

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

8

BCA

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

MAR APR = 01, 2013, and ending 31,2014 For the 2013 calendar year, or tax year beginning Check if applicable DULUTH ELKS LODGE 133 D Employer identification number R C Name of organization 41-0145820 Address change Doing Business As Number & street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 218-727-0111 4250 HAINES ROAD Instial return Gross receipts 272136. City or town, state or province, country, and ZIP or foreign postal code Terminated DULUTH MN 55811 Amended return H(a) Is this a group return Application LYLE NYGREN Yes 🗓 No Name and address of principal officer for subordinates? pending 4250 HAINES RD DULUTH MN 55811 Are all subordinates included? "No," attach a list 501(c)(08) (insert no ) Yes X Tax-exempt status 501(c)(3) 4947(a)(1) or 527 (see instructions) J Website. H(c) ▶ Group exemption number M State of legal domicile MN K Form of organization X Corporation Trust Association Other > Year of formation Part I Summary ELKS CARE AND ELKS SHARE Briefly describe the organization's mission or most significant activities Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 9 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a 9540. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year**  $26\overline{324}$ . 30604. Contributions and grants (Part VIII, line 1h) 8 Revenue 9 Program service revenue (Part VIII, line 2g) 615 2572. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 59274 74724. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Barr VIII) 90493 103620. mn (A), line 12) 12 13 Grants and similar amounts paid (Part IX, dolumn (A), times Benefits paid to or for members (Part IX, column (A), line 4) 14 ઝ 47700 42827. Salaries, other compensation, employee benefits (Part IX column? (P)) lines 5 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25)▶ 71870 90044 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ... 119570 132871. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -29077 -29251. Revenue less expenses Subtract line 18 from line 12 Beginning of Current End of Year 300763 266866. Total assets (Part X, line 16) 20 15880 11234. 21 Total liabilities (Part X, line 26) Net / 284883 255632 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Signature of off Here Type or рлы name and title Paid Check PTIN Print /Type preparer's name Date JON T MEDURE 7/27/2014 P01076574 self-employed Preparer MEDURE JON Т CPA Firm's EIN ▶ **Use Only** Firm's name 4123 LOMBARD ST Firm's address Phone no 218-525-5465 DULUTH MN 55804-

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

No Form 990 (2013)

Yes

4d Other program services (Describe in Schedule O )

Total program service expenses

(Expenses \$ including grants of \$

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 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 for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III .	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			
	services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, 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,			
	VII, VIII, IX, or X as applicable			L
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	Χ	
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		Х
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, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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 other assistance			
	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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 (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

DULUTH ELKS LODGE 133

Checklist of Required Schedules (continued) Form 990 (2013)

Part IV C

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17
	government 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 or 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	1 1		
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	_	i	.,
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			.,
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_ <del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		ļ. <del></del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			
20	990-EZ? If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current	25b		
26	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			,,
	If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1 1		•
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)		. ļ	ļ
	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	1 1		l
	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, 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	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? If "Yes," complete Schedule R, Part II,			,,
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		Х
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 11b and	1 1		l
30	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	1

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schoolule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	$\top$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	l		<u> </u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<u>c                                    </u>	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 15	_[		!
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	b _	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	b _	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			l
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a _		X
	If "Yes," enter the name of the foreign country	ı		
	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?	<u>a</u>		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>c  </u>		
	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 as charitable contributions?	<u>a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	<u>b</u>		
	Organizations that may receive deductible contributions under section 170(c).		1	ı
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-  -	i	
	and services provided to the payor?	-		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>b</u>	$\longrightarrow$	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	<del>c</del> +		
	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
			-	
_	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	9	-	
	Form 1098-C?	h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-		
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,		İ	ı
	have excess business holdings at any time during the year?	3		
	Sponsoring organizations maintaining donor advised funds.		$\neg \neg$	
	Did the organization make any taxable distributions under section 4966?	a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person? .	ь		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ı
11	Section 501(c)(12) organizations. Enter			ı
а	Gross income from members or shareholders . 11a			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources			ı
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12	≀a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	3a		
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	$\bot$		
	Did the organization receive any payments for indoor tanning services during the tax year?.	ia		
h	If "Ves " has it filed a Form 720 to report these payments? If "No " amude an explanation in Schodulo O	المه	Į.	

Dort 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 or note to any line in this Part VI.

