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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)

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

Open to Public Inspection

OMB No 1545-0047

<u> </u>	or tr	e 2010 calendar year, or tax year beginning $$ JUL $1$ , $2010$ and ending	JUN 30, 2011	<del></del>
Ç	heck if	C Name of organization	D Employer identifica	tion number
-4 		WASHINGTON STATE ELKS ASSOCIATION		
	]Addre	e CHARITABLE TRUST		
	]Name	ge Doing Business As	94-31	95000
	]initial _returr	Number and street (or P.U. box if mail is not delivered to street address)   Room/s	uite E Telephone number	
	Term	P.O. BOX 110760	(206)	472-6223
	Amer return		G Gross receipts \$	231,577.
	Appli	IACOMA, WA	H(a) Is this a group retu	ım
	pend	F Name and address of principal officer GEORGE PRICHARD	for affiliates?	Yes X No
		4820 CHICO WAY NW, BREMERTON, WA 98312-12	24 H(b) Are all affiliates includ	ied? Yes No
T	ax-ex	tempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	t (see instructions)
V	/ebsi	te: ► WWW.WAELKS.ORG	H(c) Group exemption i	number -
F	orm o	f organization: X Corporation Trust Association Other L	ear of formation: 1994 M S	
	rt I	Summary		<u> </u>
,	1	Bnefly describe the organization's mission or most significant activities. SUPPORT	ELKS CHARITABL	E PROGRAMS
		,		
	2	Check this box  if the organization discontinued its operations or disposed of r	nore than 25% of its net asse	ets
Ì	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	60
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Trot allibrated basilious taxable illegities from Form 600 1; illie 64	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	244,556.	229,630.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
				1,047.
			1,300.	900.
			246,525.	231,577.
+		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line-12)		177,100.
		121 111 1 /4 57	2011 1293,300.	
nanady-			118 0.	<u> </u>
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	1 1 1 1	0.
			0.	0.
		Total fundraising expenses (Part IX, column (D), line 25)	41 705	10 610
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	41,705.	42,642.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	235,005.	219,742.
او	19	Revenue less expenses Subtract line 18 from line 12	11,520.	11,835.
Dalaines			Beginning of Current Year	End of Year
		Total assets (Part X, line 16)	196,445.	210,434.
<u>[</u>		Total liabilities (Part X, line 26)	145,050.	147,204.
1		Net assets or fund balances Subtract line 21 from line 20	51,395.	63,230.
_	rt II			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	•	nowledge and belief, it is
e,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
		Signature of officer		0//
gn		' · · ·	Date	
re	•	GEORGE PRICHARD, SECRETARY/MANAGER Type or print name and title	<del></del>	··-
			Check	] PTIN
		Print/Type preparer's name  Preparet so gnature		
id		LARRY HURLEY, CPA	$\sqrt{12/11}$ self-employed	
•	arer	Firm's name HURLEY WILLIAMS & COOK VS	Firm's EIN	
e (	Only	Firm's address 4312 KITSAP WAY, SUITE 102		
		BREMERTON, WA 98312	Phone no. 36	0-479-4611
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

(Expenses \$ inclu

4e Total program service expenses ▶

<u>218,542.</u>

	• .		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	з		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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	Ť		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
٥	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	-		- 21
3	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?	9		
10	If "Yes," complete Schedule D, Part V	40		Х
4.4		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expanses of more than \$10,000 from grantmaking, fundrations, business.	14a		
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	İ	X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		v
47		16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4~		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
^-	complete Schedule G, Part III	19		<u>X</u>
20a		20a		<u> </u>
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	001		
	operate one or more hospitals must attach audited financial statements (see instructions)	_20b	200	

Form 990 (2010) CHARITABLE TRUST
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	X	
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 2º 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			
	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> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	_30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> X</u>
<b>32</b>	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J-		
<b></b>	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	- 50		
	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		X
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	X	
		Form	9 <b>90</b> (2	2010)

Form 990 (2010)

CHARITABLE TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule Occasions a respectation of the compliance of the compl 94-3195000 Page 5

