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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the	2009 calendar year, o	r tax year beginning	04-01 , 2009, and	ending	0	3-31 ,2010	<u> </u>
Check If a	applicable Please	C Name of organization OREGON STATE E	LKS ASSOCIATION TRUS	T		D Employeriden	tification no.
Address o	change use IRS	Doing Business As				93-111728	39 .
Name cha		Number and street (or P O box If mail is not deliver	red to street address)	Room	/suite	E Telephone nur	nber
Initial retu	type.	P.O. BOX 189	,			(503)581	
Terminate	Specific	City or town, state or country, and ZiP + 4				G Gross receipts	
Amended	III III III III III III III III III II	Salem, OR 97308				•	113,478
=	, retuin						113,170
_ Applicatio	on pending F Name	e and address of principal officer		H(a)	Is this a group i	return for	Yes 🗓 No
	<u></u>	3) ◀ (insert no)	7-07				res <u>∠</u> Sino Yes ∏ No
Tax-exem		3) ◀ (insert no)	J 527		Are all affiliates if "No," attach a	a list (see instructions	res ∐ No ŝ)
	▶ N/A			H(c)	Group exemption		
	organization Corporation	n X Trust Association Other ▶	L Year of formation		M State of le	gal domicile OR	
Part 1	Summary						
1	Briefly describe the or	ganization's mission or most significant activ	vities FUNDING FOR	MEDICI	NE AND E	ED	
G							
v							
rı	_	if the organization discontinued its operation		of its net			
n 3	Number of voting men	nbers of the governing body (Part VI, line 1a)		3		15
a 4	•	nt voting members of the governing body (Pa	•	-			
c 5		oyees (Part V, line 2a)				5	
e 6	Total number of volun	teers (estimate if necessary)			6	<u> </u>	5
7a	Total gross unrelated	business revenue from Part VIII, column (C)	, line 12		7	a	
Ь	Net unrelated busines	s taxable income from Form 990-T, line 34-	S do trong to the first the same		7	Ь	
				L.	ior Year	Current \	/ear
R 8	Contributions and gray	nts (Part VIII, line 1h)			1,950,21	18 2,	069,78
v 9	Program service rever	nue (Part VIII, line 2g) ເຊື່ອ.	. way 1.5 2010 O.				
10	Investment income (P	art VIII, column (A), lines 3, 4, and 7d	MON TO SOLUTION		78,37	77	39,60
!	•	1 ()			4,42		4,08
12	Total revenue - add lir	/III, column (A), lines 5, 6d, 8c, 9c, 10d, and nes 8 through 11 (must equal Part VIII, colum		 	2,033,01		113,478
		rounts paid (Part IX, column (A), lines 1-3)			2,480,13		920,317
		members (Part IX, column (A), line 4)			2/100/10		920,31
E }	•	•					
	•	ensation, employee benefits (Part IX, column		<u> </u>			—— <u>`</u>
Į.		ng fees (Part IX, column (A), line 11e)	^				······································
•					7.75 0.4		150 004
_	• •	IX, column (A), lines 11a-11d, 11f-24f) .			137,24		152,284
l l	•	lines 13-17 (must equal Part IX, column (A),			2,617,37		072,601
19	Revenue less expens	es. Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·		(584,3	60)	40,877
et ssets 00				Beginning	of Current Year	End of Y	'ear
, 20	Total assets (Part X, I	ine 16)			417,36	52	458,239
und 21 al-	Total liabilities (Part X	, line 26)					(
nces 22	Net assets or fund bal	ances. Subtract line 21 from line 20	<u></u>	<u> </u>	417,36	52	458,239
Part II	Signature Block						
	Under penalties of penury	, I declare that I have examined this return, including acc	companying schedules and statements, as	nd to the best	of my knowledg	ge /	
	and belief, it is title, correc	A, and complete Declaration of preparer (office than office	ory is subsection an intermediate of which pr	oparor nas a	ny kilomioago	<i>_</i> .	
ign	Vanit to	Parllo				11/10/10	
lere	Signature of officer	0			Γ	Daté /	
	JAMES	DOERFLER , TREASURER					
	Type or prnt name a						
	Preparer's	1 /	Date Che			dentifying number	
	signature	11-1/1	d// self-	loyed 🕨 🗀	11' -	-	
aid .	1 K	Suld/Janks (10	10	_	Po	03515	4 2
reparers		Robert L Armstrong P C		EIN	>		
ise Uniy	Firm's name (or yours if self-employed),			7			
	address, and ZIP + 4			Phone no	▶ 503-3	78-1463	
av the IPC	discuss this return with		ons)				X No
				· · · · ·			
	Firm's name (or yours if self-employed), address, and ZIP + 4	Robert L Armstrong P C 930 13th St. SE Salem, OR 97302 th the preparer shown above? (see instruction of the see the separate instruction of the see the see the separate in	ons)	EIN Phone no	Po ► 503-3	78-1463	X

Forr	n 990 (2009) OREGON STATE ELKS ASSOCIATION TRUST	93-1117289	Page 2
Pa	Tillia Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	FUNDING FOR MEDICINE AND ED		
			
