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Form

Department of the Treasury

Internal Revenue Service

# **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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A		e 2009 calendar year, or tax year beginning APR 01, 2009, and	l ending	MAR 3	1,2010
	Check if applicab	Please C Name of organization, number and street, city, town, state, and ZIP cod	le D Employer i	dentification	number
	Address		41	-014582	0
П	Name cl	ange print or DULUTH ELKS LODGE 133	E Telephone	number	
П	Initial ret	um See	21	8-727-0	111
П	Termina	Specific 10.50	G Gross receipts	\$	375714.
Π.	Amende			a group return	
	Applicati pending	F Name and address of principal officer WILL MATTSON	for affil		Yes 🛛 No
	perionig	4250 HAINES RD DULUTH MN 55811-	H(b) Are all af	filiates included?	
17	Гах-ех	empt status X 501(c)( 08) ◀ (insert no ) 4947(a)(1) or 527	If "No", a (see insti	ittach a list ructions)	Yes No
JV	Nebsi			cemption number	<b>▶</b> 1156
KF	orm of c	rganization X Corporation Trust Association Other ▶ L Year of		M State of leg	al domicile MN
Р	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities			
		ELKS CARE AND ELKS SHARE	~~~~		
9	1				
Activities & Governance					
Ver	2	Check this box I if the organization discontinued its operations or disposed of more	than 25% of its ne	t assets	
ၓၟ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
oğ va	4	Number of independent voting members of the governing body (Part VI, line 1b)	_	4	9
ij	5	Total number of employees (Part V, line 2a)		5	19
ξ	6	Total number of volunteers (estimate if necessary)		6	
ĕ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	-962.
	1	Net unrelated business taxable income from Form 990-T, line 34	_	7b	-962.
e	<b>6</b>		Prior Year	Cu	ırrent Year
Ž	3.	Contributions and grants (Part VIII, line 1h)			64880.
22	<b>9</b>	Program service revenue (Part VIII, line 2g)			
6Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			9936.
Ž	\$1 <b>7</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			64116.
•		Total revenue - add lines 8 through 11 (must equal Part Ally-column (A), line 12)	· · · · · ·		138932.
-		Grants and similar amounts paid (Part IX, column (A) Lines 1-3)			
=		Benefits paid to or for members (Part IX, column (A), line 4)			
<sub>s</sub>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			48890.
Se	1.3	Professional fundraising fees (Part IX, column (A), line 11e)	•		
ē	•.	Total fundraising expenses, (Part IX, column (D); line 25), - NI 117	**	',	
Щ.		Other expenses (Part IX, column (A), lines 11a-11d, 11-241)			82167.
		Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)			131057.
	L	Revenue less expenses Subtract line 18 from line 12			7875.
. 50	<del> </del>		Beginning of Cur	rent Er	nd of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			400487.
Asse   Bal	21	Total liabilities (Part X, line 26)	<del></del> -		42473.
P P	22	Net assets or fund balances Subtract line 21 from line 20	-		358014.
	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	its, 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 wh	•	-	
		h 2 00 0			
Sig	ın	Hox allente	14	4/19/20	11
Here		Signature of officer	Da		
		GREGORY J PLANTING, EXALTED RULL	ER		
		Type or print name and title			
		Preparer's Date	Check if	Preparer's ider	ntifying number
Pai		signature / / M / W / W   04/02/2011	self- employed ▶	P0107	
	parer'	Firms name (or yours  JON T MEDURE CPA	EIN	<b>&gt;</b>	
Use	Only	f self-employed), address, and ZIP+4 4123 LOMBA DULUTH MN 55804-	Phone no	▶ 218-5	25-5465
Ma	y the II	RS discuss this return with the preparer shown above? (See instructions)			Yes No
		cy Act and Paperwork Reduction Act Notice, see the separate instructions.		<del></del>	orm <b>990</b> (2009)

US990\$\$2

Form **990** (2009)

Par	t IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Ì		
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X_
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			)
•	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			-
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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			1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete		<del>-</del>	
	Schedule D, Parts XI, XII, and XIII	12	l.	<u> X</u>
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	 	<sub>1</sub>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
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,	,,,		х
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
4-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		Х
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, tine 9a?	40	х	
20	If "Yes," complete Schedule G, Part III	19 20	^	X
20	Did the diganization operate one of more hospitals. It is a complete obligation of		rm 990	(2009)