	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		<u> </u>
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	l		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		<u>X</u> _
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			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	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			ĺ
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		X
d	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		<del></del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		<b></b>
10	Section 501(c)(7) organizations. Enter			ļ
а	Initiation fees and capital contributions included on Part VIII, line 12  10a  10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
а	Note. See the instructions for additional information the organization must report on Schedule O	130	<u> </u>	<del> </del>
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	II 163, Has it incu a 1 Offil 120 to report those payments. If 140, provide an explanation in Concount C	r-	000	(0040)

WASHINGTON STATE ELKS ASSOCIATION CHARITABLE TRUST 94-3195000 Form 990 (2010) 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 Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7a governing body? Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? 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? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 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 15a X 15b X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA 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 \_\_\_ Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

98409-6527

statements available to the public

SHARI CUPIT - 253-472-6223

4512 S. PINE STREET, TACOMA WASHINGTON

### WASHINGTON STATE ELKS ASSOCIATION

CHARITABLE TRUST

94-3195000

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Form 990 (2010) 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	
Check if Schedule C Contains a response to any question in this care yill	

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 -O- 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

Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	преі	nsat	ted any current officer, of	director, or trustee	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	1		Pos				Reportable	Reportable	Estimated
	hours per	(ct	neck	all 1	that	арр	ly)	compensation	compensation	amount of
	week	ctor						from	from related	other
	(describe	direc				5		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	tee o	ustee			ensat		(W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	al frus	naîtr		loyee	d a		(** 2) 1033 (**100)		and related
	in Schedule	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	PII	ılıs	Щ0	×	HI B	104	<u></u>		
FRANK COWELL								_	_	
PRESIDENT				X				0.	0.	0.
JOE BASIL							Ì			•
PRESIDENT ELECT			<u> </u>	X				0.	0.	0.
ROBERT FERDA	}									
VICE PRESIDENT NORTH				X		<u> </u>		0.	0.	0.
LARRY SPENCER										0
VICE PRESIDENT EAST				X	<u></u>			0.	0.	
JIM HOWES				x				0.	0.	0.
VICE PRESIDENT SOUTH	<del> </del>	-			-			0.		0.
DONALD GOSSARD	ļ	İ		x				0.	0.	0.
CHAIRMAN CEORGE PRIGUARD	<del>  -</del>		<del> </del>	Δ				0.		<u> </u>
GEORGE PRICHARD SECRETARY	1			X	1			0.	0.	0.
RUTH STEWART			-	-22		<b></b>	-			
TREASURER		ŀ		х				0.	0.	0.
DENNIS RAMSEY		<u> </u>								
FINANCIAL TRUSTEE REP	İ			X				0.	0.	0.
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94-3195000 Page	9	-31	95	000	Page 8
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rai	L VII Section A. Officers, Directors, Tru	<u>ustees, Key Er</u>	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	· (A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average			Pos	itior	1		Reportable	Reportable	,	Es	stimate	ed
		hours per	(cl	heck	all t	that	арр	ly)	compensation	compensation	- 1		nount	
	•	week	<u> </u>			Г	Г	I	from	from related	- 1		other	
		(describe	eg G						the	organization	- 1	com	pensa	tion
		hours for	를	_			ᇐ		organization	(W-2/1099-MI			om th	
		related	ᇐ	uste			25		(W-2/1099-MISC)	(** *******************************	/		anızat	
		organizations	<u>इ</u>	nal tr		Se Se	Ē.,		(			_	d relat	
		ın Schedule	Individual trustee or director	Institutional trustee	Ja	Key employee	Highest compensated employee	뉼			-		anızatı	
		O)	Ę	Insti	Officer	Key	돌를	Former			j	3-		
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1b	Sub-total						<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V	I Section A							0.		0.			0.
		ii, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						_							<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	DOV	e) wr	no re	eceived more than \$100	,000 in reportab	ie			
	compensation from the organization													0
											,		Yes	No
3	Did the organization list any former officer,	director or tru	stee	, key	em/	plo	yee,	or h	ighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual					-					3		X
4	For any individual listed on line 1a, is the su		e co	mne	anes	ation	anc	1 oth	ner compensation from	the organization	f			
7	and related organizations greater than \$15	-		-					•	ine organization		4		х
_				_							}	4		
5	Did any person listed on line 1a receive or a	-				_		elate	ed organization or indivi	dual for services	' l			
	rendered to the organization? If "Yes, " corr	plete Schedul	e J f	or st	ıch	pers	son					5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors ti	hat received more than	\$100,000 of con	npensa	ation f	rom	
	the organization NONE													
	(A)								(B)			(0	C)	
	Name and business	address							Description of s	ervices	С		nsatio	n
	<del></del>							_	· · ·					
					_			$\dashv$						
								$\perp$						
								$\dashv$					_	
								$\dashv$						
								L						
2	Total number of independent contractors (	including but n	ot III	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 in compensation from the organi	zation 🕨				!	<u> </u>							

