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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)

OMB No 1545-0047

Inspection

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

Open to Public

<u>A</u>	For the	2010 calendar year, or tax year beginning APR 1, 2010 and	ending]	<u>MAR 31, 2011</u>					
B Check if C Name of organization D Employer identification number									
	applicable	BENEVOLENT & PROTECTIVE ORDER OF ELKS		' -					
г	Addres								
늗	jcnange]Name			-	140755				
느	change			91-0	142755				
L	return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r					
Termin- 2802 HOYT AVE #100 425-252-4									
Ē	Ameno			G Gross receipts \$	263,049.				
Copies Co									
L									
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? XYes No				
1	Tax-exe	empt status 501(c)(3)X 501(c)(8) ◀ (insert no.) 4947(a)(1) c	or 52	7 If "No," attach a	list (see instructions)				
J	Websit	re: ► N/A		H(c) Group exemption	n number ▶ 1156				
		organization. X Corporation	I Year		A State of legal domicile: WA				
	art I	Summary		O TOTALION. 1000 IN	A State of legal dofficies. 1421				
<u>. </u>	_		ATOTTT O	AMD MIID DD T11	GERLEG OF				
ĕ	1	Briefly describe the organization's mission or most significant activities TO II							
& Governance		CHARITY, JUSTICE, BROTHERLY LOVE AND FIDE	<u>ELITY</u>	; TO RECOGNI	ZE A BELIEF				
Ë	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of moi	re than 25% of its net as	ssets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	. 5				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	.1 5				
<u>مې</u>	-			·	14				
ě	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5					
Ξ	6	Total number of volunteers (estimate if necessary)		6	. 0				
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	<u>'0.</u>				
_		Net unrelated business taxable income from Form 990-T, line 34		/7tb	0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)	65,570.	91,151.					
Ĕ	9	,	-	0.	, 0.				
ě	9	Program service revenue (Part VIII, line 2g)	-						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1,678.	3,532.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	28,544.	59,636.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		95,792.	154,319.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ŀ	0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
,	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	56,566.	59,301.				
Expenses	10		-						
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
D.X	· b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		169,274.	189,309.				
	18	Total expenses Add lines 13-17 (must equal Fart X column (a) mo 25)		225,840.	248,610.				
		Revenue less expenses Subtract line 8 from line 2		<130,048.					
70	3	2 0011		eginning of Current Year					
sts (<u> </u>	Total assets (Part X, line 16)			End of Year				
SSE	20	Total assets (Part X, line 16)	<u> </u>	8,550,740.	8,426,143.				
Ψ.	21	Total liabilities (Part X, line 26)	<u> </u>	6,305,053.	6,274,747.				
Net Assets or	22	Net assets or fund balances Subtract line 21 fremine 20		2,245,687.	2,151,396.				
P	art II	Signature Block							
Une	der pena	ilties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	v knowledge and belief, it is				
		st, and complete. Declaration of preparer (other than office) is based on all information of wh			,				
		(X)	mon propur						
= > Sig		Signature of officer	.	<u> </u>	- 1)				
		· ·		Date					
MHe	re	BRUCE CRAWFORD, CHAIRMAN OF THE BOARD							
=		Type or print name and title							
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
司	id	RICHARD L. ANDERSON, CPA	CPA	6/27/11 self-employe	ed				
.D		Fundamental Distriction, CENTER OF THE COMPANY DITE			<u>-</u> L				
Preparer Firm's name HASCAL SJOHOLM AND COMPANY PLLC Firm's EIN Firm's address PO BOX 1188 EVERETT, WA 98206-1188 Phone no. (425) 252-3173 Way the IRS discuss this return with the preparer shown above? (see instructions) X Yes No									
Time only Firm's address ► PO BOX 1188									
5	EVERETT, WA 98206-1188 Phone no. (425) 252-3173								
Mi	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
5 5	001 02-2	22-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons		Form 990 (2010)				
Ü	20. 02-2	and the second s			. 5 500 (2010)				