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	····∏Yes 🕱	No
	If "Yes," describe these new services on Schedule O		3
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expens		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	nts and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	(Code) (Expenses \$ 1,905,802 including grants of \$) (Revenue	ie \$ 1,834,8	250 \
4a	(Code	E 3 1,034,0	,
	EDUCATIONAL INSTUTIONS		
	BBOGITORE INDICITORS		
415	(Code) (Expenses \$ 85,459 including grants of \$) (Revenu	e \$ 85,4	150 \
4b	(Code (Expenses \$ 85,459 including grants of \$) (Revenus SCHOLARSHIPS FOR DESERVING STUDENTS OF HIGHER EDUCATION AND	e #	,
	TRADE SCHOOLS		
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	
		· · · · · · · · · · · · · · · · · · ·	
			
			
4d	Other program services (Describe in Schedule O)		
- T U	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,991,261	'	

Pa	rtilV 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 · · · · · · · · · · · · · · · · · ·		X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
-	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	}		ļ
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		v
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			<u>X</u>
••	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11	.,	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		X	
•			4	
	Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	22		
•	·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			致力
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	\neg	\neg	<u></u> -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	$\neg \uparrow$		
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{\lambda}{X}$
				

Pe	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations]]]
	ın the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		_	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			_^
J	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1 1	- 1	
	990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	255		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	3.7
27		20		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		
	If "Yes," complete Schedule L, Part III	21		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)	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) 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		<u>X</u>
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,	Ì	- 1	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ĺ		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	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, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X.
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35	- 1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	}	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \uparrow$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	- 1	1	
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		-+	<u></u>
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
	EEA	Form 9	90 (20	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		-	
	U.S Information Returns. Enter -0- if not applicable	4	ľ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	
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 0	Oh		ļ.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
0-	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		V
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 35		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
ь	If "Yes," enter the name of the foreign country			Â
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			-
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· ·		
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71.		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	اقتنان	X
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		v
9	Sponsoring organizations maintaining donor advised funds.			<u>X</u>
а	Did the organization make any taxable distributions under section 4966?	9a	·/	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	· č.		
1	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b			

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

Sec	ction A. Governing Body and Management			
10	Enter the number of voting members of the governing body		Yes	No
1a 5			1	1
ь 2	Enter the number of voting members that are independent			
4		2		7.7
3	any other officer, director, trustee, or key employee?	 -		X
5	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		,,
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	X
_	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6		X
6	Does the organization have members, stockholders, or other persons who may elect one or more members	-		X
7a		7a	}	
L	o 30	7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	713		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			٠.
	the year by the following	0.0		
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		X
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
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
		40	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	_X_	
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the]	
	form?	11	X	
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	ł	1	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	j	ļ	
	describe in Schedule O how this is done	12c	X	
3	Does the organization have a written whistleblower policy?	13	Х	
4	Does the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization · · · · · · · · · · · · · · · · · · ·	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed OR			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	-		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CAROL BERRY (503) 581-7485			
	PO POV 180 Calon OP 97209			

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate	any current of	fficer,	dıre	ctor	ort	rustee		 		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Posit	ion (check	all th	at apply)	Reportable	Reportable	Estimated
	hours per week	I t d nrur usec vectode or user	I nrust i te	Officer	Key employee	H omplessested	۱ ^۲	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED LIST				Х						
CAROL BERRY							-			
EXEC SEC	40.00	<u></u>			X				39,000	
		-		<u> </u>	-		-		<u> </u>	<u> </u>
	ļ			<u> </u>						
		-		-						
	 				_					
	ļ			\vdash			_			
	1									
							-			
							_			
						ł	ľ			
							7			

· (A)	(B)	l		(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi I t d nr i d u r i s e v t c i e t d e o u o i r	n r s t t s	0-1-0	Key employee	H c e m p l e e e o y t s e e d		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					_	-				
				-						
		_	_	_						
		-								
			<u> </u>							
····			_							
									<u> </u>	
					-		İ		-	
o Total		• • •		• •	 '		▶	o	39,000	-
Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above	e) wh	no re	ceiv	ed mo	re th	nan \$100,000 in	0	_ -
Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of report the organization and related organizations greater that individual	r such individuals table compei 1 \$150,000?	dual nsation If "Yes	 n and s," co 	d othompl	ete s	omper Schedi	nsati ule J	on from I for such		Yes No
services rendered to the organization? If "Yes," completed to the organization of the services rendered to the organization?	ete Schedule	J for s	uch	per	son					5 X
Complete this table for your five highest compensated compensation from the organization	independent	contra	acto	rs th	at re	ceived	i mo	re than \$100,000 o	of	
(A) Name and business address	······································							(B) Description of se	ervices	(C) Compensation
Total number of independent contractors (including but		o thos	e list	ted a	bov	e) who	rec	eived		