WASHINGTON STATE ELKS ASSOCIATION

Form 990 (2010) CHARITABLE TRUST
Part VIII | Statement of Revenue

94-3195000

Page 9

A   Income from Investment of tax-exempt bond proceeds   Royalties   (i) Real   (ii) Personal						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code    2 a	Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a	1b 1c 1d 229 and 1f	,630.	229.630.			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross Rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of or contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a RETURNED SCHOLARSHIPS    1, 0 47 .		2 a b c d			ness Code				
(i) Real   (ii) Personal		3	Investment income (including di other similar amounts) Income from investment of tax-e		d •	1,047.			1,047.
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 a Less direct expenses b C Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a RETURNED SCHOLARSHIPS 900099 900.		6 a b c	Gross Rents Less rental expenses Rental income or (loss)	(i) Real (ii) F					
C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18		7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities (ii)					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a RETURNED SCHOLARSHIPS 900099 900.  4 All other revenue	venue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising of including \$	of	<b>&gt;</b>				
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a RETURNED SCHOLARSHIPS b c d All other revenue	Other Rev	С	Part IV, line 18 Less direct expenses Net income or (loss) from fundra Gross income from gaming activ	a b lising events	<b>&gt;</b>				
c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a RETURNED SCHOLARSHIPS  b  c  d All other revenue		c 10 a	Less direct expenses  Net income or (loss) from gamin  Gross sales of inventory, less re and allowances	b g activities turns	<b>&gt;</b>				
c d All other revenue		11 a	Net income or (loss) from sales of Miscellaneous Revenue RETURNED SCHOLAR	Busin SHIPS 90		900.	900.		
12 Total revenue See instructions. ► 231,577. 900. 0. 1,		c d e 12	All other revenue Total. Add lines 11a-11d		<b>&gt;</b>	900. 231,577.	900.	0.	1,047. Form <b>990</b> (2010)

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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). (B) (C) (D) Fundraising (A) Do not include amounts reported on lines 6b, Management and Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 177,100. 177,100. the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees) Management Legal b 1,200. 1,200 c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f g Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 interest 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 Insurance 23 Other expenses, Itemize expenses not covered 24 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 O.) 30,479. 30,479. VETERANS <u>7,2</u>53. <u>7,253.</u> HOOP SHOOT 2,781. 2,781. DRUG AWARENESS 652. **AMERICANISM** 652. 246 SOCCER SHOOT 246. 31 31. All other expenses 1,200 219,742. 218,542 0. Total functional expenses Add lines 1 through 24f 25 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

Form 990 (2010)

Part X Balance Sheet

CHARITABLE TRUST

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		• ,		(A) Beginning of year		(B) End of year
	1.	Cash - non-interest-bearing		3,776.	1	2,208.
	2	Savings and temporary cash investments		192,669.	2	2,208. 208,226.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		_	4	
	5	Receivables from current and former officers, directors,	trustees, key			
	İ	employees, and highest compensated employees Comp	olete Part II		ŀ	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of section 501(	c)(9) voluntary			
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	)	196,445.	16	210,434.
	17	Accounts payable and accrued expenses		450.	17	4.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of			21	···-
Liabilities	22	Payables to current and former officers, directors, truste				
į		highest compensated employees, and disqualified person	ns Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa	anies	144,600.	24	147 200
	25	Other liabilities Complete Part X of Schedule D		145.050	25 26	147,200. 147,204.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶	Y and complete	143,030.	20	147,204.
m		lines 27 through 29, and lines 33 and 34.	LA and complete			
ĕ	27	Unrestricted net assets		51,395.	27	63,230.
lan	28	Temporanly restricted net assets		31,333.	28	03,230.
Ä	29	Permanently restricted net assets			29	1. <del>7</del>
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117, check her	re 🕨 🔲 and			
ř		complete lines 30 through 34.	und und			
ţş	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	· · · · · · · · · · · · · · · · · · ·
Ä	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances		51,395.	33	63,230.
	34	Total liabilities and net assets/fund balances		196,445.	34	210,434.