Par	t III Statement of I	Program Service Accomplis	hments		
	Check if Schedule	O contains a response to any questi	on in this Part III		X
1	Briefly describe the organ				
		THE PRINCIPLES OF			
		RECOGNIZE A BELIEF		MOTE THE WELFARE	
		HAPPINESS OF ITS MI			
		RIOTISM; TO CULTIVA			YTE
2	-	ertake any significant program servic	es during the year which were n	ot listed on	[] []
	the prior Form 990 or 990				Yes X No
		new services on Schedule O			
3	_	se conducting, or make significant ch	nanges in how it conducts, any p	rogram services?	Yes X No
	If "Yes," describe these of				
4		pose achievements for each of the o	_		
		1(c)(4) organizations and section 494			
		total expenses, and revenue, if any,			
4a	(Code.) (Expenses \$	_ including grants of \$) (Revenue \$)
		NCTIONS AS A CENTRA			
		T LOCAL, REGIONAL,			(
	BROTHERHOOD,	CHARITY AND SERVI	CE TO THE COMMUN.	T.T.A.	-
					
	<u> </u>	\(\frac{1}{2}\)		\/D	
4b	(Code) (Expenses \$	_ including grants of \$) (Revenue \$)
					
		· • • · · · · · · · · · · · · · · · · ·			
					
		 			
					· · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
					·
					
			· · · - · · · · · · · · · · · · · · · · · · ·		
	Other pro-	(December in Cabadida C.)			
4d	· -	(Describe in Schedule O)	\ (Davis =	¢ \	
	(Expenses \$	including grants of \$) (Revenue	φ)	
<u>4e</u>	Total program service	expenses 🚩			Form 990 (2010)
03200					1 0.111 000 (2010)

	990 (2010) EVERETT LODGE #4/9 91-0142	/55	Ρ;	age ১
Pąr	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
	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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or	İ		
	similar amounts as defined in Revenue Procedure 98-197 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,			<u> </u>
	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," 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			i
	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		ļ	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>L</u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X

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b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

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Form 990 (2010) EVERETT LODGE #479
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		j	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	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	
27	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? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			•
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		v
200	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			х
24		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		- 11
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	3		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			 -
- -	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2010)

Form 990 (2010) EVERETT LODGE #479

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for 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		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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 organization, 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			
11	Section 501(c)(12) organizations. Enter			ŀ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а		13a		<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
14a		14a	1	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		- **
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BENEVOLENT & PROTECTIVE ORDER OF ELKS

Form 990 (2010)

EVERETT LODGE #479

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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 instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a		5		
b	Enter the number of voting members included in line 1a, above, who are independent	5		
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 governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		
	governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		1	
а	The governing body?		- T	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	Δ.	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1 3		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	, , , , , , , , , , , , , , , , , , , ,	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
4.0	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	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? The organization's CEO, Executive Director, or top management official		.	
a h	Other officers or key employees of the organization	15a	X	
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
Sec	tion C. Disclosure	1,14,1		
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕨		
	LODGE SECRETARY - 425-252-4179			
	2802 HOYT AVE #100, EVERETT, WA 98201	r	000	0040

Form **990** (2010)

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. 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.
- 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, if any See instructions for definition of "key employee"
- List the organization's five current 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 compensated employees, and former such persons

(A)	(B)	(C) (D) (E) Position Reportable Reportable							(F)		
Name and Title	Average hours per	(c)				app	lv۱	Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
BRUCE CRAWFORD											
CHAIRMAN OF THE BOARD	6.00	X		X				0.	0.	0	
DENNIS ANDERSEN											
TRUSTEE	6.00	X				L.		0.	0.	0	
JEANNE OLSEN-ESTIE	_										
TRUSTEE	6.00	X			<u> </u>	ļ		0.	0.	0	
SHARON SKURLOCK											
TRUSTEE	6.00	X				ļ		0.	0.	0	
									:		
		-									
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	_			L			L	<u></u>			

Form **990** (2010)

