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SCANNED JUL 22 2010

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
Inspection

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.

A For the 2009 calendar year, or tax year beginning 04-01, 2009, and ending 03-31, 20 10

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Amended return
☐ Application pending

Please use IRS label or print or type name. Specific instructions.

C Name of organization

Hamilton Elks Lodge 1651

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

203 State Street

City or town, state or country, and ZIP + 4

Hamilton, Montana 59840-2522

D Employer identification number

81-0143753

E Telephone number

406-363-3031

F Group Exemption Number ▶

• 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: ▶

J Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ 110,918

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	1,020
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	10,955
	4	Investment income	4	1,197
	5a	Gross amount from sale of assets other than inventory	5a	0
	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	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>1020.00</u> of contributions reported on line 1)	6a	7,149
Expenses	b	Less: direct expenses other than fundraising expenses	6b	4,167
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,982
	7a	Gross sales of inventory, less returns and allowances	7a	65,527
	b	Less: cost of goods sold	7b	31,493
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	34,034
	8	Other revenue (describe ▶ Facility Rentals)	8	25,070
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	75,258
	10	Grants and similar amounts paid (attach schedule)	10	1,000
	11	Benefits paid to or for members	11	1,748
Net Assets	12	Salaries, other compensation, and employee benefits	12	30,378
	13	Professional fees and other payments to independent contractors	13	7,877
	14	Occupancy, rent, utilities, and maintenance	14	32,753
	15	Printing, publications, postage, and shipping	15	1,657
	16	Other expenses (describe ▶)	16	0
	17	Total expenses. Add lines 10 through 16	17	75,413
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<155.00>
	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	119,269
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	119,114

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	13,204	21,384
23 Land and buildings	151,096	163,215
24 Other assets (describe ▶ Stocks, inventory)	18,965	12,976
25 Total assets	183,265	197,575
26 Total liabilities (describe ▶ Operating expenses, mortgage)	63,996	78,461
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,269	119,114

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **Community Service/Social Lodge**

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	We provided 2 scholarships per year, Veterans services, community service, and support Elks programs at National level.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
Bernard Iltersen 137 Martin Drive, Corvallis, MT 59828	Exalted Ruler	0	0	0
Eric Wells 580 Dream Lane, Stevensville, MT 59870	Leading Knight	0	0	0
Jerry Lewallen 675 Warbler Lane, Corvallis, MT 59828	Loyal Knight	0	0	0
Terry Phillips 1956 Haywire Lane, Corvallis, MT 59828	Lecturing Knight	0	0	0
Zana Westfield 247 State Street, Hamilton, MT 59840	Treasurer	0	0	0
Pat Farmin 2302 Robin Lane, Victor, MT 59875	Secretary	0	0	0
Marcus Burnham PO Box 641, Hamilton, MT 59840	Tiler	0	0	0
Kelly Andersson PO Box 795, Hamilton, MT 59840	Esquire	0	0	0
Gene Smith 118 Daniel Court, Hamilton, MT 59840	Chaplin	0	0	0
Jim Puraugh 564 Salmon Way, Corvallis, MT 59828	Inner Guard	0	0	0
Larry Seymour PO Box 478, Victor, MT 59875	Trustee, Chairman	0	0	0
Richard Smith 204 Chad's Road, Hamilton, MT 59840	Trustee	0	0	0
Hugh Davidson 885 Canyon View Loop, Hamilton, MT. 59840	Trustee	0	0	0
Norm Vercruyssen 300 6th Ave., Victor, MT 59875	Trustee	0	0	0
Keith Kehoe 582 Broken Arrow Loop, Hamilton, MT 59840	Trustee	0	0	0
Alice Thacker PO Box 954, Victor, MT. 59875	Bar Manager	13,870.00	0	0
Peggy Noffsinger 702 Adirondac Ave., Hamilton, MT 59840	Office Secretary	12,297.00	0	0
Raquel Hanson 2515 Meridian Rd., Victor, MT. 59875	Bar Tender	4,211.00	0	0

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		
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?		
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?		✓
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		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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		✓
41	List the states with which a copy of this return is filed. ▶ Montana		
42a	The organization's books are in care of ▶ Hamilton Elks Lodge 1651 Telephone no. ▶ 406-363-3031 Located at ▶ 203 State Street, Hamilton, Montana 59840 ZIP + 4 ▶ 59840-2522		
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	Yes	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		✓
	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 ▶ 43		☐
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		✓
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		✓

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.

	Yes	No
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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

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				

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		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

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		6-3, -10 Date	
	Richard R. Smith, Trustee Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			