		, .		900099	94			
≥	e	Total. Add lines 11a	<u>a–1</u> 1c	i		🔻	94			
	12	Total revenue. See				. •	101,245			

Part IX	Statement of Functional Expenses	S

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All	other organizations.	must complete colu	mn (Λ).
	Check if Schedule O contains a response	e or note to any line	in this Part IX		🗆
	ot 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	3,637	3,637		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	40,108	40,108		 
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	15,261	15,261		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages	9,088		9,088	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
9	Other employee benefits				
10	Payroll taxes	848		848	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4,598		4,598	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	360	360		
13	Office expenses	3,767	2,578	1,189	
14	Information technology .				
15	Royalties				
16	Occupancy	8,559	6,847	1,712	
17	Travel	·	·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,067	1,067		
20	Interest	6,403	6,403		
21	Payments to affiliates	11,631	11,631		
22	Depreciation, depletion, and amortization .	15,769	11,038	4,731	
23	Insurance	13,971	11,875	2,096	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PERMITS	21		21	
b	OFFICER TUXEDOS FOR ELK RITUALS	885	885		
C	YOUTH EVENTS-PROJECT EXPENSES	897	897		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	136,870	112,587	24,283	
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18,565	1	17,980
	2	Savings and temporary cash investments	145,729	2	72,335
Assets	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	860
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	20,696	8	8,668
As	9	Prepaid expenses and deferred charges	2,273	<b>†</b>	1,695
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,465,304			
	b	Less. accumulated depreciation 10b 1,339,465	81,281		125,839
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 .		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	<del>-</del>	14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33) .  Accounts payable and accrued expenses	270,723 48,299		227,377
	17 18	Grants payable	46,299	18	21,419
	19	Deferred revenue	47,453		38,780
	20	Tax-exempt bond liabilities	47,400	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	·	21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties	85,000	23	112,832
	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		0.5	
	00	of Schedule D	400.750	25 26	472.024
	26	Total liabilities. Add lines 17 through 25	180,752	20	173,031
		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
Jan	27	Net assets without donor restrictions	-45,060	27	-9,975
Ba	28	Net assets with donor restrictions	135,031		64,321
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ □			
ř		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29 30	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31 32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	89,971	<del></del>	54,346
Net	33	Total liabilities and net assets/fund balances	270,723	<del></del>	227,377
_	_55	rotal habilities and not assets/fund balances	210,123		221,311

orm 9	90 (2019)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	)1,245
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	36,870
3	Revenue less expenses Subtract line 2 from line 1	3		-3	35,625
4	· · · · · · · · · · · · · · · · · · ·				39,971
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			4,346
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990		_		i
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplaın ı	٦ <u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled d	r		]
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain o	ו		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			
	Single Audit Act and OMB Circular A-133?	•	3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		

Form **990** (2019)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part JV, 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.

Department of the Treasury Internal Revenue Service

ation. Inspection

OMB No 1545-0047

**Open to Public** 

Benev	olent & Protective Order of Elks #248 Inc.		39-1735837
Par			
	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		
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing th	nat grant funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit? .		· · · · · · · Yes · No
Par	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (for example, recre		
	☐ Protection of natural habitat	☐ Preser	vation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation cor	Fr
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in	(c) acquired after 7/25/06, ar	d not on a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished	, or terminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and	enforcing conservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and er	storcing conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports of	conservation easements in its r	evenue and expense statement and
	balance sheet, and include, if applicable, the text of		on's imancial statements that describes the
	organization's accounting for conservation easemed and organizations Maintaining Collections		ves ay Other Cimilar Assets
Par	Organizations Maintaining Collections Complete if the organization answered '		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote		
_			
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets held provide the following amounts relating to these iter		in, or research in furtherance or public service,
	,		▶ •
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		· · · •
_			
2	If the organization received or held works of art,		
_	following amounts required to be reported under F	ASD ASC 330 relating to these	tens. ▶ ¢
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
b	ASSELS INCIDIDED IN FURIN 330, FAILA		· · · · • • • • · · · · · · · · · · · ·