Form **990** (2010)

#### Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990. Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a X Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2<u>c</u> X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Both consolidated and separate basis X Separate basis Consolidated basis 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 Act and OMB Circular A-133? X 3a 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 3b Form **990** (2010)

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

# **Public Charity Status and Public Support**

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

WASHINGTON STATE ELKS ASSOCIATION

Open to Public Inspection

		CHARITA	ABLE TRUST			•			9	4-3195000
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this pai	t) See ins	tructions.		
he orga	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one I	oox )			
1 🛌	A church, co	envention of churche	es, or association of chur	rches desc	inbed in se	ection 170	)(b)(1)(A)(i	).		
2	1		70(b)(1)(A)(ii). (Attach So							
3 📙	1		ortal service organization							
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter t	the hospital's name,
	city, and sta								<del></del>	
5			benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describ	ed in
	1	<b>(b)(1)(A)(iv).</b> (Comp	•							
6	1		nent or governmental uni							
7	_		ceives a substantial part	of its supp	ort from a	governm	ental unit o	or from the	e general <sub>l</sub>	public described in
	1	(b)(1)(A)(vi). (Complete transfer described in		(Complete	Dod III					
8 <u>X</u>	1		section 170(b)(1)(A)(vi).			iram aanta	محمد محمد			-d
3 LAL	Ū		inctions - subject to certa							-
			taxable income (less sec							_
		509(a)(2). (Complet			o,		aoquiioa E	y the orge	ar neactor t	1101 00110 00, 1010
10 🗀	1		perated exclusively to te	st for publ	lic safety	See sectio	on 509(a)(4	4).		
11 🗀	1	-	perated exclusively for the	-	•			•	y out the	purposes of one or
	more publicly	y supported organiz	ations described in secti	on 509(a)(	1) or section	on 509(a)(a	2) See <b>se</b> e	ction 509(	a)(3). Che	eck the box that
	describes the	e type of supporti <u>ng</u>	organization and compl	ete lines 1	1e througl	h 11h				_
	a L Type	∣ Ь∟	Type II	с 🔲 Тур	e III - Fund	ctionally in	tegrated		d	Type III · Other
e	-		at the organization is not		-	•	•			
			than one or more publicly						9(a)(1) or :	section 509(a)(2)
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	il, or Type	e III		
		rganization, check t							_	
g	=		organization accepted ar			•		•		<u> </u>
			directly controls, either al	ione or tog	etner with	persons o	iescribea	ın (ii) and (	iii) below,	r
	_		supported organization? In described in (i) above?	<b>.</b>						11g(i)
		•	a person described in (i) a		e?					11g(ii) 11g(iii)
h		=	about the supported or							119(1117)
			. авост по осерво пос оп	9	(-)					
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(IV) is the c	organization	(v) Did yo	u notify the	(vi) Is		(vii) Amount of
	ganization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatı (i) organiz		support
			above or IRC section		document?	<u> </u>	r support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
					<u> </u>					
			<del>                                     </del>						1 +	
						1				
				ļ <del></del> .					<u> </u>	
otal		i .	1	1	1	1	1	1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010 CHARITABLE TRUST

