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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning 4/01, 2009, and ending 3/31, 2010

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

C Please use IRS label or print or type. See Specific Instructions.
BENEVOLENT PROTECTIVE ORDER ELKS #1283
333 N E EVANS STREET
MCMINNVILLE, OR 97128

D Employer identification number 93-0122425

E Telephone number 503-472-1283

F Group Exemption Number 1156

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

G Accounting method. ☐ Cash ☒ Accrual
 Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 203,629.

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	9,217.
3	Membership dues and assessments	3	34,302.
4	Investment income	4	34,328.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (Complete applicable parts of Schedule G.) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	36,699.
6b	Less: direct expenses other than fundraising expenses	6b	81,286.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-44,587.
7a	Gross sales of inventory, less returns and allowances	7a	89,083.
7b	Less: cost of goods sold	7b	44,907.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	44,176.
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	77,436.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	7,506.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	52,876.
13	Professional fees and other payments to independent contractors	13	5,148.
14	Occupancy, rent, utilities, and maintenance	14	22,695.
15	Printing, publications, postage, and shipping	15	4,903.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	40,533.
17	Total expenses. Add lines 10 through 16	17	133,661.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-56,225.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,005,747.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	949,522.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	915,743.	853,007.
23 Land and buildings	99,067.	96,985.
24 Other assets (describe ▶ SEE STATEMENT 3)	29,287.	30,794.
25 Total assets	1,044,097.	980,786.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	38,350.	31,264.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,005,747.	949,522.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

P 5

Part V Other Information (Note the statement requirements in the instrs for Part V.)**SEE STATEMENT 8**

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of **▶ BPOE #1283** Telephone no. **▶ 503-472-1283**
 Located at **▶ 333 NE EVANS, MCMINNVILLE, OR** ZIP + 4 **▶ 97128**

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)?

	Yes	No
42b		X

If 'Yes,' enter the name of the foreign country: **▶**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

	Yes	No
42c		X

If 'Yes,' enter the name of the foreign country: **▶**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **▶** ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Kenneth A Lewis Signature of officer		7-30-10 Date	
Paid Preparer's Use Only	Kenneth A. Lewis EXALTED RUICER Type or print name and title			
	Preparer's signature	Jerrold D Aljets, CPA Date 09-23-10	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self employed), address, and ZIP + 4	BRENNER & COMPANY, LLP, CPA'S 245 COURT STREET NE SALEM, OR 97301		
	EIN	N/A Phone no (503) 585-8414		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Employer identification number

93-0122425

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- ☐
- Mail solicitations

- ☐ Internet and email solicitations

- ☐
- Phone solicitations

- ☐
- In-person solicitations

- ☐
- Solicitation of non-government grants

- ☐
- Solicitation of government grants

- ☐ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col.(i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 FUNDRAISERS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	9,481.			9,481.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	9,481.			9,481.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,878.			11,878.
	10 Direct expense summary Add lines 4- through 9 in column (d)				11,878.
	11 Net income summary Combine lines 3, column (d) and line 10				-2,397.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue	6,380.		20,838.	27,218.
	2 Cash prizes	4,420.	157.	47,712.	52,289.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	491.		16,628.	17,119.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				69,408.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				-42,190.

9 Enter the state(s) in which the organization operates gaming activities. OR

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100.0 %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ JENNIFER PALO

Address ▶ 333 NORTH EVANS ST, MCMINNVILLE, OR 97128

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 491. SEE SUPPLEMENTAL

2009

SCHEDULE G - SUPPLEMENTAL INFORMATION

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PART III, LINE 17B
DISTRIBUTIONS REQUIRED UNDER STATE LAW

OREGON

	\$	491.
TOTAL	\$	<u>491.</u>

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STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

NAME:	BPOE ELKS OF THE USA		
ADDRESS:	2750 N. LAKEVIEW AVENUE		
	CHICAGO, IL 60614		
PURPOSE OF PAYMENT:	PER CAPITA DUES		
AMOUNT:		\$	5,838.
NAME:	OREGON STATE ELKS ASSN		
ADDRESS:	868 COMMERCIAL ST SE		
	SALEM, OR 97308		
PURPOSE OF PAYMENT:	PER CAPITA DUES		
AMOUNT:		\$	1,668.
PAYMENTS TO AFFILIATES		\$	7,506.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	1,731.
CONFERENCES, CONVENTIONS, AND MEETINGS		1,842.
DEPRECIATION		4,339.
EQUIPMENT REPAIR & MAINTENANCE		5,176.
INSURANCE		6,149.
LODGE ACTIVITIES		6,052.
OTHER BAR COST		2,377.
OTHER DINING ROOM COST		6,464.
OTHER LODGE EXPENSE		752.
SUPPLIES		1,433.
TAXES & LICENSES		1,974.
TELEPHONE		2,244.
TOTAL	\$	40,533.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 22,654.	\$ 21,390.
INVENTORIES	5,680.	6,244.
MACHINERY AND EQUIPMENT	953.	3,160.
TOTAL	\$ 29,287.	\$ 30,794.