Pari	Organizations Maintaining	Collections of Ar	t, Histori	cal Treasures	, or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and othe	r records,	check any of th	e föllov	ving that make si	gnificant u	se of its
а	☐ Public exhibition		d 🗌	oan or exchang	je progi	ram		
b	☐ Scholarly research		е 🗌	Other				
С	☐ Preservation for future generations			•••				
4	Provide a description of the organizat XIII.	ion's collections and	d explain I	now they further	the org	ganization's exem	pt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintain						□ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		on Form 9	90, Part IV, lin	e 9, or	reported an am	ount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?				tions or	other assets no	t 🔲 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the follow	ring table		Ar	nount	
С	Beginning balance			•	10	;		
d	Additions during the year				10			
е	Distributions during the year				1e	÷ [		
f	Ending balance				1f	1		
2a	Did the organization include an amour	nt on Form 990, Part	X, line 21,	for escrow or co	ustodia	account liability	¹ ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa							
	t V Endowment Funds.	<u> </u>		_				
	Complete if the organization	answered "Yes" of	n Form 9	90, Part IV, line	e 10			
		(a) Current year	(b) Pnor ye	ar (c) Two year	rs back	(d) Three years back	(e) Four ye	ars 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			1				
2	Provide the estimated percentage of the	he current year end	balance (lı	ne 1g, column (a	)) held	as	•	
а	Board designated or quasi-endowmer		6					
b	Permanent endowment >	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	2c should equal 100	%					
3a	Are there endowment funds not in the organization by	•		on that are held	and ad	ministered for the	Ye	s No
	(i) Unrelated organizations .						3a(i)	-
	(ii) Related organizations .		•	• •			3a(ii)	<del> </del>
b	If "Yes" on line 3a(ii), are the related or	 raanizations listed as	 required	on Schedule R2			3b	+-
4	Describe in Part XIII the intended uses				•	•	COD.	
Part			o ondown	on rando.				
I GIL	Complete if the organization		n Form C	90 Part IV line	11a	See Form 990	Part X line	<u>-</u> 1Ω
	Description of property	(a) Cost or other	basis (b)	Cost or other basis (other)	(c)	Accumulated epreciation	(d) Book v	
	Lond	, , , , , ,		<u> </u>		·		40.440
1a	Land			13,119		700 550	<del></del>	13,119
b	_	-		894,619		790,550		104,069
C	Leasehold improvements					400 400		0.051
d	Equipment	-		506,784		498,133		8,651
Total	Add lines 1a through 1e (Column (d) m	ust equal Form 990	Part Y C	50,782		50,782 ▶		125 020
ı vlal.	rigo intes la tillough le (Column (a) II	iaac aqaan i onin aad	,, 4,, 7,, 6,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· • · ·			125,839

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fori	m 000 Part IV line	a 11h Saa Form (	390 Part V line 12
<del></del>				
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation if-year market value
(1) Financial				
	eld equity interests			
(3) Other				<del></del>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				<del></del>
(G)		· <del></del> ·		
(H)	may (b) must agual Form 000 Port V and (P) line 12)			· · · · · · · · · · · · · · · · · · ·
Part VIII	mn (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" on Form	m 000 Part IV line	a 11c See Form (	300 Part X line 13
		(b) Book value		od of valuation
	(a) Description of investment	(b) Book value		f-year market value
(1)				
(2)				<u></u>
(3)				
(4)		<u> </u>		
(5)				
_(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .  Other Assets.			
Part IX	Complete if the organization answered "Yes" on Form	m 000 Part IV line	a 11d See Form (	300 Part Y line 15
	(a) Description	in 990, Fait IV, line	s rid. See roini s	(b) Book value
(4)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				·
(7)		<del></del>		
(8)				
(9)		-		
	mn (b) must equal Form 990, Part X, col (B) line 15)		🕨	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				· <u></u> -
(6)				
(7)				
(8)				
(9)		<u> </u>		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u> ▶	
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization	ı's fınancıal statemen	ts that reports the

