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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SONS OF NORWAY NORMANNA LODGE 3		D Employer identification number 91-0338306
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2725 OAKES AVE		E Telephone number (425) 252-0291
Name change		City or town, state or country, and ZIP + 4 EVERETT, WA 98201		F Group Exemption Number
Initial return				
Terminated				
Amended return				
Application pending				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐
I Website: WWW.NORMANNA.VERETT.ORG		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— ☒ 501(c)(8) (Insert no.) ☐ 4947(a)(1) or ☐ 527		

K Check  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.

L 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  \$ 314,325

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	21,118
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	
	4	Investment income						4	75,761
	5a	Gross amount from sale of assets other than inventory					5a		
	b	Less cost or other basis and sales expenses					5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒							
	a	Gross revenue (not including \$ _ of contributions reported on line 1) ☒					6a	107,372	
	b	Less direct expenses other than fundraising expenses					6b	46,191	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c	61,181
	7a	Gross sales of inventory, less returns and allowances					7a	110,074	
b	Less cost of goods sold					7b	62,749		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c	47,325	
8	Other revenue (describe ☐)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	205,385	
Expenses	10	Grants and similar amounts paid (attach schedule) ☒						10	13,030
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	62,577
	13	Professional fees and other payments to independent contractors						13	6,200
	14	Occupancy, rent, utilities, and maintenance						14	112,981
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe ☒)						16	28,770
	17	Total expenses. Add lines 10 through 16						17	223,558
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-18,173
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	505,343
	20	Other changes in net assets or fund balances (attach explanation)						20	89
	21	Net assets or fund balances at end of year Combine lines 18 through 20						21	487,259

Part II 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
22 Cash, savings, and investments	484,755	22 466,355
23 Land and buildings		23
24 Other assets (describe  )	28,363	24 26,834
25 Total assets	513,118	25 493,189
26 Total liabilities (describe  )	7,775	26 5,930
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	505,343	27 487,259

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE UNDERSTANDING OF NORWEGIAN HERITAGE			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 FRATERNAL ORGANIZATION PROMOTING NORWEIGAN HERITAGE (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
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				
a	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	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	Yes
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶			37a	
b	Did the organization file Form 1120-POL for this year?			37b	No
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			38b	
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9			39a	0
b	Gross receipts, included on line 9, for public use of club facilities			39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
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	
c	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 ▶ _____				
e	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	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ JEAN CAMP Telephone no ▶ (425) 252-0291				
	2725 OAKES AVE				
	Located at ▶ EVERETT, WA ZIP + 4 ▶ 982013627				
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 account)?			42b	No
	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	No
	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 ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-07-06 Date	
Paid Preparer's Use Only	LARRY EGGE, President Type or print name and title			
	Preparer's signature	CHARLOTTE W MARIS, CPA	Date	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Mans & Associates PS 10512 19th Ave SE Suite 101 Everett, WA 98208			EIN Phone no (425) 338-0414
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SONS OF NORWAY
NORMANNA LODGE 3

Employer identification number

91-0338306

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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 activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			BREAKFAST & DINNER PROGRAMS	BAZAARS	1	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	51,169	9,947	5,586	66,702
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	51,169	9,947	5,586	66,702
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes . . .				
	6	Rent/facility costs . . .				
	7	Food and beverages . . .	16,456			16,456
	8	Entertainment				
	9	Other direct expenses .		3,034		3,034
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				19,490
	11	Net income summary Combine lines 3, column d, and line 10. ▶				47,212

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
	1	Gross revenue		17,651	16,076	33,727
	2	Cash prizes		11,018	2,213	13,231
Direct Expenses	3	Non-cash prizes			5,637	5,637
	4	Rent/facility costs				
	5	Other direct expenses . . .		1,334		1,334
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☒ Yes 4 000 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				20,202
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				13,525

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities	WA		
a	Is the organization licensed to operate gaming activities in each of these states?		9a Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?		11	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?		12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	100 000 %
b	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► WILMA MACLEOD			
Address ► 2725 OAKES AVE EVERETT, WA 982013627			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		No
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ► RECORDKEEPING, MONEY COUNTING, BANK DEP			
☒ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** SONS OF NORWAY

NORMANNA LODGE 3

EIN: 91-0338306**Software ID:** 09000047**Software Version:** 2009v1.3

Item No.	1
Class of Activity	DONATION
Donee's Name	
Donee's Address	
Amount (FMV)	2,810
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	5,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: SONS OF NORWAY

NORMANNA LODGE 3

EIN: 91-0338306

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	700	700
Inventories	27,663	25,994
Accounts Receivable		140

TY 2009 Other Expenses Schedule**Name:** SONS OF NORWAY

NORMANNA LODGE 3

EIN: 91-0338306**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
TAXES	987
Office Expenses	3,026
MISCELLANEOUS	1,990
LAUNDRY	2,284
DUES & SUBSCRIPTIONS	220
Depreciation	14,413
Conferences, Conventions, and Meetings	3,916
CASUAL LABOR	975
Advertising and Promotion	959

TY 2009 Other Liabilities Schedule

Name: SONS OF NORWAY

NORMANNA LODGE 3

EIN: 91-0338306

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	7,775	5,930

Additional Data

Software ID:
Software Version:
EIN: 91-0338306
Name: SONS OF NORWAY
NORMANNA LODGE 3

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEAN CAMP 515 93RD ST SW EVERETT,WA 98204	Treasurer 15 00	0		
LEE BREVIK 10217 60TH ST SE SNOHOMISH,WA 98290	ASST FIN SECY 15 00	0		
JEAN JONES 620 112TH ST SE 11 EVERETT,WA 98208	FIN SECRETARY 15 00	0		
WILMA MACLEOD 7910 1857TH PL SW EDMONDS,WA 98026	ASST SECRETARY 15 00	0		
BARBARA BREVIK 10217 60TH ST SE SNOHOMISH,WA 98290	Secretary 30 00	0		
KEVIN HEGGE BOX 313 REDMOND,WA 98073	Vice President 10 00	0		
LARRY EGGE 4713 115TH PL NE MARYSVILLE,WA 98271	President 10 00	0		