	Check if Schedule O contains a response or note to any line in this Part VI			·_		Ш-
Sec	tion A. Governing Body and Management					
				0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					ı
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-		17
	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_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Χ
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of	ne or r	nore		١,,	
	members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders, c	r persons	l .	١ ا	
	other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	Χ	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inter	nal Reve	enue C	Code.	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				-	- '
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing	the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					, <i>,</i>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•		12a	1,,	X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	s?		12b	Х	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1	,,	
	describe in Schedule O how this was done			12c	X	<del>-,,</del> -
13	Did the organization have a written whistleblower policy?			13		X
14	Did 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 deci	sion?				-
а	The organization's CEO, Executive Director, or top management official			15a	ļ.,-	X
b	Other officers or key employees of the organization .			15b	Х	<u> </u>
	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				ļ	,
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard					-
	the organization's exempt status with respect to such arrangements?			16b	L	<u> </u>
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed   MN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for forms 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for forms 1024 requires and 1024 requires	ion 50	I(c)(3)s on	ly)		
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f intere	est			
	policy, and financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and reco			_		
	organization ►MARK SHUBERT 4250 HAINE DULUTH MN 55811	21	8-72 <u>7</u>	-011	1	

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

Check if Schedule O contains a response or note to any line 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

Check this box if neither the organization	Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee										
(C)											
				Posit							
		(do n	ot che	ck m	ore th	nan one	,				
(A)	(B)	box, ι	ınless	pers	on is	both ar	1	(D)	(E)	(F)	
Name and Title	Average	office	er and	_		trustee	)	Reportable	Reportable	Estimated	
	hours per	악교	ins	9	줎	굨	Fo	compensation	compensation	amount of	
	Week (list any hours for related organiza- tions below dotted line)	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-MISC)	other compensation from the organization and related organizations	
(1)LYLE NYGREN	_			l				_	_		
EXALTED RULER	5			X				0	0	0	
(2)NANCY UDOVICH VICE PRES	5			X				0	0	0	
(3)JEFF HAUS	1										
SECRETARY	5			Χ				3208.	0	0	
(4)MARK SHUBERT											
TREASURER	5			X				0	0	0	
(5)KARLA LAULUNEN GAMBLING MGR	5	х						2500.	0	0	
(6)	<u> </u>			<u> </u>			-			<u></u>	
_(0)	1										
(7)					_				- 47-7, _		
(8)							_				
(9)	<del>                                     </del>	-		╁			-				
(0)	1										
(10)											
(11)	<u> </u>			$\vdash$	_						
		<u> </u>		<u> </u>	<u> </u>						
(12)	-										
(13)	-								-		
(14)								_		<del> </del>	
<del></del>		l .		<u> </u>			لــــا	<u> </u>		5 000	

(A) Name and title	(B) Average	box, ι	ot ched	perso	on ore th	nan one both ar trustee	1	(D) Reportable	(E) Reportable		(F) mated	
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other ensation m the nization related	
(15)												
(16)												
(17)												
(18)												
(19)												
20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total .	<u> </u>	L					<b>▶</b>	5708.	0		0	
c Total from continuation sheets to Part \	/II, Sectio	n A					<b>&gt;</b>	0	0		0	
d Total (add lines 1b and 1c)  Total number of individuals (including but i		+a +ba		ad at		s) suba	<u> </u>	5708.	0 0.000 of rapartable		0	
Total number of individuals (including but in from the organization ▶	not ilmitea	to thos	se liste	ea ai	DOVE	e) wno	rec	eived more than \$10	o,ooo or reportable	e compens	ation	
							•				Yes	No
3 Did the organization list any former officer employee on line 1a? If "Yes," complete S						oyee, o	or ni	ghest compensated		3	.  -	Χ
4 For any individual listed on line 1a, is the s						n and	othe	er compensation from	1	2.42	1000	
the organization and related organizations	greater th	an \$15	50,000	? If	"Ye:	s," con	nple	te Schedule J for su	ch			Х
<ul><li>individual</li><li>5 Did any person listed on line 1a receive or</li></ul>	accrue co	mpens	ation	from	n anv	y unre	lated	d organization or indi	· vidual for	4	vi i	
services rendered to the organization? If '								=		5		X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization. Report</li> </ol>										ax vear		
(A)	on compon		107 (11	<del></del>		ui you		(B)	- Organization of	(C	;)	
Name and business a	address							Description of se	rvices	Сотрег	sation	_
						-	-					
			-					-				
O Tatal annual and and annual and			lue - 1	٠ ،	41-			hava Vivile	Ab			
2 Total number of independent contractors ( \$100,000 in compensation from the organi		out not	ıımıte	u 10	เทอร	e iiste	o al	oove) who received h	nore than	, <sub>(c</sub> , )	 50 -	