क्रायाच्या व्यवस्थ	TODOR	# 470	
EVERETT	LODGE	#4/9	

orm 990 (2010) EVERETT	LODGE #4	<u> 179</u>	<u> </u>						91-01	L427	<u> 155</u>	Pa	ge 8
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per	(cl		Pos	C) itior that	ı app	ly)	(D) Reportable compensation	(E) Reportable compensatio	n	Esti	(F) mated ount o	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	ther ensati m the nizatio relate nizatio	on d
			_							\perp			
					-					-			
					-								
,						-							
1b Sub-total c Total from continuation sheets to Part V	II, Section A					>		0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100),000 in reportabl	0 . le			<u>0.</u> 0
3 Did the organization list any former officer,	, director or tru	stee	e, ke	y en	nplo	yee,	or I	nighest compensated ei	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si	um of reportab	le c							the organization		3		<u>X</u>
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	ion 1	from	an	y uni			idual for services	}	4		X
Section B. Independent Contractors 1 Complete this table for your five highest co							ors 1	that received more than	\$100,000 of com	npensa	5	om	X
the organization. NONE								(B)			(C)		
Name and business	address							Description of	services	C	ompen		1
2 Total number of independent contractors (including but r	not I	mite	d to	the	se li	ste	d above) who received r	nore than				

\$100,000 in compensation from the organization

Form 990 (2010) EVERETT LODGE #479
Part VIII | Statement of Revenue

	L VIII	Statement of nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 5,000.				
SE	_	Total. Add lines 1a-1f	91,151.			
Program Service Revenue	2 a					
P. O.	e					
٦	f	All other program service revenue				
_	. 9					
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	3,532.			3,532.
	5	Royalties				
		(i) Real (ii) Personal 6,539. Less. rental expenses 226. Rental income or (loss) 6,313.				
		Net rental income or (loss)	6,313.			6,313.
		a Gross amount from sales of assets other than inventory Less cost or other basis		1		
į	C	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not			· · · · · · · · · · · · · · · · · · ·	:
Other Revenue	0 0	including \$ of contributions reported on line 1c) See Part IV, line 18 a				
ţ.	ŀ	b Less: direct expenses]			
0		Net income or (loss) from fundraising events				
		Part IV, line 19 Less direct expenses a Gross income from gaming activities See a 23,756. b 14,889.				
		Net income or (loss) from gaming activities	8,867.	8,867.		
		a Gross sales of inventory, less returns	0,00.0	7.3.3.3		
		and allowances a 133374.				
		b Less cost of goods sold b 93,615. Net income or (loss) from sales of inventory	39,759.	39,759.		
ł		Miscellaneous Revenue Business Code		39,139.	=	
		MISCELLANEOUS 900099	4,697.	4,697.		
						<u> </u>
		d All other revenue				
		e Total. Add lines 11a-11d	4,697.			
	12	Total revenue. See instructions.	154,319.	53,323.	0.	9,845.
03200 12-21				, 50,525.1		Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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.	1						
	See Part IV, lines 15 and 16		<u> </u>					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above, to disqualified			1				
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	44,080.						
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	15,221.						
11	Fees for services (non-employees)							
а	Management							
b	Legal							
С	Accounting	3,408.		ļ. · · · · · · · · · · · · · · · · · · ·				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17				·			
f	Investment management fees							
g	Other							
12	Advertising and promotion	369.						
13	Office expenses	714.	·····					
14	Information technology							
15	Royalties	4 000						
16	Occupancy	4,229.						
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	1 100						
19	Conferences, conventions, and meetings	1,400.						
20	Interest							
21	Payments to affiliates	00 505						
22	Depreciation, depletion, and amortization	92,785.						
23	Insurance	2,666.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line							
	24f amount exceeds 10% of line 25, column (A)							
	amount, list line 24f expenses on Schedule 0.)	05 000						
а		25,002.						
b	UTILITIES	19,807.						
С	SCHOLARSHIP AWARDS	13,500.						
d	MISCELLANEOUS	5,622.						
е	PRINTING AND PUBLICATIO	3,893.						
f	All other expenses	15,914.	·					
25	Total functional expenses. Add lines 1 through 24f	248,610.	·					
26	Joint costs. Check here if following SOP							
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a							
	combined educational campaign and fundraising							
	solicitation				F 990 (001)			