41-0145	820	Pag	e 4
		Yes	No
nizations 	21		Х
nızatıon's	22		X
If "Yes,"	23		Х
·s	24a		Х
	24b	-	
year	24c		
	24d		
action	. 25a		
a		_	
Or	25b		
ployee, or			
le L, Part II	26		X
dual?			
L,	27		X
L,	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	ù.
	28a		Х
	28b		Х
rfamily art IV	28c		Х
e М	29		X
i	30		Х
e N, Part I	. 31		Х
	32		Х
lations	33		×
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ete	34		X
rolated	35		Х
related	1 1		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		Х
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		^
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		X
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
.3	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 employee's? If "Yes,"			v
4-	complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
5a	Section 501(c)(3) and 501(c)(4) 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	1 1		
	990EZ? If "Yes," complete Schedule L, Part I	25b		
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1 1		
	if "Yes," complete Schedule L, Part III	27		Х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<u> </u>	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- 1, 15		Ĵ.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	·· -	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family	1		
•	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
0	conservation contributions? If "Yes," complete Schedule M	20		Х
4	·	30		<u>^</u>
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			v
_	If "Yes," complete Schedule N, Part II	32	_	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	
_	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1 1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	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		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Fe	Statements Regarding Other IRS Filings and Tax Compliance						
_		I	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40		0			
_	U.S. Information Returns. Enter -0- if not applicable.  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b	<u> </u>	0	]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		 Ne		1		,
Ç	gaming (gambling) winnings to prize winners?	portar	Jie		1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		•			
¥.a	Statements, filed for the calendar year ending with or within the year covered by this return	2a		19	1		į
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		1		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions)		,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered						·
-	this return?	•			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity ove	r,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial				4a		Х
ь	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding				
	Prohibited Tax Shelter Transaction?			-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he					
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or					
	gifts were not tax deductible?			-	6b		
	Organizations that may receive deductible contributions under section 170(c).						لـــــــــــــــــــــــــــــــــــــ
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		
	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	as					
	required to file Form 8282?	7d	I		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	Ь		<del></del>	}		
ө	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	erson	aı		7e		]
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	•		7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		•		7g		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		eauirec	?	7h	· <del></del>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		•				'
-	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	organ	iization				
	have excess business holdings at any time during the year?	_			. 8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			•	. 9a		
b	Did the 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				1		
11							
а	Gross income from members or shareholders	_			4		
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them )				<del>-</del>	ı- <del></del>	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	'		12a	L	l <u></u> _
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				<u> </u>		

41-0145820 Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc-	ions		
Sect <u>i</u>	on A. Governing Body and Management		Yes	No
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
7a	, , , , , , , , , , , , , , , , , , , ,	ĺ		
	of the governing body?	7a	Х	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ł		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
	r		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		ł	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	_11 ]	_X_	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<del></del> -	
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		- 1	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
	Does the organization have a written whistleblower policy?	13		_ <u>X</u> _
	Does the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<sub>l</sub>		
	The organization's CEO, Executive Director, or top management official?	15a		X
Ь	Other officers or key employees of the organization?	15b		_X_
	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		<sub>1</sub>	
	with a taxable entity during the year?	16a		_X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	0.1	1 7	
	organization ►MARK SHUBERT 4250 HAINE DULUTH MN 55811- 218-727	-OT	т Т	

Form 990 (2009) DULUTH ELKS LODGE 133

compensated employees, and former such persons

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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 Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's fivecurrent 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if the organization did r	(B)			(C				(D)	(E)	(F)		
Name and Title	Average	Positi	on (cl	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
WILL MATTSON												
EXALTED RULER	5			Х				0	0	0		
GREG PLANKING												
VICE-PRES	5			X				0	0	0		
CHARMIN THRAME												
SECRETARY	5			Х				4800.	0	0		
MARK SHUBERT												
TREASURER	5			х	ŀ			0	О	0		
GERI FRYE												
GMB MANAGER	20				x			1800.	0	0		
MARK SHUBERT												
BOOKKEEPER	20				X			5400.	o	0		
				1								
				Π								
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				T		<u> </u>						
		$\vdash$					H					
		ŀ	l	1	I	l	1	1	ì			