Part	VIII	Statement of Reven	ue		·····		<u> </u>	<u> </u>	<u> </u>
	• -	•			, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u>	1a	Federated campaigns · · ·		1a	<u> </u>		1		312, 310, 01314
	l b			1b	4,964	- [∙		4)	Ĭ.
Contri-	6			1c		⋠	,	.]¹	-
butions, giffs,	ا			1d	2,064,824	! ,	3	2	<u>.</u>
grants		Government grants (contribu		1e	-70017001	⊀,	\$	1	
and	.				 	- :	Ţ		,
other similar	ſ	All other contributions, gifts, g and similar amounts not include:		1f				Ĭ	-
amounts	۱.				L	- 	\$	1	,
	9	Noncash contributions includ				2 060 700	-	-	∦ ~. ~.
	<u>h</u>	Total. Add lines 1a-1f		<u> </u>		2,069,788	<u> </u>	<u> </u>	
					Business Code		-\		-
	2a					 	ļ		
Program	b	·					 		
Service	C	·				<u> </u>		ļ	
Revenue	ď	·			<u> </u>	ļ	 	ļ	
	e	· 			 	ļ	 	ļ	<u> </u>
	f	All other program service reve		• • • •					
	g	Total. Add lines 2a-2f · · ·	• • • • • •	• • •	· · · · · · · >		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including	-				1		
	}	other similar amounts) • • •	• • • • • •	• • •	• • • • • • •	2,819	2,819		
	4	Income from investment of tax		-					
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • • • •	• • •	· · · · · • • • • • • • • • • • • • • •				
	1		(ı) Rea		(ii) Personal		,[
	6a	Gross Rents · · · · · ·					· ·	,	-
	b	Less rental expenses · · · ·				· *			٠
	С	Rental income or (loss) · · ·						- 	
	d	Net rental income or (loss) -			• • • • • • •				
	7a	Gross amount from sales of	(ı) Secuntı	es	(II) Other	;		,	-
		assets other than inventory			36,786	i}-	-		
	Ь	Less cost or other basis				7	-	-	-
_		and sales expenses · · · ·				÷ -	·	-	=
o t	С	Gain or (loss)			36,786	<u>, </u>	.] ' '	-	ľ
ĥ	di	Net gain or (loss) · · · · ·		• • • •	· · · · · · >	36,786	36,786		
e	1	Gross income from fundraising		1					-
•		events (not including \$,			£ -7 .			-, -
R		of contributions reported on lin	e 1c)	-)		<u>}</u> .		,	<i>=</i>
e v		See Part IV, line 18		. a			1 -	-	
e	ь	Less direct expenses · · ·				· .	1		-
n U		Net income or (loss) from fund		L			1		i
e		Gross income from gaming act	_	ſ		;	,		
	1	See Part IV, line 19 · · · ·		. a		· -	- 1	•	â
	ь	Less direct expenses · · · ·		-					
1		Net income or (loss) from game		L				<u> </u>	· ·
1		· · · · · · · · · · · ·	3	ſ) - (a	V 10 24 . 19 . 1 . 1 . 1 . 1 . 1 . 1		, ,
1	104	Gross sales of inventory, less returns and allowances · · ·		. a		15 - 1 1 1 1			
ļ	b	Less cost of goods sold · ·		- +			P. 130, 11		ĺ
]		Net income or (loss) from sales		L		,·- 			·
ŀ		Miscellaneous Revenue		$\neg \tau$	Business Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[
ŀ	11a	MISCELLANEOUS		$\neg \uparrow$	900099	4,085	4,085		<u> </u>
ĺ	b			— h					
ľ	c				 	 	 		
}	-	All other revenue · · · · ·					 		
}						4.085			,
		Total revenue. See instructions			•	2,113,478	43,690	ď	
						,	,	۳	•

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Part X Statement of Functional Expenses

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

	. All other organizations must complete colum	in (A) but are not requ	in ou to complete colu	(<i>D</i>), (<i>G</i>), and (<i>D</i>).	
Do	not include amounts reported on lines 6b,	_ (A)	(B)	(C)	(D)
7b	, 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				
	organizations in the U.S. See Part IV, line 21	1,920,317	1,920,317		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · · ·				
3	Grants and other assistance to governments,			THE RESERVE	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members			有等等於体表的	
5	Compensation of current officers, directors,				
	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified			į	
	persons (as defined under section 4958(f)(1)) and]]
	persons described in section 4958(c)(3)(B) · · · · ·			<u></u>	
7	Other salaries and wages		<u> </u>	ļ <u>-</u> · ·	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal			ļ	
С	Accounting			<u> </u>	
ď	Lobbying · · · · · · · · · · · · · · · · · · ·		GO SWEETERS OF A SACK	1.12 TON SOME LEADING THE	
e	Professional fundraising services See Part IV, line 17 •		The state of the s	经验数据	
f	Investment management fees • • • • • • • • • • • • • • • • • •		 		
g	Other		 		<u> </u>
12	Advertising and promotion		 		
13	Information technology		 		
14	Royalties · · · · · · · · · · · · · · · · · · ·				
15 16	Occupancy · · · · · · · · · · · · · · · · · · ·				
16 17	Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance				·
24	Other expenses Itemize expenses not	**************************************			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	ADMINISTRATIVE	74,627		74,627	
b	LAISON	51,990	51,990		
С	COMMITTEE	10,703	10,703		
d	PUBLIC RELATIONS	8,251	8,251		
е	OTHER	6,713		6,713	
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	2,072,601	1,991,261	81,340	0
26	Joint Costs. Check here Infollowing		•		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	ľ	Ì		
	fundraising solicitation • • • • • • • • • • • • • • • • • • •			1	

