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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See

Specific Instructions

C Name of organization

ASTORIA ELKS LODGE #180

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

453 11TH STREET

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

ASTORIA, OR 97103

D Employer identification number

93-0241131

E Telephone number

503-325-2806

F Group Exemption

Number ▶ 1156

• 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) ▶ MODIFIED CASH

I Website: ▶ N/A

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 ▶ \$ 312,108.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	7,437.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	24,895.
4	Investment income	4	1,260.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
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	127,121.
b	Less direct expenses other than fundraising expenses	6b	120,742.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,379.
7a	Gross sales of inventory, less returns and allowances STMT 6	7a	124,679.
b	Less cost of goods sold	7b	47,324.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	77,355.
8	Other revenue (describe ▶ SEE STATEMENT 3)	8	26,716.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	144,042.
10	Grants and similar amounts paid (attach schedule)	10	6,116.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	37,454.
13	Professional fees and other payments to independent contractors	13	4,248.
14	Occupancy, rent, utilities, and maintenance	14	75,197.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	17,195.
17	Total expenses. Add lines 10 through 16	17	140,210.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,832.
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	251,968.
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	255,800.

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	159,525.	22 174,243.
23 Land and buildings	15,000.	23 15,000.
24 Other assets (describe ▶ SEE STATEMENT 2)	78,124.	24 67,205.
25 Total assets	252,649.	25 256,448.
26 Total liabilities (describe ▶ PAYABLES)	681.	26 648.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	251,968.	27 255,800.

SCANNED SEP 23 2010

Revenue

Expenses

Net Assets

RECEIVED

AUG 30 2010

OGDEN, UT

SEE STATEMENT 3)

STMT 5

SEE STATEMENT 4

SEE STATEMENT 1)

P 18

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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but 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	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	N/A
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
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	N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	THE ORGANIZATION	Telephone no
Located at	453 11TH STREET, ASTORIA, OR	ZIP + 4
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	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

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 **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 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
N/A				

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

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 *[Signature]* **Date** *8-24-2010*

Type or print name and title *GARY HERMANN EXECUTIVE DIRECTOR*

Paid Preparer's Use Only

Preparer's signature *[Signature]* **Date** *8/13/10* **Check if self-employed** ☐ **Preparer's identifying number (See Instr.)**

Firm's name (or yours if self-employed), address, and ZIP + 4 *JOHN D CARLSON CPA PC*
10 PIER ONE, PO BOX 357
ASTORIA, OR 97103

EIN **Phone no** *503-325-4644*

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

► **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

ASTORIA ELKS LODGE #180

Employer identification number

93-0241131

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** 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 services?

☐ **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.

(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						

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	27,745.		99,376.	127,121.
Direct Expenses	2 Cash prizes	26,044.		67,321.	93,365.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	1,858.		25,519.	27,377.
	6 Volunteer labor	☒ Yes 100 % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(120,742)
	8 Net gaming income summary. Combine line 1, column (d), and line 7				6,379.