Rev 1

Part VII Section A. Officers, Directors,	Trustees,	Key E	mploy	ees,	and	l High	est	Compensated Empl	oyees (continued)	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average		ion (ch		all t			1	Reportable	Estimated
	hours per	Individual trustee or director	Inst	Officer	Key	Highest compensated employee	Forme	compensation	compensation	amount of
	week	vidu	Institutional trustee	cer	Key employee	hest	mer	from the	from related	other compensation
		or tal	a		plo	e c		organization	organizations (W-2/1099-MISC)	from the
		rust	2		/ee	mpe		(W-2/1099-MISC)	(44-2/1099-141100)	organization
		ee	stee			nsa		(** 2, 1000 111100)		and related
			"			l ē				organizations
				<u> </u>			_			
							_			
	- <del></del>									
	-									
							<del> </del>			
				;						
- 11-										
1b Total	<u>.</u>					·	<b>&gt;</b>	12000.	0	0
2 Total number of individuals (including but n	ot limited t	to thos	e liste	d ab	ove	) who	rece	eived more than \$100	,000 in reportable c	ompensation
from the organization									· · · · · · · · · · · · · · · · · · ·	
										Yes No
3 Did the organization list anyformer officer,					-		-	·		
employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is the si								compensation from		3   X
the organization and related organizations	-							•	1	
individual							•		•	4 X
5 Did any person listed on line 1a receive or	accrue cor	npens	ation f	rom	any	unrela	ated	organization for		
services rendered to the organization? If "Y	es," comp	lete So	chedul	le J f	or s	uch pe	erso	n		. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated	d indep	pende	nt co	ntra	ictors 1	hat	received more than s	5100,000 of	
compensation from the organization (A)	<del></del>						_	(B)		(C)
Name and busines	s address							Description of s	services	Compensation
9 Total aumber of independent analysis of			luncit	1 4 - 4		n linka :	L_	ovo) who ===================================	are ther	
2 Total number of independent contractors (iii \$100,000 in compensation from the organization)		at 110t	uteC	ייט נו	1056	- 115160	au	ove, who received m	ore man	