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Part				Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.  a Net unrealized gains (losses) on investments . 2b . 2c . 2b				12a.	4	405 500
a Net unrealized gams (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIII) Add Innes 2a through 2d 3 Subtract line 2e from line 1 3 101,24 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 70 b Other (Describe in Part XIII) Add Innes 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12)  Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII) Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) C Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART XI, lines 2d and 4b, and Part XII, lines 2d FOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE".  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.					-	495,569
b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII)  2			ا مو ا			
C Recovenes of prior year grants d Other (Describe in Part XIII) Add Innes 2a through 2d 2e 394,322 Subtract line 2 from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial Statements With Expenses per Return. Complete fithe organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses not included on Form 990, Part IX, line 25 Investment expenses and lines 3 and 4c. (This must equal Form 990, Part I, lines 1a Investment expenses and lines 3 and 4c. (This must equal Form 990, Part IX, line 24 Investment expenses and lines 3 and 4c. (This must equal Form 990, Part IX, lines 1a and 4; Part IX, line 24 Investment expenses and lines 2d and 4b Also complete the part to provide any additional information Part XIII Supplemental Information.  Provide the descriptions required for Part III, lines 2d and 4b Also complete the part IX, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the part IX, lines 2d and			<del></del>			
d Other (Describe in Part XIII ) e Add lines 2a through 2d 2 394,324  Subtract line 2e from line 1 3 101,24  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 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 101,24  Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities Prior year adjustments C Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) C Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 136,87  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 2, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 4; Part X, line 2, Part XIII, Line 2d And Part XIII, Lines 2d and 4b Also compilete this part to provide any additional information.  Provide the descriptions required for Part II, lines 2d and 4b Also compilete this part to provide any additional information.  PRART XI, LINE 2d AND PART XII, LINE 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VIII, "STATEMENT OF REVENUE".  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.			<b>—</b>			
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII) C Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments C Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 1 Investment expenses not included on Form 990, Part IX, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 8 Total expenses Add lines 3 and 4c. (This expenses Add lines 3 and 4c. (This expenses Ad	_	· · · · ·	-	204 224		
3 101,24 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 101,24  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 2a through 2d c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 136,87  Part XIII Supplemental Information. Provide the descriptions required for Part III, lines 25, so and 3; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART XI, LINE 2d AND PART XII, LINE 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VIII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.		·	_ <u>zu</u>	394,324	20	204 224
4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 101,24  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete in the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments Cother losses C						
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII).  Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 136,871  Part XIII Supplemental Information.  PART XII, Line 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, Line 2d AND PART XII, Line 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VIII, "STATEMENT OF REVENUE".  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.  RECEIPTS.			i i i i i	·		101,243
b Other (Describe in Part XIII.)			4a			
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 101,24  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1		·	<del></del>			
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Donated services and use of facilities 5 Other losses 6 Other (Describe in Part XIII) 6 Add lines 2a through 2d 7 Subtract line 2e from line 1 7 Amounts included on Form 990, Part IX, line 25, but not on line 1: 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIII) 9 Cherry of the complete in Part XIII) 9 Cherry of the complete in Part XIII) 9 Cherry of the complete in Part XIII (Supplemental Information) 9 Part XIII Supplemental Information 9 Part XIII Innes 2d and 4b, and 4b Also complete this part to provide any additional information 9 Part XI, lines 2d and 4b part XI, Lines 2d and 4b Also complete this part to provide any additional information 9 Part XI, Line 2d AND PART XII, Line 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.  RECEIPTS.		· ·			4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	101,245
1 Total expenses and losses per audited financial statements	Part			xpenses pe	r Return.	•
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2b Prior year adjustments 2b Cother losses 2c James 2d Ja		Complete if the organization answered "Yes" on Form 990,	Part IV, line 1	2a.		
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART XI, LINE 2d AND PART XII, LINE 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VII. "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS RECEIPTS.	1	Total expenses and losses per audited financial statements .		ļ	1	531,194
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 136,871  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, Lines 2d and 4b; and Part XII, Lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, Line 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS.  RECEIPTS.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 2, Part XI, lines 2d and 4b, and Part XI, lines 2d and 4b Also complete this part to provide any additional information PART XI, LINE 2d AND PART XII, LINE 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VII. "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS RECEIPTS.	а	Donated services and use of facilities	2a			
d Other (Describe in Part XIII ) e Add lines 2a through 2d	b	•	<b>—</b>			
e Add lines 2a through 2d	С					
3 Subtract line 2e from line 1	d	·	2d	394,324		
A Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.		•				394,324
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.	_				3	136,870
b Other (Describe in Part XIII )						
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2d-FOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.						
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 136,870  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.		·	4D		<del>_</del>	
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.			 . 181	• }		126 070
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information  PART XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENTATION ON PART VII, "STATEMENT OF REVENUE",  DIRECT EXPENSES RELATING TO FUNDRAISING, GAMING, AND SALES OF INVENTORY ARE NETTED AGAINST THE RELATED GROSS  RECEIPTS.						130,870
	2, Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part XI, LINE 2d AND PART XII, LINE 2dFOR PURPOSES OF FORM 990 PRESENT	to provide any ATION ON PAR	/ additional inf T VII, "STATEN	formation MENT OF RE	VENUE",
end Schedule D	RECEI	PTS.				
end Schedule D						
			end Sched	ule D		
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#### **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 instructions and the latest information 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants C Phone solicitations Special fundraising events 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 (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of (ii) Activity col (i) Yes No NONE 2 3 4 5 6 7 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 3 registration or licensing

Schedule G (F	Form 990 or 990-EZ) 2019 Pa	ge 2
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported methan \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events vegross receipts greater than \$5,000.	