		Check if Schedule O	contains	a response or no	te to any line in this	s Part VIII		<u> </u>
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c 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 Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f	19641. 4779. 1904.	26324.			
	 2a	Total. Add mics to H		Business Code				
Program Service Revenue	2a _ b _ c _ d _							
P	f	All other program service	revenue					
	g	Total. Add lines 2a-2f		<b>•</b>				
	3 4 5	Investment income (included other similar amounts) Income from investment of tax-exer Royalties		. •	2572.			2572.
			Real	(II) Personal	-			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses  Gain or (loss)	ecurities	(II) Other				
		Net gain or (loss)		•				
Other Revenue	8a b	Gross income from fundraising even (not including \$ of contributions reported on line 16 See Part IV, line 18 Less direct expenses	a					
0		Net income or (loss) from		g events <b>&gt;</b>				<del></del>
	b	Gross income from gamin activities See Part IV, line Less direct expenses Net income or (loss) from	e 19 a _ b _	109738. 100198.	9540.		9540.	
	10a b	Gross sales of inventory, returns and allowances Less cost of goods sold Net income or (loss) from	less a b	133502. 68318.	65184.	65184.		
		Miscellaneous Reve		Business Code				
	11a b c		_					
	d	All other revenue  Total. Add lines 11a-11d	-		-			
		Total revenue. See instru		. <b>,</b>	103620.	65184.	9540.	2572.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a				column (A)
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				<del></del>
	organizations in the US See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3209.	3209.		-
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	35500.	35500.		· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .	4118.	4118.		
11	Fees for services (non-employees)				
а	Management				
þ	Legal	105	105		
С	Accounting	485.	485.		
d	Lobbying			-	
е	Prof fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	col (A) amount, list line 11g expenses on Sch O)	225	225		
12	Advertising and promotion	335.	335.		
13	Office expenses .	1912.	1912.		
14	Information technology				·
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2815.	2815.		· · ·
19	Conferences, conventions, and meetings	540.	540.		
20 21	Interest Payments to affiliates .	540.	540.		
22	Depreciation, depletion, and amortization				
23	Insurance	7528.	7528.		
24 24	Other expenses Itemize expenses not covered	7520.	7320.	,	
44	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	SEE STMT	128.			
b		425.			
c		3544.			
d		14978.			
e	All other expenses	57354.	57354.		
25	Total functional expenses. Add lines 1 through 24e	100071	132871.		
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	(	Check if Schedule O contains a response or note to any line in this			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	24456.	1	29449.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	-	3	····
	4	Accounts receivable, net	836.	4	
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees. Complete	)	_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined		i	
		under section 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) Comple	te		
Assets		Part II of Schedule L		6	
1SS	7	Notes and loans receivable, net .		7	
•	8	Inventories for sale or use	5404.	8	4605.
	9	Prepaid expenses and deferred charges .	9071.	9	1355
	10a	Land, buildings, and equipment cost or other			
	1	basis Complete Part VI of Schedule D 10a 2989	57.		
	Ь	Less accumulated depreciation 10b 1877	06. 111251.	10c	111251.
	11	Investments - publicly traded securities	113842.	11	84303.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	35903.	14	35903
	15	Other assets See Part IV, line 11	1,1,1,1	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	300763.	16	266866
	17	Accounts payable and accrued expenses	15880.	17	11234
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ijes	22	Loans and other payables to current and former officers, directors,			
Ē	~~	trustees, key employees, highest compensated employees, and			
Liabilities	ŀ	disqualified persons Complete Part II of Schedule L		22	* * * **
	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	·	24	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15880.	26	11234.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ an		20	11234
m		complete lines 27 through 29, and lines 33 and 34.			
ë	27	Unrestricted net assets	-	27	
lan	27			28	
ä	28 29	Temporarily restricted net assets  Permanently restricted net assets		29	
'n	29	•	X	25	
Ē					
SO	20	and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	284883.	30	255622
As	31	Paid-in or capital surplus, or land, building, or equipment fund	204003.	31	255632
Net	32	Retained earnings, endowment, accumulated income, or other funds	284883.	32	255622
-	33	Total net assets or fund balances	300763.	33	255632.
	34	Total liabilities and net assets/fund balances	300763.	34	266866. Form <b>990</b> (2013)