Page **11**

.Par	ŧΧ	Balance Sheet			
		•	(A)		(B)
	· · ·		Beginning of year	 _	End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	84,630	1	123,065
	2	Savings and temporary cash investments	332,732	2	335,174
	3	Pledges and grants receivable, net	<u></u>	3	<u> </u>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section		1	
Α	j	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
S	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
	10a	Land, buildings, and equipment cost or		1	
	}	other basis Complete Part VI of Schedule D · · · · 10a 6,465			
	Ь	Less accumulated depreciation · · · · · · · · 10b 6,465		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	417,362	16	458,239
	17	Accounts payable and accrued expenses		17	
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
L	19	Deferred revenue		19	
i a	20	Tax-exempt bond liabilities		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
1	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified		1	
t		persons Complete Part II of Schedule L		22	
ė	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here 🕨 🗓 and			
۱F		complete lines 27 through 29, and lines 33 and 34.	40.701		24.105
n	27	Unrestricted net assets	49,701	27	34,107
d	28	Temporarily restricted net assets	264,543	28	271,014
A B	29	Permanently restricted net assets	103,118	29	153,118
; a		Organizations that do not follow SFAS 117, check here			
, [and complete lines 30 through 34.	Sand and Fig. 1889		
a n	30	Capital stock or trust principal, or current funds		30	
С	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e	32	Retained earnings, endowment, accumulated income, or other funds	415.000	32	
٠	33	Total net assets or fund balances	417,362	33	458,239
	34	Total liabilities and net assets/fund balances	417,362	34	458,239

Ra	Financial Statements and Reporting					
	•		Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_x			
þ	Were the organization's financial statements audited by an independent accountant?	2b	X^{-}			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			1.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			۰,		
	the Single Audit Act and OMB Circular A-133?	3a		<u>X</u>		
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				

EEA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Nam	e of the	e organization							Employe	r identification	number		
		STATE ELKS A								1117289			
P	art I	Reason fo	r Public Chari	ty Status (All organiz	ations mus	st complete	this part.)	(see insti	uctions)				
The	orga	·		use it is. (Please check o	-			. 14-1					
1				ssociation of churches d		section 1	(70(b)(1)(<i>A</i>	k)(i).					
2	\sqcup			1)(A)(ii). (Attach Schedul									
3		A hospital or a coop	perative hospital ser	vice organization descrit	oed in sect	tion 170(b)(1)(A)(iii).	(Attach S	chedule H.)			
4		A medical research	organization opera	ted in conjunction with a	hospital de	escribed in	section 1	70(Ь)(1)(А	.)(iii). Enter	the hospit	al's nan	ne,	
	_	city, and state:											
5		-		t of a college or universit	y owned o	r operated	by a gove	mmental ı	init describ	ed in			
		section 170(b)(1)(A				-tion 170/	►V4VÂV\	١					
6	<u> </u>			governmental unit descr					no conerol	aublia.			
7	X			a substantial part of its s	upport tron	n a govern	mentai uni	t or trom t	ne generai	puolic			
		described in section			-1-4- D-4-1								
8	님			170(b)(1)(A)(vi). (Com					h.m. fa.a	_ al			
9	Ш			(1) more than 33 1/3% o									
				empt functions - subject t									
				and unrelated business t				i tax) iron	Dusinesse	2 S			
4.0	$\overline{}$			30, 1975. See section 5				1/4) /000	inatri intioni	a)			
10	片			d exclusively to test for p						5)			
11	Ц			d exclusively for the bene						ootion			
				orted organizations descr						ection			
			_	s the type of supporting o	_				girriii. d	□ Turno I	III-Othe	_	
	\Box	a Type i	b ∐ Typ		J Type III∙					rype i	iii-Otilei	i	
е	Ш			rganization is not control is and other than one or i						ection			
		•	-	s and other than one or i	note public	Jy Support	eu organiz	auons ue	SCHOOL III S	ection			
		509(a)(1) or section		tt trans the IDC	that it is s	Type I Ty	no II or Ti	mo III our	norting				
f				termination from the IRS			pe ii, or i y	he in anh	porting				_
_				ation accepted any gift o			v of the	• • • • •				• • •	••∟
g			oo, nas the organiz	ation accepted any gift of	CONTINUE	ion nom ai	ly Of the						
		following persons?	directly or indirectly	controls offbor along or	togother w	oth nareons	e describe	d in (ii)				Van	- No.
				controls, either alone or of the supported organic							44-6	Yes	No
				ribed in (i) above?							11g(i)	┿━	
				n described in (i) or (ii) at							11g(ii)	 	
L									• • • • •		11g(iii	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
h		Provide the following	information about	the organizations the org			Τ		(vi)	s the			
	••	ne of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	_	(v) Did y the organize			tion in col.		Amoun	t of
		organization		above or IRC section	governing d		(i) of your		(i) organize	d in the S?	·	suppon	
			İ	(see instructions)	Yes	No	Yes	No	Yes	No			
			 	<u> </u>	 	1			1				
							}		1]]			
]	1				
								ļ	ļ				
						1							
									 		 -		
						 			 				 -
			,										