					On the contract of the contrac					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			31 Raffles	7 Foodstands	11(dinners, socials)	(add col (a) through col (c))				
4			(event type)	(event type)	(total number)	307 (0))				
Revenue	1	Gross receipts	31,578	6.452	9,510	47,540				
ш	2	Less Contributions .								
	3	Gross income (line 1 minus line 2)	31,578	6.452	9,510	47,540				
	4	Cash prizes	3,705			3,705				
	5	Noncash prizes	11,149	<u> </u>	200	11,349				
suses	6	Rent/facility costs .		450	407	857				
Direct Expenses	7	Food and beverages	1,346	2,186	1,276	4,808				
Direc	8	Entertainment	129		300	429				
	9	Other direct expenses .		70	332	402				
	10 11	Direct expense summary. Ad Net income summary. Subtra			🟲	21,550 25,990				
Pa	rt III		e organization answe							
- nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Revenue	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No					
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)						
	8	Net gaming income summar	y Subtract line 7 from li	ne 1, column (d) .						
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain"	onduct gaming activities	s in each of these states		Yes No				
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes No If "Yes," explain.								

Schedu	ıle G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ►		
	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address►		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	☐ Yes	☐ No
b			
	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 (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	ııı) and ( nal ınforr	v); and mation

# SCHEDULEI (Form 990)

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

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

► Attach to Form 990.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Open to Public Inspection °N □ **Employer identification number** ✓ Yes 39-1735837 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC Department of the Treasury Internal Revenue Service Name of the organization Part

Par IV, III	ne Z I , Tor an	y recipient that	received more tn	an ֆo,uuu. Part I	i can be dupiica	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated II additional space is needed.	ace is needed.	
1 (a) Name and address of organization or government	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (bcok, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NONE EXCEEDING \$5,000	3 \$5,000							•
(2)								
(3)								
(4)								
(5)								
(9)								
(μ)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num	ber of section	Enter total number of section 501(c)(3) and government o	vernment organizat	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table			0

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (F	Schedule I (Form 990) (2019)
Part III	Part III 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

(a) Type of grant or assistance (b) Numt recipie	(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	210		26,793	26,793 PURCHASE COST	CLOTHING & FOOD
2 SCHOLARSHIPS AND AWARDS CEREMONY	6	5,200	273	273 COST OF FOOD	MEALS AT AWARD CEREMONY
3 FEED THE NEEDY SUPPERS	270	,	711	711 PURCHASE COST	COST OF FOOD
4 WHEELCHAIR RAMPS FOR ELDERLY AND					
5 DISABLED	2		3,073	3,073PURCHASE COST	SUPPLIES TO BUILD
6 CAMPERSHIPS FOR DISABLED KIDS	4		3,776	3,776 PURCHASE COST	REGISTRATION FEE PAID
7 FILL-A-BACKPACK PROGRAM	09		282	282 PURCHASE COST	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, line	e 2; Part III, column	(b); and any other addir	tional information.

	ver possible. For example, scholarship checks are written to both the individual and school they will be attending.
	attend
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MONITORING OF GRANT FUNDS:	Cash Assistance checks are written out to a non-individual wheney
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assistance Is d		
. The non-cash		
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local social service agencies to determine need. The non-cash assistance is directly provided to, or consumed		
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sh assistance a		
k of the non-ca	ıts.	
Recipients for the bulk of the non-cash assistance are screened by I	by, the recipients.	
Recip		



#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

**BENEVOLENT & PROTECTIVE ORDER OF ELKS #248 INC** 39-1735837 EXPLANATIONS OF FORM 990, PART VI "GOVERNANCE, MANAGEMENT, AND DISCLOSURE" QUESTIONS 6 AND 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 86-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 QUESTION 2--TWO MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION ARE MARRIED TO EACH OTHER. ----- END SCHEDULE O -----