Rev 1

Part	VIII	Statement of	Reven	ue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaig	gns .	1a						Í
aut	b	Membership dues		1b	4	6180.				
ρē	c	Fundraising events	s .	1c	$\overline{1}$	4605.				+
Iffs If a	d	Related organization		1d						İ
s, g	e	Government grants		1e		-				
o is	f	(contributions) - All other contributions, gif	fts,			·	1			ļ
bei	١.	grants, and similar amour not included above	nts	1f		4095.				1
Contributions, gifts, grants and other similar amounts	g	Noncash contributions	•	.\$		4093.				1
ပိန္တ	١	included in lines 1a-1f	- 16	. ب			64880.	ı		
<u> </u>	h	Total. Add lines 1a	<u>a-11</u>			<u> </u>	04000.			
n e					Bu	siness Code				
ě	2a _			_						
er Er	b _									<del></del>
Σ	C _	<del></del> -			— ⊨					
Se	d _	<del></del> -								
ä	θ_									
Program Service Revenue	f	All other program s	service rev	venue				/= n		
<u> </u>	g	Total. Add lines 2a	a-2f							
_	3	Investment income	(includin	g dıvıde	nds, inte	erest, and				
	1	other similar amou	nts) .			•	9936.			9936.
	4	Income from investment of	of tax-exempt	t bond prod	ceeds	•		_		
	5	Royalties				<b>&gt;</b>				
		,	(i) R	Real	(11)	Personal		<u> </u>		
	6a	Gross Rents	\ <u>/</u>		<del> ``</del>					
	b	Less rental		-	<del> </del> -					
	c	expenses • Rental income			<del> </del>					j
	d	or (loss) · · · l Net rental income of	or (loss)							
	7a	Gross amount from	(i) Sec	urities		) Other				1
	′°	sales of assets other than inventory	(1) 000	ditto	<del>                                     </del>	Cinci				
	.	Less cost or other			+					
	b	basis and sales								
		expenses			┼		 			i
	C	Gain or (loss)			Ш		]			
	d	Net gain or (loss)		Г		<u> </u>				
	8a	Gross income from fundra	aising events	•						
ű	ľ	(not including \$								
e e		of contributions reported of	•	Ì						
ά		See Part IV, line 18		a			 			
Other Revenue	b	Less direct expens		. <b>b</b> [			 			
0	С	Net income or (loss		ndraisin	g event	<u>}</u>				
	9a	Gross income from		1						1
		activities See Part	IV, line 1	9 a		<u>68623.</u>				
	b	Less direct expens	ses	ь	1	69585 <u>.</u>				
	c	Net income or (loss			ctivities	<u> </u>	-962.		-962.	
	10a	Gross sales of inve	entory, les	ss						
	ĺ	returns and allowa	nces	a	1	32276.				ĺ
	ь	Less cost of goods	s sold	ь[		67198.				
	c	Net income or (loss	s) from sa	les of in	ventory	<u> </u>	65078.	65078.		
		Miscellaneou	ıs Reveni	ıe	Bu	siness Code				
	11a									
	ь									
	c c									
	ď	All other revenue			一	<del></del> -	_			
	e	Total. Add lines 1				<b></b>				<del></del>
	12	Total revenue			•	-				<del></del>
	<b>'</b> *	See instructions				•	138932.	65078.	-962.	9936.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				
Do r	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expelises	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees	12000.	12000.		
6	Compensation not included above, to disqualified	-			
	persons (as defined under section 4958(f)(1)) and		ll I		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	31876.	31876.		
8	Pension plan contributions (include section 401(k)	_			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	5014.	5014.		
11	Fees for services (non-employees)				
а	Management				<u> </u>
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .				
13	Office expenses	2091.	2091.		
14	Information technology				
15	Royalties	-			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	3650.	3650.		
20	Interest .	48.	48.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3339.	3339.		
24	Other expenses Itemize expenses not				·
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	SEE STMT	479.			
b		355.			
С		3116.			
d		272.			
е		317.			
f	All other expenses	68500.			
25	Total functional expenses. Add lines 1 through 24f	131057.	131057.		
26	Joint costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Rev 1

#### 41-0145820 Form 990 (2009) DULUTH ELKS LODGE 133 Page 11 Balance Sheet (A) (B) Beginning of year End of year 49050. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2136. 4 Accounts receivable, net . . . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L. 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Assets 7519. Inventories for sale or use 8 Prepaid expenses and deferred charges . 7244. Land, buildings, and equipment cost or other 294606. basis Complete Part VI of Schedule D 10a 173365. 121241. b Less accumulated depreciation 10b 10c 196994. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 16303. 14 Intangible assets 15 15 Other assets See Part IV, line 11 400487. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 24868. 17 Accounts payable and accrued expenses 18 Grants payable 18 17605. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D iabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ... 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities Complete Part X of Schedule D 25 25 42473. 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117, check here | and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets . 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.

400487. Form 990 (2009)

358014.

358014.

30

31

32

33

34

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

41-0145820 Form 990 (2009) DULUTH ELKS LODGE 133 Page **12** Part XI Financial Statements and Reporting Yes No Other Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х 2b Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Χ 3a the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