032010 12-21-10

Form	aan m	©10) EVERETT LODGE #479		91-0	0142755 Page 11
		Balance Sheet			<u> </u>
1 47		Sudifico Circo.	(A) Beginning of year		(B) End of year
\neg	1	Cash · non-interest-bearing	8,095	1	9,550.
	2	Savings and temporary cash investments	252,720		233,533.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	3	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	Ū	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,079		5,712.
۷	9	Prepaid expenses and deferred charges	1,464		2,940.
		Land, buildings, and equipment cost or other			
	104	basis Complete Part VI of Schedule D 10a 3, 259, 471			
	h	Less: accumulated depreciation 10b 162,169		10c	3,097,302.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	······································	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,095,797		5,077,106.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	8,550,740		8,426,143.
	17	Accounts payable and accrued expenses	9,695		4,749.
	18	Grants payable		18	
	19	Deferred revenue	41,515	. 19	36,580.
	20	Tax-exempt bond liabilities		20	
v	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			-
abil		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	2,250.
	23	Secured mortgages and notes payable to unrelated third parties	6,024,588	23	6,024,588.
	24	Unsecured notes and loans payable to unrelated third parties		24	7,000.
	25	Other liabilities Complete Part X of Schedule D	229,255	. 25	199,580.
	26	Total liabilities. Add lines 17 through 25	6,305,053	. 26	6,274,747.
		Organizations that follow SFAS 117, check here and complete			
S		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here X and			
ō		complete lines 30 through 34.	_		_
ets	30	Capital stock or trust principal, or current funds	0		0.
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2,245,687		2,151,396.
Z	33	Total net assets or fund balances	2,245,687		2,151,396.
	34	Total liabilities and net assets/fund balances	8,550,740	. 34	8,426,143.

Form **990** (2010)

Both consolidated and separate basis

Х

За

3b

Form 990 (2010)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b 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

separate basis, consolidated basis, or both

X Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS

Employer identification number 91-0142755

EVERETT LODGE #479 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 10 Total number at end of year 44,459. Aggregate contributions to (during year) 55,443. Aggregate grants from (during year) 199,580. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes \neg_{No} are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

	BENEVOLI	ENT & PROT	ECTI	VE ORD	ER OF	ELKS					
Sched	dule D (Form 990) 2010 EVERETT	LODGE #47	9				9	1-01	<u>42755</u>	Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, d	or Othe	r Simila	r Asse	ts (continu	ed)	
3											
	(check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research e Other										
	c Preservation for future generations										
4	•	illections and explain	n how th	ev further tl	he organizati	on's exer	not purpo:	se in Pari	XIV		
-											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
	t IV Escrow and Custodial Arrang					"Voc" to	Form 990	Dart IV I			
I ai	reported an amount on Form 990, Par		ete ii tiie	rorganizatio	ii answereu	165 10	1 01111 330,	raitiv,	iiie 3, 0i		
			liani far	oontribuition	o or other on	aata nat	ınalı ıdad				
та	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	is or other as	sets not	included	Г	ا		
	on Form 990, Part X?			l. l					JYes ∣	No	
b	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing 1	able			ΓΤ				
									Amount		
	Beginning balance						1c				
	Additions during the year						1d 1e				
е	Distributions during the year										
f	Ending balance								-i -		
	Did the organization include an amount on Fo	orm 990, Part X, line	217					L	」Yes	No	
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete in	the organization an	swered	"Yes" to Fo							
	-	(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four ye	ars back	
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	ıs								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	//									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ind administe	red for th	ne organiz	ation			
	by.	_					-		Ye	s No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•							<u> </u>		
Par											
	Description of investment	(a) Cost or o			or other	(c) A	ccumulate	d	(d) Book v	alue	
	Description of investment	basis (investr		''	(other)		oreciation	~	(u) DOOK V	aiue	
4-	Land	223.0 (1,773.				211	773.	
	Buildings				6,196.		121,89	26	2,664		
	Leasehold improvements			<u> </u>	· · · · · · · ·		L & L , O 3	-	<u> </u>	, 500.	