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

CIATION TRUST 93-1117289 Page 2

	(Complete only if you checked the	box on line 5, 7, o	r 8 of Part I)	·			
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,323,339	1,750,868	2,174,661	1,944,907	2,015,919	_ 9,209,694
-	benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	1,323,339	1,750,868	2,174,661	1,944,907	2,015,919	9,209,694
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						9,209,694
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,323,339	1,750,868	2,174,661	1,944,907	2,015,919	9,209,694
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,495	25,686	46,756	16,477	2,819	113,233
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,072	7,871	15,095	9,733	9,049	46,820
11	Total support. Add lines 7 through 10 ·						9,369,747
12	Gross receipts from related activities, etc. (s	ee instructions)		· · · · · · · · · · ·	[12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)	(3)	• • • • • • • • • • • • • • • • • • •
	tion C. Computation of Public Su	pport Percent	age	<u></u>		14	98.29 %
14	Public support percentage for 2009 (line 6,					15	%
15 46-	Public support percentage from 2008 Scheo 33 1/3% support test - 2009. If the organization				L	 	
104	and stop here. The organization qualifies as						· · · · ▶[X]
_	33 1/3% support test - 2008. If the organization						
D	box and stop here. The organization qualifie						▶□
170	10%-facts-and-circumstances test - 2009. In						
17a	more, and if the organization meets the "fac						
þ	organization meets the "facts-and-circumstates" 10%-facts-and-circumstances test - 2008. It more, and if the organization meets the "facts-and-circumstances" in the second secon	f the organization d	id not check a box	on line 13, 16a, 16	Sb, or 17a, and line	e 15 is 10% or	•••• ▶[_]
18	organization meets the "facts-and-circumsta Private foundation. If the organization did n	inces" test. The org	anızatıon qualıfies	as a publicly supp	orted organization		· · · · • • • • • • • • • • • • • • • •

Partill

	(Complete only if you checked the	box on line 9 of F	Part I)			·	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan-			 	 		
	dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		<u> </u>				
6	Total. Add lines 1 through 5		<u></u>			<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · ·						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				ni b		
	ction B. Total Support			<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 · · · · · · · · ·					ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	·					
4	First five years. If the Form 990 is for the org organization, check this box and stop here	janization's first, s	econd, third, fourtl	n, or fifth tax year a	as a section 501(c)	(3)	· · · · · ▶ □
	tion C. Computation of Public Su					T 45 T	
	Public support percentage for 2009 (line 8, co					15	%
	Public support percentage from 2008 Schedu			• • • • • • • • • •	• • • • • • • • •	16	%
ec	tion D. Computation of Investmen	<u>nt Income Per</u>	rcentage	 _		T-22-1	
	Investment income percentage for 2009 (line					17	%
8	Investment income percentage from 2008 Sc	hedule A, Part III,	line 17 • • • • •			18	%
9a	33 1/3% support tests - 2009. If the organizat 17 is not more than 33 1/3%, check this box						· · · · ▶ □
	33 1/3% support tests - 2008. If the organizatine 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a pub	licly supported org	anization • • •	▶ 🗀
0	Private Foundation: If the organization did no	ot check a box on '	line 14, 19a, or 19	b, check this box a	and see instruction	s	· · · · • □

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

See separate instructions.

2009 Open to Publi

OMB No 1545-0047

					•		
_	Section 501(c)(3) organizations	Complete	Parts I-A	and B	Do not	complete	Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

	Section 501(c)(4), (5), or (6) organization							
	me of organization	o complete i zivini			Employer id	entification number		
	REGON STATE ELKS ASSOCIATION	TRUST			93-111	7289		
		ization is exempt under sect	ion 501(c) or i	is a section 5	27 org	anization.		
1	Provide a description of the organization	's direct and indirect political campaign	activities in Part IV	/	, <u>, , , , , , , , , , , , , , , , , , </u>	4111246.0111		
2	Political expenditures · · · · · · ·				▶ \$			
3	Volunteer hours				. —			
ĺρ́a	it B Complete if the organ	ization is exempt under sect	ion 501(c)(3).					
1	Enter the amount of any excise tax incur	red by the organization under section 4	955		▶ \$			
2	Enter the amount of any excise tax incur							
3	If the organization incurred a section 495					· Yes X No		
4a	Was a correction made?					· Yes X No		
þ	If "Yes," describe in Part IV							
Pa	កែរទី Complete if the organ	ization is exempt under sect	ion 501(c), ex	cept section	501(c)(3).		
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function					
	activities				▶ \$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section							
	527 exempt function activities · · · · · · · · · · · · · · · · · · ·							
3	Total exempt function expenditures Add							
	line 17b				> \$			
4	Did the filing organization file Form 1120	-POL for this year?				· Yes No		
5	State the names, addresses and employ							
	were made For each organization listed	, enter the amount paid from the organi	zation's funds. Alse	o enter the amou	nt of politic	cal		
	contributions received that were promptly				rate segre	gated		
	fund or a political action committee (PAC) If additional space is needed, provide	information in Pa	rt IV				
	(a) Name	(b) Address	(c) EIN	(d) Amount par filing organizat funds if none, en	ion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		
_								
_								
_								
		,						