orm 99	00 (2013) DOLUTH ELKS LODGE 133	4 T	0143	020	rage	: 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					لملا
1	Total revenue (must equal Part VIII, column (A), line 12)		1		036	
2	Total expenses (must equal Part IX, column (A), line 25)		2		328	
3	Revenue less expenses Subtract line 2 from line 1		3		292	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	2	848	<u>83.</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))		10	2	556	<u>32.</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				,	
					Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked ``Other," explain in			ļ		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or					'
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					·
b	Were the organization's financial statements audited by an independent accountant?		•	2b	ļ	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	t of the	е			
	audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	-	
	If the organization changed either its oversight process or selected process during the tax year, explain in	1			ŀ	
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					١,,
	the Single Audit Act and OMB Circular A-133?			3a	ļ	Х
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		

# 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

6, 9, 10, 11a, 11b, 11c, 11d, 11e,

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **Employer identification number** 41-0145820 DULUTH ELKS LODGE 133 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) . 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 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? 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 certified historic structure Preservation of open space 2 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 Yr. 2a Total number of conservation easements b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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) and section 170(h)(4)(B)(ii)? . ... . In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a 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 XIII, 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 2 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

							000		_
	dule D (Form 990) 2013		S LODGE 133		41-0			_ Pa	ge 2
Pa		tions Maintaining	Collections of Art,	Historical Treasur	es, or Other Simila	ır Ass	ets		
	(continu	<del></del>					0 4	.4	
3	-	's acquisition, accession	, and other records, chec	ck any of the following th	at are a significant use of	of its co	llection	items	;
	(check all that apply)								
а	Public exhibition			d Loan or exchang	ge programs				
b	Scholarly research			e Other					—
С	Preservation for fu								
4		of the organization's colle	•				.111		
5		e organization solicit or r			ther similar assets to be	sold			
		nan to be maintained as				·   _	Yes		No
Pa		nd Custodial Arrai				to For	m 990	,	
		line 9, or reported a							
1a	-	agent, trustee, custodian	or other intermediary fo	r contributions or other a	issets not included	_			
	on Form 990, Part X?						Yes	Ш	No
b	If "Yes," explain the ar	rangement in Part XIII ai	nd complete the following	g table					
					<u> </u>		Amoun	t	
C	Beginning balance	•	•		<u>1c</u>				
	Additions during the ye				. 1d				
е	Distributions during the	e year		•	1e				
	Ending balance	•			1f ]			1221	
	=	iclude an amount on For					Yes	X	No
		rangement in Part XIII_C						Ш.	
Pa	rt V Endowm	ent Funds. Compl			T	· —			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	ars b	ack_
1a	Beginning of year								
	balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses					ļ			
d	Grants or scholarships								
e	Other expenditures								
	for facilities and								
	programs .								
f	Administrative								
	expenses					<u> </u>			
g	End of year balance								
2	Provide the estimated	percentage of the currer	•	1g, column (a)) held as					
а	Board designated or q	uasi-endowment	<u>0.00</u> %						
þ	Permanent endowmer	·	<b>,</b> %						
C	Temporarily restricted	endowment ►0.	00%						
	The percentages in lin	es 2a, 2b, and 2c should	l equal 100%				i		
3a	Are there endowment	funds not in the possess	ion of the organization th	at are held and administ	tered for the organization	n by	<u> </u>	'es	No
	(i) unrelated organiza	ations			•	. [	3a(i)		
	(ii) related organization	ons				[	3a(ii)		
b	If "Yes" to 3a(II), are th	ne related organizations l	isted as required on Sch	edule R? .			3b		
4	Describe in Part XIII th	ne intended uses of the o	rganization's endowmen	t funds					
Pa		ildings, and Equip							
	Complete	If the organization a	answered "Yes" to F	orm 990, PartIV, lin	e 11a See Form 99	<u>0, P</u> a	rt X, lii	<u>ne 1</u>	0
	Description o	f property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d	) Book	value	,
			basis (investment)	basis (other)	Depreciation				

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value					
	basis (investment)	basis (other)	Depreciation						
1a Land	40,000.		一つなるとは一般であった。日	40,000.					
b Buildings	258 <b>,</b> 957.		187,706.	71,251.					
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )									

