

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



Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Ā	For th	he 2009 calend	ar year,	or tax year beginning	Jan 1	, 2009,	and ending		Dec 31	,	20 09	
В	Check if applicable		Please	C Name of organization				D Empk	oyer id	entification m	umber	
\Box		ss change	use IRS label or	Sons of Norway, Bernt B	Balchen Lodge 2-46				23-7345377			
님		change	print or	Number and street (or P O. b	ox, if mail is not delivered to	street address)	Room/suite	E Telep	elephone number			
H	Instial r		type. See	8141 Briarwood Street					90	7-349-1613		
Ħ		Specific O			F Grou	Group Exemption						
		ation pending	tions.	Anchorage, AK 99518-33	324			Num	ber ▶	•		
	• Se	ection 501(c)(3)	organiz	zations and 4947(a)(1) nor	exempt charitable trus	ts must attach	G Acc	ounting Me	ethod:	✓ Cash [Accrual	
				mpleted Schedule A (Form				r (specify)	>			
					···		H Che	* ► 🕢	f the o	rganization i	s not	
1 1									ttach Schedule B (Form 990,			
J Tax-exempt status (check only one) — ✓ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-)-PF).				
	Check			zation is not a section 509(a			s receipts are	normally	not mo	ore than \$25,	,000 A	
	Form	990-EZ or Form	n 990 re	turn is not required, but if	the organization chooses	to file a return,	be sure to fil	e a compl	ete ret	um.		
L .	Add III	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receip	ots, if \$500,000 or more, file	Form 990 inste	ad of Form 99	0-EZ ▶	\$	-	55,000	
F	art l	Revenu	e, Exp	enses, and Changes	s in Net Assets or F	und Balanc	es (See th	e instruc	ctions	for Part I	.)	
	1	Contributio	ons, giff	ts, grants, and similar a r	nounts received.	1			1		2,851	
	2	Program se	ervice r	revenue including govern	mentifees and contra	cts		[2			
	3	Membersh	ip dues	s and assessments		<u> </u>			3		4,217	
	4	Investment	t incom	ne 150 . A	PR 3-0-2010) <mark>.</mark>			4		927	
	5	a Gross amo	ount fro	m sale of assets other th	han inventory	5a						
		b Less: cost	or othe	er basis and sales exper	ises	≅\ <u>5b</u>						
_				n sale of assets other th					5c			
Ę	6	Special event	s and act	tivities (complete applicable pa	rts of Schedule G). If any am	ount is from gam	iing, check her	e▶ 🔲	•			
Revenue		a Gross revenue (not including \$ of contributions										
æ		reported on line 1)							1			
		b Less: direc	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
		c Net income									20,894	
	7	a Gross sale										
	1											
	,	c Gross prof	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
	8	Other reve	Other revenue (describe ▶)						8		902	
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6d	c, 7c, and 8	<u> </u>	<u></u>	. ▶	9		29,791	
	10	Grants and	d simila	r amounts paid (attach s	schedule)			[10		3,500	
	11	Benefits pa	Benefits paid to or for members						11			
es	12	Salaries, of	Salaries, other compensation, and employee benefits						12			
SE	13	Profession	Professional fees and other payments to independent contractors						13			
Expenses	14	Occupancy	Occupancy, rent, utilities, and maintenance						14		9,000	
Ш	15		Printing, publications, postage, and shipping						15		3,002	
	16)	16		5,067	
	17			Add lines 10 through 16					17		20,569	
\$	18			for the year (Subtract II					18		9,222	
See	19			nd balances at beginnin								
Ž		end-of-year figure reported on prior year's return)							19		54,312	
Net Assets	20		_	net assets or fund balar	·	•		7	20		0	
_	21			d balances at end of year					21	d of Form	63,534	
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 99 (See the instructions for Part II.) (A) Beginning											
_	_	O							-			
2							4,312		63,534			
2			and and buildings					$\overline{}$	23 24	0		
2								<u> </u>	4,312		63,534	
2		T-A-1 11-4-1141-	_ /				· ,	- 34		25 26	03,534	
2	0 7	Total liabilitie Net assets or	e (uesc fund f	onbe ► Dalances (line 27 of colu	ımı (R) must agree wi	th line 21\	-' ├	£.	4.312		63.534	