Schedule D (Form 990) 2010

121,229.

3,097,302.

40,273.

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

161,502.

EVERETT LODGE #479

Schedule D (Form 990) 2010 EVERETT LO	DGE #479		91-	0142755	Page 3
Part VII Investments - Other Securities. S	See Form 990, Part X, line	12			
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation of end-of-year marke		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) (I)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990, Part X, lin	e 13			
(a) Description of investment type	(b) Book value	(c) Method of valuation of end-of-year marke		
(1)					
(2)	-				
(3)					
(4)					
<u>(5)</u> (6)					
(7)				· · · · · · · · · · · · · · · · · · ·	
(8)				-, -, -, -, -, -, -, -, -, -, -, -, -, -	
(9)			· · · · · · · · · · · · · · · · · · ·		
(10)					
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, III					
(a	a) Description			(b) Book va	
(1) CONSTRUCTION IN PROCESS				5,077	,106.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	· · · · · · · · · · · · · · · · · · ·	 		 	
(8)			···		
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, col (B) li	ino 15)			5,077	106
Part X Other Liabilities. See Form 990, Part X				3,011	, 100.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , ,	(b) Amount			
(1) Federal income taxes					
(2) RESTRICTED FUNDS		199,580.			
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	ne 25)	199,580.	on's liability for uncortain	av nocitions under	
2. FIN 48 (ASC 740) Poblificite III Part XIV, provide the text of the localistic	o to the organization 5 infancial St	atomenta mat reports me organizati	on a nability for uncertain	ax positions under	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS

Employer identification number

	LODGE #4/9				91-0142	
Fundraising Activities. Crequired to complete this part	Complete if the organization answe	ered "Ye	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
1 Indicate whether the organization raised	d funds through any of the followin	ng activi	ities	Check all that apply		
a Mail solicitations		_		overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	_				
d In-person solicitations	g opecial	Taria a	Jing (CVOIRS		
2 a Did the organization have a written or	oral agreement with any individual	(include	.na a	fficare directors true	stoop or	
key employees listed in Form 990, Parl						□ No
b If "Yes," list the ten highest paid individ				-		
compensated at least \$5,000 by the or		uant to	ayıe	ements under which	the fullulaiser is to	be
compensated at least \$5,000 by the of						,
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) [fundra have cus or contr contribut	roi of	(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			
				·		
				:		
						-
1		<u> </u>				
otal			>			
3 List all states in which the organization	is registered or licensed to solicit of	contribu	utions	s or has been notified	d it is exempt from re	egistration
or licensing						
				• • • • • • • • • • • • • • • • • • • •		
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

BENEVOLENT & PROTECTIVE ORDER OF ELKS

Schedule G-(Form 990 or 990-EZ) 2010 EVERETT LODGE #479 91-0142755 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)) (total number) (event type) (event type) Gross receipts 2 Less Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 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 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 17,959. 5,797. 23,756. Gross revenue 11,162 11,162. 2 Cash prizes Direct Expenses 1,799. 1,799. 3 Noncash prizes Rent/facility costs 1,928 1,928. Other direct expenses Yes Yes X No 6 Volunteer labor No 14,889 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 8,867. Enter the state(s) in which the organization operates gaming activities WA X Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain. Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

BENEVOLENT & PROTECTIVE ORDER OF ELKS 91-0<u>142755 Page 3</u> Schedule G (Form 990 or 990-EZ) 2010 EVERETT LODGE #479 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 Yes X No to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in. 13a 100.00 % a The organization's facility **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ BOB NELSON Address ► 2802 HOYT AVE #100 - EVERETT, WA 98201 Yes X No. 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 > 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 Yes X No retain the state gaming license? 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 > \$ Supplemental Information, Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