EEA

Schedule C (Form 990 or 990-EZ) 2009

Sche	edule C (Form 990 or 990-EZ) 2009 OREGON STATE	E ELKS ASSOCIA	TION TRUST		93-111	7289 Page
R	antili-As Complete if the organizat	on is exempt u	nder section 50	01(c)(3) and file	d Form 5768 (ele	ection
	under section 501(h)).	·			·	
1	Check ▶ ☐ if the filing organization belongs	to an affiliated grou	p			
3	Check ▶ ☐ if the filing organization checked	box A and "limited	control" provisions ap	oply		
	Limits on Lo	obying Expenditures	;		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pai	d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	s lobbying) • • • •			
b	Total lobbying expenditures to influence a legi	slative body (direct lo	obbying) • • • •			
С	Total lobbying expenditures (add lines 1a and	1b) • • • • • • •	· · · · · · · · · · · ·			
d	Other exempt purpose expenditures		·		L	
е	Total exempt purpose expenditures (add lines	1c and 1d) • • • •	·			
f	Lobbying nontaxable amount Enter the amount	nt from the following	table in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000		nount on line 1e		K	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		₹.
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000			A Secretary	
g	Grassroots nontaxable amount (enter 25% of I	ine 1f) · · · · · ·				
h	Subtract line 1g from line 1a If zero or less, er	iter-0- • • • • •				
i	Subtract line 1f from line 1c If zero or less, ent	er -0-				
j	If there is an amount other than zero on either	line 1h or line 1i, did	the organization file	Form 4720 reporting		
-						Yes No
			eriod Under Section		of the five	
	(Some organizations that	made a section 501	(n) election do not n ons for lines 2a thro	ave to complete all t ugh 2f on page 4.)	or the live	
	Columnia Sch	, occ ale monde.	0110 107 111100 22 11110	-g.v _r e.v p-gr,		
	Lobi	ying Expenditures I	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
		(a) 2000	(6) 2007	(6) 2000	(4) 2003	(e) Total
	beginning in)					
22	Lobbying non-taxable amount					
2a 	Loboying non-taxable amount					
b	Lobbying ceiling amount	李星 ·蒙里	10 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	建筑		
	(150% of line 2a, column (e))	10 mg 10 mg	7 PM 2	是是一种		
_	Total labburg comanditures					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
<u>u</u>	Grassioots floritaxable afficult					
е	Grassroots ceiling amount	Market A . S. C. C. The Control	BEN THE STATE OF T			
	(150% of line 2d, column (e))	一种	多是最初的			
f	Grassroots lobbying expenditures			}]	

Page 3

Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	orm	5768		=
			a)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	*	200		37.	
	legislation, including any attempt to influence public opinion on a legislative matter or		4		in Eine Section	
	referendum, through the use of		经			
а	Volunteers?		X	-7 C =	ۆ. ئىد كارى	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				ر کرد. فید د کرده	
C	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		_X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •	<u> </u>	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •		<u>X</u>			
i	Other activities? If "Yes," describe in Part IV	- X	Χ			
j	Total Add lines 1c through 11 · · · · · · · · · · · · · · · · · ·	1		ua i stere	arata St.	* ==
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	50 of a	X	原 原		
þ	If "Yes," enter the amount of any tax incurred under section 4912					
¢	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	3.00		a	Town E. A.	t
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			A) cal	PRIVATE STATES
:Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	• • •		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes." Dues, assessments and similar amounts from members		is an	swere	ed 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			_		
	expenses for which the section 527(f) tax was paid).	ĺ				
a	Current year]	2a			
b	Carryover from last year	• • [2b			
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•• [3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Ī				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5			
Pai	सिंV Supplemental Information					
Comp	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line complete this part for any additional information	11				
 -						
						
						