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

C	qualify under the tests listed b						
	ction.A. Public Support		<del></del> -				
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	,					
	include any "unusual grants.")	208,498.	199,312.	234,642.	244,556.	229,630.	1116638.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		_				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	208,498.	199,312.	234,642.	244,556.	229,630.	1116638.
		200,490.	199,912.	234,042.	244,330.	227,030.	_1110030.
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
h	Amounts included on lines 2 and 3 received				<del> </del>		
J	from other than dispatified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				:		0.
_	Add lines 7a and 7b		_				0.
	Public support (Subtract line 7c from line 6)	-					1116638.
	ction B. Total Support			/			1110030.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	208,498.	199,312.	234,642.	244,556.	229,630.	1116638.
10a	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,435.	5,294.	1,493.	669.	1,047.	16,938.
	and income nom similar sources	0,1000					
b	Unrelated business taxable income	0,100					
b				-			
-	Unrelated business taxable income (less section 511 taxes) from businesses	8,435.	5,294.	1,493.	669.	1,047.	16,938.
C	Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		5,294.	1,493.	669.	1,047.	16,938.
11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital						
11 12	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,435.	900.	2,000.	1,300.	900.	5,100.
11 12 13	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	8,435. 216,933.	900. 205,506.	2,000. 238,135.	1,300. 246,525.	900. 231,577.	5,100. 1138676.
11 12 13	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	8,435. 216,933.	900. 205,506.	2,000. 238,135.	1,300. 246,525.	900. 231,577.	5,100. 1138676.
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	8,435. 216,933. The organization's	900. 205,506. s first, second, thir	2,000. 238,135.	1,300. 246,525.	900. 231,577.	5,100. 1138676.
11 12 13 14 Sec	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publ	8,435.  216,933. The organization's	900. 205,506. s first, second, thir	2,000。 238,135。 d, fourth, or fifth ta	1,300. 246,525.	900。 231,577。 n 501(c)(3) organiz	5,100. 1138676. ation,
11 12 13 14 Sec 15	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2010 (	8,435.  216,933. the organization's ic Support Perine 8, column (f) di	900. 205,506. s first, second, third	2,000。 238,135。 d, fourth, or fifth ta	1,300. 246,525.	900. 231,577. n 501(c)(3) organiz	5,100. 1138676. ation, P = 98.06 %
11 12 13 14 Sec 15 16	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2010 ( Public support percentage from 2009)	8,435.  216,933. the organization's ic Support Peline 8, column (f) die Schedule A, Part	900. 205,506. s first, second, third rcentage rvided by line 13, co	2,000。 238,135。 d, fourth, or fifth ta	1,300. 246,525.	900。 231,577。 n 501(c)(3) organiz	5,100. 1138676. ation,
11 12 13 14 Sec 15 16	cless section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage from 2005.  Ction D. Computation of Investigation acquired the support percentage from 2005.	8,435.  216,933. The organization's ic Support Peline 8, column (f) do Schedule A, Part struent Incom	900. 205,506. s first, second, third rcentage rivided by line 13, collil, line 15 e Percentage	2,000. 238,135. d, fourth, or fifth ta	1,300. 246,525.	900. 231,577. n 501(c)(3) organiz	5,100. 1138676. ation, 98.06 % 97.96 %