b

U\$990\$12

#### **SCHEDULE D** (Form 990) ·

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public Inspection

	e of the organization		Employer identification number 41-0145820					
	JLUTH ELKS LODGE 133	15 4 01 01 1			45820			
Pa	rt I Organizations Maintaining Donor Adv		unas or A	accounts.				
	Complete if the organization answered "Yes" to F			0 > E - d		4		
_		(a) Donor advised funds		(b) Funds and	otner acc	count	•	
1	Total number at end of year		<u> </u>					
2	Aggregate contributions to (during year)			<del>-</del>				
3	Aggregate grants from (during year)							
4	Aggregate value at end of year					-		
5	Did the organization inform all donors and donor advisors		r advised fu	ınds	П			
	are the organization's property, subject to the organization				∐ Yes	L	No	
6	Did the organization inform all grantees, donors, and donors				П			
	for charitable purposes and not for the benefit of the dono				Yes	_1_1_	No	
Pa	rt II Conservation Easements. Complete if		orm 990, Pa	art IV, line 7			_	
1	Purpose(s) of conservation easements held by the organi							
	Preservation of land for public use (e.g., recreation or			an historically			ırea	
	Protection of natural habitat	☐ Prese	ervation of o	certified histori	c structure	;		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qu	ialified conservation contribution in the	e form of a	conservation e	asement of	on the	!	
	last day of the tax year			<del>,                                    </del>				
					the End o	f the	Year_	
а	Total number of conservation easements			2a				
b	•			2b				
С	Number of conservation easements on a certified historic			2c				
d	• • • • • • • • • • • • • • • • • • • •			2d				
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated	by the org	anization durin	g			
	the taxable year ▶							
4	Number of states where property subject to conservation							
5	Does the organization have a written policy regarding the		ting of viola	tions,	П.,			
	and enforcement of the conservation easements it holds?				∐ Yes	Ш	No	
6	Staff and volunteer hours devoted to monitoring, inspecting	-				_		
7	Amount of expenses incurred in monitoring, inspecting, a			_			<del></del>	
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section	on 170(n)(4	i)(B)(i)	П	П		
	and section 170(h)(4)(B)(ii)?				∐ Yes	_   _	No	
9	In Part XIV, describe how the organization reports conser						IQ	
	include, if applicable, the text of the footnote to the organi	zation's financial statements that desc	ribes the oi	rganization's a	ccounting	tor		
	conservation easements	of Art Historical Transuras	or Other	Similar Acc	ote			
Fa	rt III Organizations Maintaining Collections		oi Otilei	Sililiai Ass	octs.			
	Complete if the organization answered "Yes" to I if the organization elected, as permitted under SFAS 116		and balanc	se sheet works	of art hie	torica		
1 8	treasures, or other similar assets held for public exhibition							
	text of the footnote to its financial statements that describ		e or public s	service, provid	c, III r ait /	\IV, U	16	
	text of the toothole to its infancial statements that describ	es trese terris						
	olf the organization elected, as permitted under SFAS 116	to report in its revenue statement and	i halance ci	heet works of s	art historic	al tre	2_	
,	sures, or other similar assets held for public exhibition, ec							
	·	accuson, or research in future ance of	Papilo 3CIV	.oo, provide till	y	u0		
	relating to these items  (i) Payanus included in Form 990 Part VIII line 1			<b>&gt;</b> \$				
	<ul><li>(i) Revenues included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			- " -				
•	If the organization received or held works of art, historical	treasures or other similar assets for f	 Inancial ca					
2	required to be reported under SFAS 116 relating to these		a.iciai ya	, provide tile	TOHOWING I	amou		
	Revenues included in Form 990, Part VIII, line 1	uema		▶ €				
	a Revenues included in Form 990, Part VIII, lille 1			· • • •		_		
	J ASSELS HICHWEN III I OINI 330, FAILA			- Ψ				