, . . . **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

2009

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Nam	e of the organization			E	mployer identification number
OR	EGON STATE ELKS ASSOCIATION	TRUST		.].	93-1117289
	Organizations Maintaining Donor Active organization answered "Yes" to Form 990, Pa	dvised Funds o	r Other Similar Fund	ds or A	ccounts. Complete if
_		(a) Dono	r advised funds		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year			<u> </u>	
5	Did the organization inform all donors and donor advisor	rs in writing that the	assets held in donor advise	ed	
	funds are the organization's property, subject to the organization	_			· · · · · · · · · · · · · · · Yes · · · No
6	Did the organization inform all grantees, donors, and do				
-	used only for charitable purposes and not for the benefit				
					· · · · · · · · · · · · · · · · Yes · · · No
io s	rilli Conservation Easements. Complete if				
1	Purpose(s) of conservation easements held by the organ				
	Preservation of land for public use (e.g., recreation of		Preservation of an histo	orically im	portant land area
	Protection of natural habitat		Preservation of a certifi	ied histori	c structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a c	qualified conservation	n contribution in the form o	of a conse	rvation
	easement on the last day of the tax year	•			
	•			1	Held at the End of the Tax Year
а	Total number of conservation easements			2	
ь	Total acreage restricted by conservation easements • •			· · · 21	
С	Number of conservation easements on a certified historic				;
d	Number of conservation easements included in (c) acqui			_	1
3	Number of conservation easements modified, transferred	d, released, extingui	shed, or terminated by the	organizati	on during
	the tax year				
4	Number of states where property subject to conservation	n easement is locate	d >		
5	Does the organization have a written policy regarding the				
	violations, and enforcement of the conservation easeme				· · · · · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, and enforcing c	onservation easements dur	ring the ye	ar
	>				
7	Amount of expenses incurred in monitoring, inspecting, a	and enforcing conse	rvation easements during th	he year	
	▶ \$				
8	Does each conservation easement reported on line 2(d)	above satisfy the re-	quirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?				· · · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization reports conse	rvation easements i	n its revenue and expense	statement	, and
	balance sheet, and include, if applicable, the text of the fe	ootnote to the organ	ization's financial statemen	nts that de	scribes
	the organization's accounting for conservation easement	ts			
Pa	Organizations Maintaining Collection Complete if the organization answered "Yes" to			Other	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116			ance shee	et works of
	art, historical treasures, or other similar assets held for po				
	provide, in Part XIV, the text of the footnote to its financia				
b	If the organization elected, as permitted under SFAS 116			e sheet wo	orks of art,
	historical treasures, or other similar assets held for public				
	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				
	following amounts required to be reported under SFAS 1			-	
а	Revenues included in Form 990, Part VIII, line 1 · · · ·		. .		· · · ▶\$
b	Assets included in Form 990, Part X		· • • • • • • • • • • • • • • • • • • •	· • • •	· · · ▶ \$

Pa	ที่ใไม่ Organizations Maintaining	Collec	ctions of	Art, His	<u>torical</u>	Treasures	<u>s, or O</u>	ther Simila	r Asse	ets (conti	nued)
3	Using the organization's acquisition, accession	, and oth	er records,	check any	of the fol	llowing that ar	e a sign	ficant use of its	3		
	collection items (check all that apply)										
а	Public exhibition		d 🗌 Loa	an or excha	nge prog	grams					
b	Scholarly research		e 🗍 Oth	ner							
С	Preservation for future generations	-			_					-	
4	Provide a description of the organization's colle	ections ai	nd explain h	now they ful	ther the	organization's	s exempt	purpose in			
	Part XIV										
5	During the year, did the organization solicit or re	eceive di	onations of	art, historic	al treasu	res, or other s	sımılar				
	assets to be sold to raise funds rather than to b	e mainta	ined as par	t of the org	anızatıon	's collection?				Yes	No
Pa	Escrow and Custodial Arra Part IV, line 9, or reported an amount	angem	ents. Cor	mplete if or							<u> </u>
1a	Is the organization an agent, trustee, custodian				butions o	r other assets	s not				
	included on Form 990, Part X?									Yes	No
ь	If "Yes," explain the arrangement in Part XIV an	d comple	ete the follo	wing table						_	
	•	-		-					Amount		
С	Beginning balance						10	;			
d	Additions during the year · · · · · · · ·						10	1			
е	Distributions during the year						16	,			
f	Ending balance · · · · · · · · · · · · · · · · · · ·						· · 1f				
2a	Did the organization include an amount on Form	n 990. Pa	art X. line 2	17						Yes	No
b	If "Yes," explain the arrangement in Part XIV		,								
_	ParitW Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
SI4CI	Lindowittent I diles.		rrent year	(b) Prio		(c) Two year		(d) Three years i	back ((e) Four year	rs hack
1a	Beginning of year balance	(8) 00	irent year	(5) 1 110	, ,001	(d) The year	o buok	(a) miles years.		dy rodrycu	3 BECK
b	Contributions · · · · · · · · · · · · · · · · · · ·			 				ř.			
C	Net investment earnings, gains, and losses									 -	
d	Grants or scholarships • • • • • • • • •						=====				
e	Other expenditures for facilities			 							
•	and programs · · · · · · · · · · · · · · · · · · ·							A			
f	Administrative expenses										
	End of year balance							A Law St. Co.			
g 2	Provide the estimated percentage of the year er		re held as				لبيت	<u> </u>		<u></u>	
a	Board designated or quasi-endowment	iu Daiaii	%								
b	Permanent endowment > %		 ′°								
C	Term endowment > %										
3a	Are there endowment funds not in the possession	on of the	organizatio	n that are h	hne bla	administered	for the				
Ja	organization by	M OI THE	organizatio	in that are i	iola alla	administered	101 1110			Yes	No
	(i) unrelated organizations · · · · · · · ·								г	3a(i)	1.00
	(ii) related organizations · · · · · · · · ·									3a(ii)	+
b	If "Yes" to 3a(ii), are the related organizations lis			Schodula P	2					3b	+
4	Describe in Part XIV the intended uses of the or								L	35	
		<u> </u>			e Form	990, Part X, Iı	ne 10				
Par									$\overline{}$		
	Description of investment		(a) Cost or othe (investme		, ,	st or other s (other)	de	Accumulated epreciation	(d) Book valu	e
1a	Land								<u> </u>		
þ	Buildings · · · · · · · · · · · · · · · · · · ·								 		
С	Leasehold improvements · · · · · · · · · · · · ·	<u> </u>									
d	Equipment · · · · · · · · · · · · · · · · · · ·	∙ • •		6,465				6,46	<u>5</u>		
_е	Other · · · · · · · · · · · · · · · · · · ·			l					——		
Total.	Add lines 1a through 1e (Column (d) must equ	al Form 9	390, Part X,	column (B), line 10	(c)) · ·	<u> </u>	<u> </u>	<u> </u>		