11 12 13 14 Sec 15 16	cless section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2010 (Public support percentage from 2005)  ction D. Computation of Investinvestment income percentage for 2010 (Investment income percentage for 2010)	8,435.  216,933. The organization's lic Support Pelline 8, column (f) di Schedule A, Part stment Incomo 10 (line 10c, column)	900. 205,506. s first, second, third rcentage ivided by line 13, collil, line 15 e Percentage inn (f) divided by line	2,000. 238,135. d, fourth, or fifth ta	1,300. 246,525.	900. 231,577. n 501(c)(3) organiz 15 16	5,100. 1138676. ation, 98.06 % 97.96 %
11 12 13 14 Sec 15 16 Sec 17 18	c Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2010 ( Public support percentage from 2005 ction D. Computation of Investment income percentage from	8,435.  216,933. The organization's lic Support Pelline 8, column (f) di Schedule A, Part stment Incomo 10 (line 10c, colum 2009 Schedule A,	900. 205,506. s first, second, third rcentage ivided by line 13, collil, line 15 e Percentage inn (f) divided by line 17	2,000. 238,135. d, fourth, or fifth ta	1,300. 246,525. x year as a sectio	900. 231,577. n 501(c)(3) organiz 15 16	5,100. 1138676. ation, 98.06 % 97.96 % 1.49 % 1.66 %
11 12 13 14 Sec 15 16 Sec 17 18	councile the business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2005 ction D. Computation of Investment income percentage from 2011 investment income percentage from 2012 investment income percentage from 2013 1/3% support tests - 2010. If the	8,435.  216,933. The organization's ic Support Perline 8, column (f) do Schedule A, Part street Incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A, organization did not street incomposition (line 10c, column 2009 Schedule A)	900. 205,506. s first, second, third rcentage livided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17 lot check the box of	2,000. 238,135. d, fourth, or fifth ta column (f)) the 13, column (f)) on line 14, and line	1,300. 246,525. x year as a sectio	900. 231,577. n 501(c)(3) organiz 15 16	5,100. 1138676. ation, 98.06 % 97.96 % 1.49 % 1.66 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	councile the business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2005 ction D. Computation of Investment income percentage from 2011 (Investment income percentage from 2013 1/3% support tests - 2010. If the more than 33 1/3%, check this box a	8,435.  216,933. The organization's ic Support Peline 8, column (f) die Schedule A, Part street Income 2009 Schedule A, organization did nind stop here. The	900. 205,506. s first, second, third rcentage rivided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17 not check the box of eorganization qual	2,000. 238,135. d, fourth, or fifth ta column (f)) the 13, column (f)) on line 14, and line fies as a publicly s	1,300. 246,525.  x year as a section  15 is more than 3 supported organization	900. 231,577. n 501(c)(3) organiz 15 16	5,100. 1138676. ation, 98.06 % 97.96 % 1.49 % 1.66 % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	councile the business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2005 ction D. Computation of Investment income percentage from 2011 investment income percentage from 2012 investment income percentage from 2013 1/3% support tests - 2010. If the	8,435.  216,933.  The organization's  ic Support Pelline 8, column (f) di Schedule A, Part  stment Incom  10 (line 10c, colum  2009 Schedule A, organization did nod stop here. The organization did no	900. 205,506. s first, second, third rcentage rvided by line 13, co Ill, line 15 e Percentage nn (f) divided by line Part Ill, line 17 not check the box of e organization qualitation check a box on	2,000. 238,135. d, fourth, or fifth ta column (f)) the 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	1,300. 246,525.  Ix year as a section  15 is more than 3 supported organizar, and line 16 is more	900. 231,577. n 501(c)(3) organiz  15 16 17 18 13 1/3%, and line 1 ation ore than 33 1/3%, a	5,100. 1138676. ation, 98.06 % 97.96 % 1.49 % 1.66 % 7 is not