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

	Yes	No
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** **100.00** %**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 ▶ **CATHY AYDT**Address ▶ **453 11TH AVE - ASTORIA, OR 97103****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ 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****X****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND, BLDG & IMPROVEMENTS											
4	BUILDING	070124SL		60.00	16	110,000.			110,000.	110,000.		0.
5	BUILDING IMPROVEMENTS	070155SL		20.00	16	91,713.			91,713.	91,713.		0.
6	BUILDING IMPROVEMENTS	070165SL		20.00	16	12,710.			12,710.	12,710.		0.
7	BUILDING IMPROVEMENTS	070175SL		20.00	16	39,145.			39,145.	39,145.		0.
8	ROOF IMPROVEMENTS	073197SL		15.00	16	12,516.			12,516.	10,564.		834.
9	FACADE WATERPROOFING	123197SL		15.00	16	18,865.			18,865.	15,411.		1,258.
10	ELEVATOR UPGRADE	051500SL		10.00	16	9,309.			9,309.	9,309.		0.
44	BOILER	120196SL		20.00	16	25,449.			25,449.	16,854.		1,272.
56	NEW ROOF	091506SL		15.00	16	48,369.			48,369.	8,331.		3,225.
	* 990-EZ PG 1 TOTAL					368,076.		0.	368,076.	314,037.	0.	6,589.
	- LAND, BLDG & IMP											
	EQUIPMENT & FIXTURES											
11	FURNITURE & FIXTURES	100155SL		5.00	16	37,951.			37,951.	37,951.		0.
12	FURNITURE & FIXTURES	100165SL		5.00	16	50,605.			50,605.	50,605.		0.
13	WALK IN REFRIGERATOR	100170SL		10.00	16	1,781.			1,781.	1,781.		0.
14	GLASS WASHER	100170SL		10.00	16	645.			645.	645.		0.
15	OFFICER EQUIPMENT	100171SL		5.00	16	695.			695.	695.		0.
16	MEAT SLICER	100175SL		10.00	16	475.			475.	475.		0.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	ICE MACHINE	100175SL		10.00	16	1,483.			1,483.	1,483.		0.
18	CRS CASH REGISTER	100175SL		5.00	16	510.			510.	510.		0.
19	DRAPES - ALL ROOMS	100171SL		10.00	16	1,928.			1,928.	1,928.		0.
20	DISHWASHER	100176SL		5.00	16	2,900.			2,900.	2,900.		0.
21	VARIOUS TABLES	100176SL		10.00	16	3,590.			3,590.	3,590.		0.
22	VARIOUS CHAIRS	100176SL		10.00	16	2,570.			2,570.	2,570.		0.
23	BAR STOOLS	051776SL		10.00	16	1,114.			1,114.	1,114.		0.
24	KITCHEN FIRE SYSTEM	020178SL		10.00	16	926.			926.	926.		0.
25	NCR CASH REGISTER	040178SL		5.00	16	400.			400.	400.		0.
27	COMPUTERS	100191SL		5.00	16	5,000.			5,000.	5,000.		0.
28	BRUNSWICK BOWLING BALL CLEANER	100180SL		5.00	16	1,000.			1,000.	1,000.		0.
29	STAINLESS STEEL BACK BAR (B.A)	100180SL		10.00	16	1,000.			1,000.	1,000.		0.
30	3' GAS RANGES	100180SL		10.00	16	1,000.			1,000.	1,000.		0.
31	STAINLESS PREP TABLE	100180SL		10.00	16	500.			500.	500.		0.
32	ELECTRIC ORGAN WESTINGHOUSE	100180SL		10.00	16	3,000.			3,000.	3,000.		0.
33	OVEN/STOVE	100180SL		10.00	16	700.			700.	700.		0.
34	PORTABLE BAR	100180SL		10.00	16	500.			500.	500.		0.
35	STEAM TABLE - 4 SECTION	100180SL		10.00	16	1,000.			1,000.	1,000.		0.