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STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 15,046.	\$ 6,842.
DEFERRED REVENUE	22,942.	22,661.
PAYROLL LIABILITIES	362.	1,761.
TOTAL	\$ 38,350.	\$ 31,264.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS AND TO SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CHARITY AND COMMUNITY SUPPORT WITH STATE AND NATIONAL AFFILIATION AND MEMBERSHIP BENEFITS AND ACTIVITIES FOR 389 MEMBERS AS OF MARCH 31, 2010.

STATEMENT 7
FORM 990-EZ, PART IV
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>
HARVEY "MIKE" BALCOMBE 840 NE ASHBY CT MCMINNVILLE, OR 97128	TRUSTEE 0	\$ 0.	\$ 0.	0.
VIRGINIA WILLIAMS 912 NE 28TH ST MCMINNVILLE, OR 97128	TRUSTEE 0	0.	0.	0.
CHARLES "BUTCH" KRATZER 153 W 5TH LAFAYETTE MCMINNVILLE, OR 97127	LEADING KNIGHT 0	0.	0.	0.
RONNIE MORTON 5401 SE RICE LANE AMITY, OR 97101	LECTURE KNIGHT 0	0.	0.	0.

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STATEMENT 7 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PRISCILLA MORTON 5401 SE RICE LANE AMITY, OR 97101	INNER GRD 0	\$ 0.	\$ 0.	\$ 0.
RICHARD WHITE 1530 SW GILSON CT MCMINNVILLE, OR 97128	TRUSTEE 0	0.	0.	0.
MURRAY COOKSLEY 416 NW COUNTRY CT MCMINNVILLE, OR 97128	TILER 0	0.	0.	0.
ROBERT WHITE 9260 SW YOUNGBERG HILL MCMINNVILLE, OR 97128	TRUSTEE 0	0.	0.	0.
MIKE WORDEN 16858 SW STELLAR DR SHERWOOD, OR 97140	ESQUIRE 0	0.	0.	0.
RICHARD CARMINE 2137 SW TAMARCK CT MCMINNVILLE, OR 97128	TRUSTEE 0	0.	0.	0.
DONNELL "TAD" DICKEY 991 NW DEL MONTE DR #9 MCMINNVILLE, OR 97128	CHAPLAIN 0	0.	0.	0.
ARLENE STRICKER 726 SW WESTVIEW DRIVE MCMINNVILLE, OR 97128	TREASURER 0	0.	0.	0.
KENNETH PRIVATSKY SR 912 NE 28TH ST MCMINNVILLE, OR 97128	EXALTED RULER 0	0.	0.	0.
MARVIN WORDEN 2756 NE ELAINE DR MCMINNVILLE, OR 97128	LOYAL KNIGHT 0	0.	0.	0.
JOHN BALOG 19330 NE NIEDERBERGER RD DUNDEE, OR 97115	SECRETARY 0	2,400.	0.	0.
	TOTAL	\$ 2,400.	\$ 0.	\$ 0.

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STATEMENT 8

FORM 990-EZ, PART V

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

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ATTACHMENT TO FORM 990, PAGE 3, QUESTION 35:

AMOUNTS ON LINE 6A OF FORM 990, PAGE 1 MAINLY RELATE TO GAMING ACTIVITIES FOR MEMBERS, WHICH IS PART OF THE EXEMPT PURPOSE OF THE LODGE. THE REMAINING AMOUNTS RELATE TO SMALL, ONE TIME SPECIAL EVENTS FOR THE COMMUNITY.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	BENEVOLENT PROTECTIVE ORDER ELKS #1283	93-0122425
	Number, street, and room or suite number. If a P.O. box, see instructions	
	333 N E EVANS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MCMINNVILLE, OR 97128	

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► BPOE #1283

Telephone No. ► 503-472-1283

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
► ☒ tax year beginning 4/01, 20 09, and ending 3/31, 20 10.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2009)