# WASHINGTON STATE ELKS ASSOCIATION Schedule A (Form 990 or 990-EZ) 2010 CHARITABLE TRUST 94-3195000 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER REVENUE - UNUSED SCHOLARHIPS & GRANTS

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

QMB No 1545-0047
2010
Open to Public Inspection

Name of the organization

WASHINGTON STATE ELKS ASSOCIATION CHARITABLE TRUST

Employer identification number 94-3195000

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e b. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) some as most terral	(2)
1			
2	Aggregate contributions to (during year)  Aggregate grants from (during year)		
3	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	end funds
5	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
6	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pai		ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organization		QITTY, IIIO
•	Preservation of land for public use (e.g., recreation or e	,	stoncally important land area
	Protection of natural habitat	<del></del>	rified historic structure
	Preservation of open space	Fleseivation of a cert	med historic structure
_	Complete lines 2a through 2d if the organization held a quality	find conservation contribution in the form	of a conservation easement on the last
2	,	ned 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
b	Number of conservation easements on a certified historic str	nicture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
u	listed in the National Register	arter 6/17/00, and not on a motoric struct	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
3	year	neased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		_
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
-	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther 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 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

### WASHINGTON STATE ELKS ASSOCIATION

		BLE TRUST						<u>94-31</u>			
Pai	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (conti	nued	)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant i	use of its	collection	n item	IS
	(check all that apply):										
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams					
b	Scholarly research	•	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizat	ion's exe	mpt purpo	se in Parl	XIV.		
5	During the year, did the organization solicit o			-							
	to be sold to raise funds rather than to be ma		-		•				Yes		No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990	Part IV. I			<u> </u>
	reported an amount on Form 990, Par			, o. g		, , , ,		, , .	0, 0.		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included		-		
	on Form 990, Part X?		3.L. y 10.			30010 1101	moladod		Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing:	table	•	•		L	1 163	_	_ 140
U	ii res, explain the arrangement in Fart XIV	and complete the ic	JiiOwiiig	lable					A		
_	Decipains balance								Amount		
С.	Beginning balance		•	•			1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
Ť	Ending balance						1f		1	_	<del></del>
	Did the organization include an amount on Fo	orm 990, Part X, line	217					L	Yes		J No
	If "Yes," explain the arrangement in Part XIV										
Par	t V   Endowment Funds. Complete r		swered	"Yes" to Fo	T		-				
		(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				}						
f	Administrative expenses				1						
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
ь	Permanent endowment	%									
c		<del></del> %									
	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for th	he organiz	ation			
	by								ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schoo	dula R2					3b		
4	Describe in Part XIV the intended uses of the	•							<u> </u>		
	t VI Land, Buildings, and Equipm										
	<del></del>				or other	(=) A			(d) D==1		
	Description of investment	(a) Cost or o			or other (other)		ccumulate preciation	u	(d) Book	value	t
	I and	Dasis (investi	nemy	Dasis	(Other)	uet	J. GCIALIOIT				
	Land						***		,	-	
	Buildings							<del></del>			
	Leasehold improvements				_			-			
	Equipment						<del></del>				
_	Other	1		ı				ı			

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

Schedule D (Form 990) 2010

0.

CHARITABLE TRUST

Schedule D (Form 990) 2010 94-3195000 Page 3 Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Other (B) (C) (D) (E) (F) (G) (H) **(l)** Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (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, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount (1) Federal income taxes SCHOLARSHIPS AND VOCATIONAL GRANTS **PAYABLE** 147,200 (3)(4) (5) (6) (7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

WASHINGTON STATE ELKS ASSOCIATION Schedule D (Form 990) 2010 CHARITABLE TRUST 94-3195000 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 Prior period adjustments 7 7 Other (Describe in Part XIV.) R 8 9 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a Net unrealized gains on investments Donated services and use of facilities 2b Recovenes of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4b Add lines 4a and 4b 40 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a 2b b Pnor year adjustments Other losses 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. WASHINGTON STATE ELKS ASSOCIATION Part I General Information on Grants and Assistance CHARITABLE TRUST Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Employer identification number

94-3195000

**2** X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

<b>ded</b>	(h) Purpose of grant or assistance	HELP SUPPORT THE THERAPY PROGRAM,			
additional space is need	(g) Description of non-cash assistance				
can be duplicated if	(f) Method of valuation (book, EMV, appraisal, other)				
ian \$5,000 Part II	(e) Amount of non-cash assistance	0			
it received more th	(d) Amount of cash grant	67,100.			
box if no one recipien	(c) IRC section if applicable				
5,000 Check this	(b) EIN				
recipient that received more than \$	1 (a) Name and address of organization (below and address of organization (c) EIN (c) IRC section (d) Amount of valuation (book, or government or government (e) EIN (f) Method of valuation (g) Description of assistance (h) Method of (g) Description of rank (h) Method of (g) Description of assistance (h) Method of (g) Description of assistance (h) Method of (g) Description of assistance (h) Method of (g) Description of assistance (h) Method of valuation (hook, or government or government assistance other)	WASHINGTON ELKS THERAPY PROGRAM 4412 PINE STREET TACOMA, WA 98411			

Enter total number of section 501(c)(3) and government organizations
 Enter total number of other organizations
 Enter total number of other organizations
 Enter total number of other organizations

Schedule I (Form 990) (2010)

ASSOCIATION
ELKS
STATE
WASHINGTON

Schedule I (Form 990) (2010) CHARITABLE TRUST

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Page 2

94-3195000

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND GRANTS	98	110,000,	0.0		•
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	=	n required in Part I, I	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: SCHEDULES TO RECIPIENTS.	1 1	КЕРТ ТНАТ	TRACKS AMO	ARE KEPT THAT TRACKS AMOUNTS PAID OUT	

032102 01-13-11

Schedule I (Form 990) (2010)

### **SCHEDULE 0**

. . . .