Pa	t III Organizations Maintaining	Collections of Art,	Historical Treasure	s, or Other Sim	ilar Asse	s		
	(continued)							
3	Using the organization's acquisition, accession	, and other records, chec	k any of the following tha	t are a significant u	se of its col	ection	ıtems	
	(check all that apply)							
а	Public exhibition		d Loan or exchang	e programs				
b	Scholarly research		e Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how the	hey further the organizati	on's exempt purpos	se in Part XI	V		
5	During the year, did the organization solicit or r	eceive donations of art, h	istorical treasures, or oth	er sımılar assets to	be sold _		_	
	to raise funds rather than to be maintained as p		collection?			Yes		No
Pai	t IV Escrow and Custodial Arra	•	lete if organization answe	ered ``Yes" to Form	990, Part I	/, line s	9,	
	or reported an amount on Form 99		<del></del>		<del></del> -			
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other as	sets not included	_	i		
	on Form 990, Part X?			•	. L	Yes		No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table	Г	1			
				-	_	Amou	ınt	
	Beginning balance		•	F	1c			
	Additions during the year			ŀ	1d			
	Distributions during the year	•		}-	10			
	Ending balance  Did the organization include an amount on Fori		••	L	1f	Yes	×	No
		m 990, Part X, line 217	•	**-	Ļ	res		NO
	If "Yes," explain the arrangement in Part XIV  If V Endowment Funds. Comp	plete if organization answe	ared "Yes" to Form 990	Part IV line 10				
, a	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e)	Four y	ears h	ack
1a	Beginning of year	(b) Thorycal	(c) Two years back	(a) Timee years t	ZON 1 (O)	· our y	<u> </u>	201
	balance .							
b	Contributions							
	Net investment earn-							
	ings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures							
	for facilities and							
	programs	!						
f	Administrative							
	expenses							
g	End of year balance .							
2	Provide the estimated percentage of the year e	end balance held as						
	· · · · · · · · · · · · · · · · · · ·	0.00 %						
	Permanent endowment ▶ 0.00 %							
	Term endowment ▶ 0.00 %					г		
3a	Are there endowment funds not in the possess	ion of the organization the	at are held and administe	red for the organiza	ation by		Yes	No
	(i) unrelated organizations				•	3a(i)		
	(ii) related organizations				•	3a(ii)		
	If "Yes" to 3a(ii), are the related organizations in	·		-	••	3b		
4 Po	Describe in Part XIV the intended uses of the o			)				
r cl	Investments - Land, Buildin		t. See Form 990, F  (b) Cost or other		od (-	D = = 1	د داهای دا	
	Description of investment	(a) Cost or other	` '	(c) Accumulate	90   (0	) Bool	k value	,
4 ~	land	basis (investment)	basis (other)	Depreciation		40	000	<del></del>
	Land	152,439.				$\frac{40}{152}$	430	
	Leasehold improvements	132,439.				102	, 45	<u> </u>
	Equipment	102,167.		173,369	5.	(71	, 198	٦ ١
	Other	202,107.	_	±,5,50.	·	, , 1	, 100	· · /
	Add lines 1a through 1e (Column (d) should e	gual Form 990 Part X co	olumn (B) line 10(c) )		•	121	. 24	

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ.

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.

► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization	<b>5</b>						145820
DULUTH ELKS LODGE 133				end :::Venellan Form 000	Dort IV Jupo 1		143620
Part I Form 990-EZ filers are not in				red Yes" to Form 990,	Part IV, line 1	′	
1 Indicate whether the organization ra			•	lowing activities. Check	all that apply		
a Mail solicitations	ised failes tille	e F		ation of non-governmen			
· H		f	1	ation of government gra			
H		_	1		iiis		
c Phone solicitations		g <u> </u>	Specia	il fundraising events			
d In-person solicitations							
2 a Did the organization have a written						stees or key	
Form 990, Part VII) or entity in conn							. Yes X No
b If "Yes," list the ten highest paid indi	viduals or entit	ies (fund	raisers) p	oursuant to agreements	under which	the fundraise	er is to be compensated
at least \$5,000 by the organization			1		<del>T</del> .	. 1	
(i) Name of individual	(ii) Activity	(iii) Did fund- (iv) Gross receipts (V) Amoun				(vi) Amount paid to	
or entity (fundraiser)		raiser have custody or control of		from activity	retained by		(or retained by)
				control of			listed in
		contrib	utions?				
		Yes	No				
					İ		
-							
		ļ					
							ı
	·····				<u> </u>		
		1					,
Total			•				
3 List all states in which the organizatio	n is registered	or license	ed to solu	cit funds or has been no	tified it is exe	mpt from reg	jistration or licensing
				·			
					<u></u>		
							<del></del>

