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## Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No. 1545-1150

Open to Public

Department of the Treasury

Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending В Check if C Name of organization D Employer identification number Please Address use IRS label or Name change Sammamish Valley Grange No 286 print or 23-7143308 Initial Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin ated 14654 - 148th Avenue NE 425-398-3701 City or town, state or country, and ZIP + 4 Ameno tions F Group Exemption 98072 Woodinville, WA Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X if the organization is not Tax-exempt status (check only one) — X 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990-FZ, or 990-PD) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 48,966. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 46,071. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 1,409. Investment income 4 1,486. Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) Less: direct expenses other than fundraising expenses 6h Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract-line 7b from line 7a) 7c Other revenue (describe 8 C Total revenue Add lines 1, 2,3, 4, 50, 60, 7e, and 8, n + n 48,966. g 9 RS Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 12,741. 13 13 See Statement 2 Occupancy, rent, utilities, and maintenance 16,108. 14 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe See Statement 1) 29,293. 16 17 Total expenses. Add lines 10 through 16 58,142. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 <9,176.> 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 229,376. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 220,200. Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 103,356. 97,888. 22 126,019. <u>122,312.</u> Land and buildings 23 23 Other assets (describe > Other Depreciable Assets 126,019 24 <u>12</u>2,312. 229,376. 25 220,200. Total assets 0. 26 26 Total liabilities (describe 0. 376. 220,200. Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) Sammamish Valley Grange N			23-	71433	UB Page 2
Part III   Statement of Program Service Accomplishmen	its (See the instructions for	Part III.)		E	xpenses
What is the organization's primary exempt purpose? See Statement	4	<u> </u>		4	r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purp					i) organizations and
the services provided, the number of persons benefited, and other relevant			ibe		7(a)(1) trusts, optional
		<u>. — — . — . — . — . — . — . — . — . — .</u>		for others )	
28 Provide community a meeting place f	or organizati	ons and			
individuals					
(Grants \$ ) If this amount includes foreign g	rants, check here			28a	
29 Support of community and youth, sch	ools, and oth	er			
non-profit organizations		-			
non profit organizacions					
	· · · · · · · · · · · · · · · · · · ·			1	
(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>	لبيا	29a	
30				1	
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(Grants \$ ) If this amount includes foreign g	rants, check here		T	30a	
31 Other program services (attach schedule)	iditio, check here			100	
		_	$\Box$		
(Grants \$) If this amount includes foreign g	rants, cneck nere	<u>P</u> _	<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions f	or Part IV.)
	(b) Table and assessed become	(-) 0	, ,	ntributions	
(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
(a) Haine and address	per week devoted to position	(If not paid, enter -0)		fit plans &	account and other allowances
	position	30,		eferred pensation	other allowances
David T Clark	President		30111	Porisation	<del>                                     </del>
PO Box 2948, Woodinville, WA 98072		_		•	
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	Vice-Presiden				1
NE, Woodinville, WA 98072	1.00	0.	l	0.	0.
Eric Clark	Secretary				1
13278 Bald Mtn Road, Monroe, WA 98272	1.00	0.	•	0.	0.
	Treasurer				
NE, Woodinville, WA 98072	1.00	ο.	ŀ	0.	) o.
	Lecturer				· · · ·
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	- 1		
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
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 period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:		'	
а	Initiation fees and capital contributions included on line 9 39a N/A		'	
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it 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	40b	N/	A
G	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A	!		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		L .	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. <b>WA</b>			
42 a	The organization's books are in care of ▶ The Organization Telephone no. ▶ 425-39	8-3	701	
	Located at ▶ 14654 - 148th Avenue NE, Woodinville, WA ZIP+4 ▶ 9	807	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	•		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			_
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	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form §	190-EZ	(2009)

	organizations and section 4947(a)(1) nonexempt charitable and 51	trusts must answer question	ns 46-49b and com	plete the table	s for	lines 5	0
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to c	andidates for public			Yes	No
	office? If "Yes," complete Schedule C, Part I			ļ	46	ļ	<b>_</b>
47	Did the organization engage in lobbying activities? If "Yes," complete Sch			1	47	<u> </u>	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48		<u> </u>
	Did the organization make any transfers to an exempt non-charitable related	organization?			49a 49b		<del></del>
	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employee	acc (other than officers, directors	tructage and key on	i a ndw (sesynian		ceived i	more.
50	than \$100,000 of compensation from the organization. If there is none, ente		, a distalla and key on				
	(a) Name and address of each employee paid more than \$100,000 ${f N/A}$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	( a oth	e) Expe ccount er allow	and
			-				
f 51	Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated indepen organization. If there is none, enter "None."  N/A  (a) Name and address of each independent contractor paid more		ved more than \$100,			rom th	
	Total number of other independent contractors each receiving over \$100,00	00					
_	Under penalties of perjury, I declare that I have examined this return, including a correct, and complete Declaration of prepare terrer than officers is based on all	accompanying schedules and stateme	nts, and to the best of m	y knowledge and b	elief, it i	s true,	
Sigi Her	n Discount / Com	PRESIDENT		Date / 10	<u>/</u> /	<u>0</u> 	
	parer's Jame Judal		ployed X	parer's identifying r	umber	(See ins	br )
	Firm's name (or yours I self-employed),   address, and ZIP+4   Kirkland, WA 98034	‡308	Phor no.		34	813	 3 <b>4</b>
Mav	the IRS discuss this return with the preparer shown above? See instructions	<del> </del>	<b>L</b>	▶ [		es L	No
<u></u>					Form	990-EZ	(2009)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM  $990-\mbox{EZ}$  Page 1

990-EZ

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Asset	Description	Date Acquired	Method	Life	No No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
İ	Occupancy, Rent, Utilities	Topological Control Co	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	prof pagin agricing the program of t	377111111111111111111111111111111111111							
-	<u> Land</u>	010160L				9,000.			.000,6			0.
(4)	2Hall	010160SL	one of the control of	40.0016	9	30,000.			30,000.	30,000.		0.
(4)	3Land - Station	010100L	ادر	***************************************		5,000.			5,000.			0.
7	4Building - Station	010100SL		39.0016	9	140,000.	To an annual state of the second state of the		140,000.	32,360.		3,590.
സ		070707SL		39.0016	91	4,554.			4,554.	1,75.	,	117.
	* 990-EZ Pg 1 Total Occupancy, Rent, U					188,554.		0	188,554.	62,535.	0	3,707.
	* Grand Total 990-EZ Pg 1 Depr	e 500 Ke		22.2 2.2.		188,554.		o	188,554.	62,535.	0	3,707.
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928102 06-24-09					V (Q)	(D) - Asset disposed		, ITC	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Comn	nercial Revital	zation Deduction

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
Community service Convention expenses Taxes and licenses Supplies Other Dinners Dues Total to Form 990-EZ,	line 16	13,186. 1,598. 7,609. 877. 1,400. 3,879. 744.
Form 990-EZ Occup	ancy, Rent, Utilities and Maintenance	Statement 2
Description		Amount
Depreciation Other Expenses		3,707. 12,401.
Total to Form 990-EZ,	line 14	16,108.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		s	tate	ment	3
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[	]	Yes	[X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [	]	Yes	[X]	No

990-EZ Pg 2

Statement

Provide community service, including a place for meetings and youth services.