(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

WASHINGTON STATE ELKS ASSOCIATION CHARITABLE TRUST

Employer identification number 94 - 3195000

FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE GOVERNING BODY MEET
WITH THE TAX PREPARER TO REVIEW THE TAX RETURN. AT THIS TIME ANY QUESTIONS
OR CONCERNS ARE ADDRESSED AND FURTHER CHANGES ARE MADE IF NEEDED.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST AT THE STATE
OFFICE.
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SCHEDULE R

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service	► Comple	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>► Attach to Form 990.</li> </ul>	es" to Form 990, Part IV, line 33, 3  ▶ See separate instructions.	e 33, 34, 35, 36, o	ır 37.	0	.2010 Open to Public Inspection	ji
Name of the organization	MASHINGTON STATE CHARITABLE TRUST	TE ELKS ASSOCIATION	Ŋ			Employer identification number 94-3195000	ication num 000	ber .
Part I Identification	of Disregarded Entities (Complete	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	to Form 990, Part IV, line 33					
	(a)	(q)	(0)	(P)	(e)		ε	
Name,	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	в End-of-year assets		Direct controlling	
of dis	of disregarded entity		foreign country)				entity	,
						i		.
					<u> </u>			
Part II Identifications organizations	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	ntions (Complete if the organization a	ıf the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one or	more related tax-exe	mpt	
	(a)	(q)	(0)	(g)	(e)	(£)	(6)	
Name,	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(5)	() Q ()
of rela	of related organization		foreign country)	section	status (if section	entity	entity?	
					201(5)(3))		Yes	ş
WASHINGTON ELKS THERAPY PROGRAM FOR	ERAPY PROGRAM FOR	PROVIDES NO-COST			_Z.	N/A -		

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

Schedule R (Form 990) 2010

BROTHER/SISTER RELATIONSHIP

509(A)(2)

501(c)(3)

WASHINGTON

HOME-BASED THERAPY TO

CHILDREN, INC. - 91-0647950, P.O. BOX

110760, TACOMA, WA 98411-0760

CHILDREN WITH

032161 12-21-10 LHA

WASHINGTON STATE ELKS ASSOCIATION CHARITABLE TRUST

CHARITABLE Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

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General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 玉 Yes Code V-UBI (amount in box '20 of Schedule - K-1 (Form 1065)  $\equiv$ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part IV

Percentage ownership Share of end-of-year assets <u>6</u> Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity ਉ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2010

# ELKS ASSOCIATION STATE WASHINGTON

TRUST CHARITABLE Schedule R (Form 990) 2010 Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Page 3

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Yes

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	organizations listed in Parts II-IV?	
In Parts II, III, or IV of this schedule.	tion engage in any of the following transactions with one or more related organizations l	
Note. Complete line 1 if any entity is listed in Parts II, III,	tax year, did the organiza	
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	Receipt of (i) interes
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- **b** Gift, grant, or capital contribution to other organization(s)
  - c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
  - h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)

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- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
WASHINGTON ELKS THERAPY PROGRAM FOR	ນ	67,100.	
WASHINGTON ELKS THERAPY PROGRAM FOR (2) CHILDREN, INC.	0	779.	
(3)			
(4)			
(5)			
(9)			

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WASHINGTON STATE ELKS ASSOCIATION CHARITABLE TRUST

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(a)	(a)		<u>(</u>			(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
(See See See See See See See See See See			Yes No			(Form 1065)	1 - 1
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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010 ·	<u> CHARITABLE</u>	TRUST		94	<u>-3195000 Page</u>
Part VII	(Form 990) 2010 Supplemental Infor	mation				
•	Complete this part to pro	vide additional informa	ation for responses	to questions on Schedi	ule R (see instructions	s)
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Schedule R (Form 990) 2010

032165 12-21-10 WASHINGTON STATE ELKS ASSOCIATION