

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning , 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. D Employer Identification Number: 95-2419034. E Telephone number: (562) 866-5415. F Accounting method: X Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: N/A

J Organization type (check only one): X 501(c) 8 (insert no), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

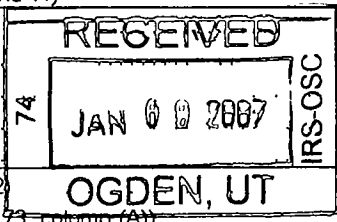
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 155,414.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No X. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? X Yes No. I Group Exemption Number. M Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	6,825.		6,825.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	783.		783.	
34 Telephone	34	940.		940.	
35 Postage and shipping	35	628.		628.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	3,420.		3,420.	
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,649.		7,649.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	34,842.		34,842.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	55,087.	0.	55,087.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

BAA

Part III Statement of Program Service Accomplishments

N/A

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a -----

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

b -----

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c -----

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d -----

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services
(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

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Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	24,000.	45	21,845.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use	6,626.	52	6,626.
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)		54	
	55 a Investments – land, buildings, & equipment: basis	55 a		
b Less: accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments – other (attach schedule)			56	
57 a Land, buildings, and equipment, basis	57 a			
b Less: accumulated depreciation (attach schedule)	57 b		57 c	
58 Other assets (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58	151,613.	59	141,809.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue	8,425.	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	8,425.	66	0.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	143,188.	72	141,809.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	143,188.	73	141,809.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	151,613.	74	141,809.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	53,708.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	53,708.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	53,708.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	55,087.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	55,087.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	55,087.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82 b N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b N/A	
c	Dues, assessments, and similar amounts from members	85 c N/A	
d	Section 162(e) lobbying and political expenditures	85 d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h N/A	
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12	86 a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86 b N/A	
87	501(c)(12) organizations Enter. a Gross income from members or shareholders	87 a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b N/A	
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ N/A	
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	▶ N/A	
90 a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b 3	
91 a	The books are in care of ▶ <u>LODGE SECRETARY</u> Telephone number ▶ <u>(562) 866-5415</u> Located at ▶ <u>16426 BELLFLOWER BLVD, BELLFLOWER CA</u> ZIP + 4 ▶ <u>90706</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91 b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A ▶ <input type="checkbox"/>	
		▶ 92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					19,370.
95 Interest on savings & temporary cash invmnts					18.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					2,900.
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			3	12,351.	2,450.
102 Gross profit or (loss) from sales of inventory			3	10,992.	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				23,343.	24,738.
105 Total (add line 104, columns (B), (D), and (E))					48,081.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0			
	0			
	0			
	0			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

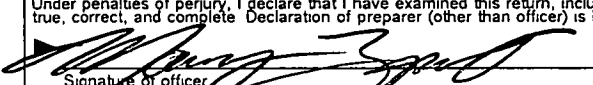
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

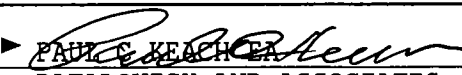
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Signature of officer: 

MANNY ZAPATA, SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self-employed), address, and ZIP + 4:
 RAFALOVICH AND ASSOCIATES
 1451 WEST 7TH STREET, SUITE
 SAN PEDRO, CA 90732

BELLFLOWER ELKS LODGE NO 2003

95-2419034

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

BAR & FOOD	\$ 92,113.
LOTTERY & MISC	10,088.
OTHER	497.
GROSS SALES	<u>\$ 102,698.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 102,698.</u>
LESS COST OF GOODS SOLD	91,706.
GROSS PROFIT FROM SALES OF INVENTORY	<u><u>\$ 10,992.</u></u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
ALARM	530.		530.	
AUTO	300.		300.	
AWARDS	74.		74.	
BADGES & PINS	123.		123.	
BANK FEES	126.		126.	
BENEFIT BALL	980.		980.	
BUSINESS LICENSE	361.		361.	
ELECTRICITY	6,292.		6,292.	
ELEVATOR	1,374.		1,374.	
ENTERTAINMENT	1,836.		1,836.	
GAS	3,395.		3,395.	
INSTALLATION	637.		637.	
INSURANCE	841.		841.	
JACKPOT	433.		433.	
KITCHEN REPAIR	563.		563.	
LAUNDRY	396.		396.	
LODGE FUNCTIONS	300.		300.	
MISCELLANEOUS	52.		52.	
OFFICE EXPENSE	1,053.		1,053.	
PR TAXES	636.		636.	
PROPERTY TAX	4,050.		4,050.	
REPAIRS & MAINTENANCE	6,280.		6,280.	
RETURNED CHECKS	345.		345.	
SECURITY	75.		75.	
SWEEPSTAKES	815.		815.	
TRASH	635.		635.	
WORKERS COMP	2,340.		2,340.	
TOTAL	<u>\$ 34,842.</u>	<u>\$ 0.</u>	<u>\$ 34,842.</u>	<u>\$ 0.</u>

BELLFLOWER ELKS LODGE NO 2003

95-2419034

STATEMENT 3
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
BUILDINGS	\$ 345,739.	\$ 232,401.	\$ 113,338.
TOTAL	<u>\$ 345,739.</u>	<u>\$ 232,401.</u>	<u>\$ 113,338.</u>

STATEMENT 4
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DOTTY JENSEN	EXHAULTED RULER 0	\$ 0.	\$ 0.	\$ 0.
'				
KELLY PHILLIPS	LOYAL KNIGHT 0	0.	0.	0.
'				
BRAD WISE	LECTURING KNIGH 0	0.	0.	0.
'				
LOU CIANCIOSI	SECRETARY 0	0.	0.	0.
'				
JIM MORRIS	TREASURER 0	0.	0.	0.
'				
JIM MARTIN	TILER 0	0.	0.	0.
'				
WILLIAM KEICHLINE	TRUSTEE 0	0.	0.	0.
'				
STEVE YTREUS	TRUSTEE 0	0.	0.	0.
'				
DENNIS PHILLIPS	TRUSTEE 0	0.	0.	0.
'				

STATEMENT 4 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBF & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DONA ETIENNE	TRUSTEE 0	\$ 0.	\$ 0.	\$ 0.
		TOTAL \$ 0.	\$ 0.	\$ 0.