032083 01-13-11

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

BENEVOLENT & PROTECTIVE ORDER OF ELKS

EVERETT LODGE #479

Employer identification number 91-0142755

Part I Excess Benefit	Transacti	ons (section	on 501(c)(3) and section	501(c)(4) organization	ns only)						
Complete if the organ	nization ansv	vered "Yes'	on Form 990, Part IV, I	ine 25a or 25b, or Forr	n 990-E	Z, Part	V, line 40)b.			
1											
(a) Name of disc	qualified pers	son		(b) Description of transaction							
	···										
	<u> </u>										
2 Enter the amount of tax impo	sed on the c	organization	managers or disqualifie	ed persons during the	year un	der					
section 4958							▶ \$				
3 Enter the amount of tax, if an	y, on line 2,	above, reim	bursed by the organiza	tion			▶ \$				
Part II Loans to and/or	From Int	orested	Pareone								
				00 F 000 F		/ b 0/	-				
(a) Name of interested	(b) Loan t		on Form 990, Part IV, I					oroved	(-) \	ritton	
		nization?	(c) Original principal amount	(d) Balance due	(e) In default?		by board or committee?		(g) Written agreement?		
	To From				Yes No		Yes	No	Yes	No	
BRUCE CRAWFORD -	X	110111	2,000.	2,000.	X		X	140	163	X	
DENNIS ANDERSON -	X		250.	250.		X	X			X	
							 				
					-		 				
							Ĭ				
	<u> </u>					<u> </u>					
Total			<u> </u>	2,250.			J				
Part III Grants or Assis	tance Ber	netiting li	nterested Persons	3.							
		vered "Yes'	on Form 990, Part IV, I								
(a) Name of interested p	person			ionship between interested person and (c) Amount a							
				the organization				assistance			
				··		_					
						-					

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SEE PART V FOR CONTINUATIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

BENEVOLENT & PROTECTIVE ORDER OF ELKS EVERETT LODGE #479

91-0142755

Schedule L (Form 990 or 990-EZ) 2010 Part IV Business Transactions Invo	Iving Interested Persons.				Page 2
Complete if the organization answere (a) Name of interested person	(b) Relationship between interested person and the organization	Bb, or 28c (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
				<u> </u>	
			<u> </u>	ļ	
Part V Supplemental Information					
Complete this part to provide addition	nal information for responses to questions	s on Schedule L (see	e instructions).		
CHEDULE L, PART II, LOAN	IS TO AND FROM INTERES	STED PERSO	NS:		
A) NAME OF PERSON: BRUCE	CRAWFORD				
A) PURPOSE OF LOAN: SHOP	RT-TERM CASHFLOW				
- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1					
A) NAME OF PERSON: DENNI	S ANDERSON				
A) PURPOSE OF LOAN: SHOP	RT-TERM CASHFLOW				
			- 		
					
					
			 		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS EVERETT LODGE #479

Employer identification number 91-0142755

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS
MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE
GOOD FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND
TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF
ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND
COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE
AND ELKS SHARE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT,
THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF
AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT
PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A NON-PROFIT
CORPORATION WITH MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY REVIEWS THE
YEAR-END FINANCIAL STATEMENTS ALONG WITH THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 15: NO COMPENSATION IS PAID FOR THE
ORGANIZATION'S OFFICERS. THERE ARE NO KEY EMPLOYEES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

Scheaule O (Fo	orm 990 or 990-EZ)	(2010)					Pag	<u>ge 2</u>
	ganization BEN	EVOLENT & RETT LODGE		IVE ORI	ER OF E	LKS	Employer identification number 91-0142755	
FORM 990	O, PART VI	, SECTION	C, LINE	19: DC	CUMENTS	ARE AVAI	LABLE UPON	
WRITTEN	REQUEST.	WRITTEN R	EQUESTS	SHOULI	BE MAI	LED TO TH	E LODGE SECRETAR	<u>.Y.</u>

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