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

Supplemental Information Regarding Fundraising or Gaming Activities | OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization  DULUTH ELKS LODGE 13	3					1-0145820
Part I Fundraising Activities. C		rganızatı	on answ	ered ``Yes" to Form 990		
Form 990-EZ filers are not						
Indicate whether the organization is a Mail solicitations b Internet and email solicitations c Phone solicitations In-person solicitations  2 a Did the organization have a writter Form 990, Part VII) or entity in contra	ı or oral agreem	e f g ent with	Solicita Solicita Specia any indiv	ation of non-governmen ation of government gra al fundraising events ridual (including officers,	t grants nts	or key employees listed in ☐ Yes ※ No
b If "Yes," list the ten highest paid in				-	under which the fu	
at least \$5,000 by the organization	<u> </u>				Y	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid retained by) fundr	raiser (or retained by)
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>			
3 List all states in which the organization is reg	istered or licensed	to solicit	contributio	ons or has been notified it is	exempt from registrati	on or licensing
	·					

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	
.			(event type)	(event type)	(total number)	col (c)	
Revenue	1	Gross receipts					
	2	Less Contributions .					
	3	Gross income (line 1					
		minus line 2)					
	4	Cash prizes					
Ses	5	Noncash prizes	. <del></del>				
Direct Expenses	6	Rent/facility costs					
Direc	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10		Add lines 4 through 9 in colu		<b>•</b>		
Da	11 rt II		ubtract line 10 from line 3, colu	umn (d) "Yes" to Form 990, Part IV, line	a 10 or reported more than	\$15,000 on Form 990-F7	
ı a		line 6a	e ii tile organization answered	165 to 101111 550, 1 art 14, iiiit	e 15, or reported more than	\$15,000 OH 1 OHN 550-E2,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)	
Re	1	Gross revenue	54,448.	55,290.		109,738.	
ses	2	Cash prizes	46,650.	42,952.		89,602.	
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses		10,596.		10,596.	
	6	Volunteer labor	Yes0.0% X No		Yes0.0%	100,198.	
	7	·		Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income sum	mary Subtract line 7 from line	1, column d .	<u>.                                      </u>	9,540.	
0				actuution MNI			
	alst	the organization licensed t	e organization operates gamir to operate gaming activities in			⊠ Yes ∐ No	
	_					11 12	
		ere any of the organization Yes," explain	's gaming licenses revoked, s	uspended or terminated during	the tax year?	LYes 🛚 No	
	_			<del> </del>			
						orm 990 or 990-EZ) 2013	

Sche	edule G (Form 990 or 990-EZ) 2013 DULUTH ELKS LODGE 133 41-0	<u> </u>	<u> </u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		_	_
	administer charitable gaming?		Yes	⊠ No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	13a		.00 %
b	An outside facility	13b	0	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name▶ KARLA LAULUNEN			
	Address▶4250 HAINES ROAD DULUTH MN 55811-			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s 🏻 N
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the arr	ount	_	_
	of gaming revenue retained by the third party ►\$			
C	If "Yes," enter name and address of the third party			
	Name ►			
	Address▶			
16	Gaming manager information			
	Name ► KARLA LAULUNEN			
	Gaming manager compensation ▶\$2,500.			
	Description of services provided ►MANAGE ALL ASPECTS OF GAMING			
	Director/officer			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state		_	
	gaming license?		X Ye	s 📙 N
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	9		
	organization's own exempt activities during the tax year ▶\$ 1,975.			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II.	art III, lin	es 9, 9b	, 10b,
	15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
	(see instructions)			
				<del></del>

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

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

	r Functional Exp	Program	Management	<b>r</b> da
Description of the Asset	Total 128.	Services 128.	and General	Fundraising
JES ADGES	425.	425.		
	3,544.	3,544.		
LLETIN		14 070		
AL ESTATE TAXES	14,978.	14,978.		
TERNET	584.	584.		
DGE ACTIVITIES	8,354.	8,354.		
EDIT CARD FEES	2,779.	2,779.		
R SUPPLIES	5,028.	5,028.		
PAIRS	6,851.	6,851.		
LEPHONE	902.	902.		
CENSES	6,456.	6,456.		
TCHEN SUPPLIES	1,984.	1,984.		
ILITIES	24,416.	24,416.		
	76,429.	76,429.		
		·		
	]			
	ĺ			
	i I			