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2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
36	X4' ROLLAWAY SAFE	100180SL		10.00	16	5,000.			5,000.	5,000.		0.
37	SALAD BAR	100180SL		10.00	16	500.			500.	500.		0.
38	15' STAINLESS BACK BAR (C)	100180SL		10.00	16	2,000.			2,000.	2,000.		0.
39	(2) 5' STAINLESS BACK BARS (C)	100180SL		10.00	16	1,400.			1,400.	1,400.		0.
40	BEER DISPENSER	100180SL		10.00	16	800.			800.	800.		0.
41	(3) POOL TABLES	100180SL		10.00	16	6,000.			6,000.	6,000.		0.
42	CARPET	110196SL		7.00	16	8,328.			8,328.	8,328.		0.
43	(2) TELEVISIONS	120196SL		7.00	16	1,098.			1,098.	1,098.		0.
45	STEREO SYSTEM	083197SL		7.00	16	500.			500.	500.		0.
46	DRAPES - MEAD UPHOLSTERY	103197SL		7.00	16	1,400.			1,400.	1,400.		0.
47	OVEN	022898SL		7.00	16	4,200.			4,200.	4,200.		0.
48	BAR DISHWASHER	042198SL		7.00	16	3,005.			3,005.	3,005.		0.
49	LODGE BENCH UPHOLSTERY	042198SL		7.00	16	3,620.			3,620.	3,620.		0.
50	REFRIGERATOR	072498SL		7.00	16	1,262.			1,262.	1,262.		0.
51	ICE MACHINE	100798SL		7.00	16	2,124.			2,124.	2,124.		0.
52	FURNITURE	021500SL		7.00	16	2,000.			2,000.	2,000.		0.
53	BEER COOLER	031500SL		7.00	16	975.			975.	975.		0.
54	DRAPES	031500SL		7.00	16	929.			929.	929.		0.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	EQUIPMENT	040100SL		7.00	16	1,527.			1,527.	1,527.		0.
57	SECURITY SYSTEM	071907SL		7.00	16	2,750.			2,750.	655.		393.
58	TELEVISION	112707SL		7.00	16	1,400.			1,400.	267.		200.
59	(2) DUKE BAKING OVENS	040108SL		7.00	16	4,830.			4,830.	690.		690.
61	WALL TABLETS	012309SL		7.00	16	10,174.			10,174.	242.		1,453.
	* 990-EZ PG 1 TOTAL - EQUIPMENT & FIXT					187,095.		0.	187,095.	169,795.	0.	2,736.
	LAND											
3	LAND	070124L				15,000.			15,000.			0.
	* 990-EZ PG 1 TOTAL - LAND					15,000.		0.	15,000.	0.	0.	0.
	* GRAND TOTAL 990-EZ PG 1 DEPR					570,171.		0.	570,171.	483,832.	0.	9,325.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
LODGE & MEMBER EXPENSES	13,265.
OFFICE EXPENSE	3,930.
TOTAL TO FORM 990-EZ, LINE 16	17,195.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	6,785.	5,191.
OTHER DEPRECIABLE ASSETS	71,339.	62,014.
TOTAL TO FORM 990-EZ, LINE 24	78,124.	67,205.

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
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DESCRIPTION	AMOUNT
ROOM RENTALS-COMMERCIAL AND LODGE HALL, ASTORIA, OREGON	26,716.
TOTAL TO FORM 990-EZ, LINE 8	26,716.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	9,325.
OTHER EXPENSES	65,872.
TOTAL TO FORM 990-EZ, LINE 14	75,197.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS, YOUTH ACTIVITIES VARIOUS VARIOUS ASTORIA, OR 97103	NONE	2,655.
CHARITABLE DONATIONS ELKS NAT FOUNDATION, MEADOWOOD, CASEY EYE CLI VARIOUS ASTORIA, OR 97103	NONE	3,461.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		6,116.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	124,679	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		124,679
4. COST OF GOODS SOLD (LINE 13)	47,324	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		77,355

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	6,785	
7. MERCHANDISE PURCHASED	45,730	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		52,515
12. INVENTORY AT END OF YEAR	5,191	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		47,324

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 8

THE ORGANIZATION ACCOMPLISHED ITS PRIMARY GOALS OF MAINTIANING THE LODGE BUILDING, PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES TO MEMBERS, AND MAKING VARIOUS CONTRIBUTIONS TO YOUTH AND COMMUNITY CAUSES

990-EZ PG 2

STATEMENT 9

THE ELKS ORGANIZATION OF 469 MEMBERS SUPPORTS THE OPERATION AND MAINTENANCE OF A LARGE, HISTORICAL BUILDING THAT SERVES AS THEIR MEETING FACILITY FROM WHICH THEY CONDUCT THEIR SOCIAL ACTIVITIES AND PROVIDE FOR CHARITABLE CAUSES.