Part	Statement of Program Service Acco	mplishments (See the inst	ructions for Part II	l.)		Expenses
	is the organization's primary exempt purpose?					ilred for section)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the o	rganization's exempt purpo	ganization's exempt purposes. In a clear and concise			
	ner, describe the services provided, the number	of persons benefited, and	other relevant info	rmation for		izations and section a)(1) trusts, optional
each	program title.				for ot	hers.)
28						
	(Grants \$) If this amou	nt includes foreign grants, ch	neck here	. ▶ □	28a	
29						
						•
	(Grants \$) If this amou	nt includes foreign grants, ch	neck here	<u>. ▶ ⊔</u>	29a	
30						
	••••••					
		nt includes foreign grants, ch		<u>. ▶ L.</u>	30a	
31	Other program services (attach schedule)					
22	(Grants \$) If this amount Total program service expenses (add lines 28:	nt includes foreign grants, ch			31a 32	-
Pari						tions for Part IV)
Tar	List of Officers, Directors, Trustees, and IV	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & sation	account and other allowances
Anna	Decker					
	orage, AK	President 5-10 hrs/wk	0		0	0
	ha Andrew					
Anch	norage, AK	Vice Pres 5-10 hrs/wk	0		0	0
Beve	rly Griffen	Secretary 5 40 broket				
Anch	orage, AK	Secretary 5-10 hrs/wk	0		0	0
Thon	nas Falskow	Treasurer 5-10 hrs/wk				
Anch	orage, AK		0		0	0
				}		
					_	
	·····					
			 			
			+	 		
					•	
			1	1		
						
				1		
			 			
		 	 			
			 	 		
				1		-
				!		

	V Other Information (Note the statement requirements in the instructions for Part V.)			ege 3
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1.00	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		
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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	· · · · · · · · · · · · · · · · · · ·	-{		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ none			
42a			9-161	
	Located at ► 8141 Briarwood Street, Anchorage, AK ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	99518	8-3324	·
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1.00	1
	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.		ļ	_
С	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
c 43	and Financial Accounts.	42c	. !	✓
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Yes	
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Yes	

Part VI

Part V		Section 501(c)(3) organizations are 501(c)(3) organizations and section and complete the tables for lines 50	nd section 4947(a) 4947(a)(1) nonexen and 51.	(1) nonexen npt charitable	n pt charit a le trusts m	able trusts only. A ust answer question	ll sec ns 40	tion 5-49l	٥
		ne organization engage in direct or indi			n behalf of	or in opposition to		Yes	No
		dates for public office? If "Yes," comple					46		
47	Did th	ne organization engage in lobbying activ	vities? If "Yes," comp	ete Schedule	C, Part II		47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
49a	Did ti	ne organization make any transfers to a	n exempt non-charita	ble related or	ganization?		49a		
		s," was the related organization a section					49b		
		olete this table for the organization's fiv byces) who each received more than \$1		ion from the	organization	n. If there is none, en			
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and avenues per we devoted to pos	ek) Compensatio	n (d) Contributions to employee benefit plans & deferred compensation	àc	Expension allows	and
								-	
						- 			
51	Com _j \$100,	olete this table for the organization's fi 000 of compensation from the organiz	ive highest compensation. If there is none,	ated indepen enter "None	dent contra	ctors who each rece	eived	more	: than
		(a) Name and address of each independent contra	actor paid more than \$100,0	00	(b)	Type of service	(c) Co	npensa	ation
					<u> </u>				
					 				
						1			
			····································						
d	Total	number of other independent contractor	ors each receiving over	er \$100,000	▶				
 -	1	Under penalties of perjury, I declare that I have exa	amined this return, including	accompanying	schedules and	statements, and to the bes	at of my	knowl	edge
	and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare							wieuge	
Sign Here	Signature of officer 23 April						201	0	
		Thomas N. Falskow, Treasurer Type or print name and title			' 				
Paid		Preparer's		Date	Check if self-	Preparer's identifying nur	nber (Se	 e instruc	tions)
Prepare	242	signature		L	employed ►	니			
Use Onl	ly	Firm's name (or yours if self-employed),	 			EIN ►			
May the		address, and ZIP + 4 V discuss this return with the preparer sh	noum above? See inch	nuctions		Phone no	l Var		Alc
way m	e ino	discuss this return with the preparer sh	iowii above? See inst	TUCLIONS .	· · · · · ·		Yes		No (2009)

Sons of Norway, Bernt Balchen Lodge 2-46

Fed ID 23-7345377

2009 Form 990 EZ

Additional Schedules

Statement 1
Form 990 EZ, Part I, Line 10
Grants and similar amounts paid

Cash Grants

Class of activity	Scholarships	
Donee's name	Students (3)	\$2,500
Class of activity	Charitable giving	
Donee's name	Alaska Literacy Project	\$600
	Ski for Light	\$300
	American Cancer Assoc	\$100
TOTAL		\$3,500