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

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (add col (a) through		
			(event type)	(event type)	(total number)	col (c)		
Je l								
Revenue	1	Gross receipts				<del></del>		
<u>د</u>	2	Less Charitable						
	3	contributions . Gross income (line 1						
	•	minus line 2)						
	4	Cash prizes .						
	5	Noncash prizes						
ses	3	Noncasii prizes						
xper	6	Rent/facility costs						
Direct Expenses								
Dire	7	Food and beverages						
	8	Entertainment .						
	-							
ľ	9	Other direct expenses						
	10	•	/ Add lines 4 through 9 in colu		<b>&gt;</b>			
Pa	11 rt III		ombine line 3, column (d), and	d ``Yes" to Form 990, Part IV, I	ne 19 or reported more than	\$15,000 on Form 990-F7		
		line 6a						
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue				bingo/progressive bingo		col (a) through col (c))		
& B	1	Gross revenue	48,622.	120,001.		168,623.		
ㅓ	•	Gloss revenue	40,022.	120,001.		100,023.		
န္တ	2	Cash prizes	43,324.	102,200.		145,524.		
eus	_							
Š	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs .		400.		400.		
▫│		·						
	5	Other direct expenses	705.	22,956.		23,661.		
	6	Volunteer labor	Yes 0.0%	Yes 0.0%	Yes 0.0 %			
	7		Add lines 2 through 5 in colu	<del></del>		169,585.		
	8		mary Combine line 1, column		▶ │	(962.)		
						Yes No		
9			e organization operates gamin			——		
		ne organization licensed ti No," Explain	o operate gaming activities in e	each of these states?		9a X		
•	<i>,</i>	TO, Explain						
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						
ı	olf"	If "Yes," Explain						
	_					<del></del>		
11	Do	Does the organization operate gaming activities with nonmembers?						
12		-		of or a member of a partnership	or other entity formed to			
	adı	minister charitable gaming			<u> </u>	12   X		

<u>Sche</u>	dule G (Form 990 or 990-EZ) 2009 DULUTH ELKS LODGE 133 41-014	582	0	Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	_		ļ
	An outside facility	6		ĺ
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	W. A. CERT, PRIVE	1		4
	Name GERI FRYE			
	Address▶4250 HAINES ROAD DULUTH MN 55811-			
	Address 4250 HAINES ROAD DOLUTH MN 55811-			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
	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 ▶			1
				1
	Address •			İ
16	Gaming manager information			
10	Ganning manager information			
	Name ▶ GERI FRYE			
	Gaming manager compensation ▶\$ 1,800.			
	Description of services provided ►MANAGE ALL ASPECTS OF GAMING	1		i
	Director/officer			1
17	Manufatory distributions			
	Mandatory distributions  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state			i
а	gaming license?	17a		X
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	14		<u> </u>
_	organization's own exempt activities during the tax year. ▶\$ 7.050.	ļ		

Schedule G (Form 990 or 990-EZ) 2009

## SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 41-0145820 DULUTH ELKS LODGE 133 FORM 990 PART VI SEC B LINE 11 THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS FOR THEIR APPROVAL PRIOR TO SUBMISSION FOR FILING FORM 990 PART VI SEC B LINE 12C ANNUALLY EACH DIRECTOR IS REQUIRED TO DISCLOSE ANY CONFLICTS THAT MAY OCCUR. IF SO THE INDIVIDUAL MAY NOT PARTICIPATE IN DISCUSSIONS OR VOTING ON THE ITEM FORM 990 PART VI SEC B LINE 15 THE GAMBLING MANAGER COMPENSATION IS DETERMINED BY ANNUAL EXAMINATIONS OF COMPENSATION PAID BY SIMILIAR GAMING OPERATIONS. ALL COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS

BCA

		enses: Page 10,	Management	
Description of the Asset	Total	Services	and General	Fundraising
EMBERSHIPS	479.	479.		
ADGES/PINS	355.	355.		
ULLETIN/NEWSLETTER	3,116.	3,116.		
EY CARDS	272.	272.		
IGNITARY VISITATIONS	317.	317.		
ER RING EXPENSE	695.	695.		
ANK CHARGES	489.	489.		
	4,785.	4,785.		
ICENSES		11,078.		
ER CAPITA LODGE	11,078.	l l		
HOTOGRAPHY	272.	272.		
EAL ESTATE TAXES	12,075.	12,075.		
NTERNET SERVICES	772.	772.		
DDGE ACTIVITIES	4,988.	4,988.		
ONATIONS	1,930.	1,930.		
ASH VARIATION	1,302.	1,302.		
ECORATIONS	36.	36.		
UPPLIES	6,005.	6,005.		
ASHER RENT	1,681.	1,681.		
USIC	40.	40.		
ELEPHONE	415.	415.		
TILITIES	19,714.	19,714.		
	2,223.	2,223.		
EPAIRS				
	73,039.	73,039.		
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	two more documents that we are trying to get for him from our former accountant. He is also very busy at the not be able to complete until mid-March			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	o
С	Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	٥
	Signature and Verification	of mu	ranuladaa :	and bolief it

10 20 at

true correct, and complete, and that I am authorized to prepare this form

Title ► Treasurer