OREGON STATE ELKS ASSOCIATION TRUST

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Schedule D (Form 990) 2009

Page 2

93-1117289

Part VIII	Investments - Other Securities. S	see Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	rivatives · · · · · · · · · · · · · · · · · · ·		
	equity interests		
Other			
			
		<u> </u>	
			
			
		<u> </u>	
			+
Column ((b) must equal Form 990, Part X, col (B) line 12)	 	
Total (Column (I	Investments - Program Related.	See Form 990. Part X, line 13.	
I≊d HUNVIIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		 	
			
Fotal (Column (i	(b) must equal Form 990, Part X, col (B) line 13)		
PantIX	Other Assets. See Form 990, Part X, line	15	
		Description	(b) Book value
Fotal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15)	
PartX	Other Liabilities. See Form 990, Part X, III	ne 25	
1	(a) Description of liability	(b) Amount	
ederal income	e taxes	L	
·		L	
		ļ	
		ļ	
		<u></u>	
		<u> </u>	
		<u></u>	
	n) must equal Form 990 Part Y col (R) (ine 25.)	1	

Sche	dule D (Form 990) 2009 OREGON STATE ELKS ASSOCIATION TRUST	93-1117289	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,113,478
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,072,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	40,877
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	40,877
10			40,877
	Reconciliation of Revenue per Audited Financial Statements With Revenue per		2 112 450
1	Total revenue, gains, and other support per audited financial statements	1	2,113,478
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments 2a		
þ	Donated services and use of facilities · · · · · · · · · · · 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	2,113,478
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV.) • • • • • • • • • • • • • • • • • • •		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,113,478
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	2,072,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
c	Other losses · · · · · · · · · · · · · · · · · ·		
ď	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	 	2,072,601
_			2,072,001
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	34	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0.050
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,072,601
Pa	ਜ਼ੰX∮M Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	art to provide any additional information		
			
			
	 		 -
	•		
			

, . . . ,

SCHEDULE 1 (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Pu

Internal Revenue Service Name of the organization

ջ □

(h) Purpose of grant

(g) Description of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of non-cash assistance

(d) Amount of cash grant

(c) IRC section if applicable

(c)

1 (a) Name and address of organization or government

or assistance

	General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	OREGON STATE ELKS ASSOCIATION TRUST
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	हिन्ती। Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and 1 Does the organization maintain records to substantiate the amount of the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 "Part-IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of The monnes are sent directly to the schools (universities or trade schools) for tuition assistance. If the individual does not use the money towards paying 臣 (c) Amount of cash grant tuition then the school issues a refund to the organization Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of reciplents 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Part III

Page 2

93-1117289

OREGON STATE ELKS ASSOCIATION TRUST

Schedule I (Form 990) 2009



STATE TRUSTEES

One Year - Metro Gene Spina (Joanne) P.O Box 33172, Portland, OR 97292

Two Year – Northwest Robert May (Cydentie) 937 NE Lakewood Dr., Newport, OR 97365

Three Year — Northeast Dick Hensley, Jr. (Dottic) 855 SW 7° Pl , Hermiston, OR 97838

FourYear - Southeast Francis Estep (Lillian) 85 East D SL, Burns, OR 97720

Five Year – South Central Bill Kellogg, (Carla) 1344 Lawnndga Ave , Spnngfield, OR 97477

Stx Year- Southwest Mike Coomler 2307 Asher Dr., Medford, OR 97504

Seven Year-North Central Kenneth A. Lewis (Ivonne) 1054 NW Del Monte Dr., McMinnville, OR 97128 (H) 503-255-0233 e-mail genespina@comcast.net

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GRAND FORUM

Hon Lee Davis Kell (Jayne) 520 SW Yamhili St. Ste 600, Portland, OR 97204-1329

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(H) 541-267-5332

Southeast Dudley Williams (Mary) 950 NE Del Rio Ave, Prineville, OR 97754

(H) 541-447-1999

12-1-12 1 WEST 1-2XI

(Rev. April 2009) •

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

OMB No. 1545-1709

Department of t Internal Revenu		► File a	separate application for ea	ich return.		
		Automatic 3-Month Extension, com				
		Additional (Not Automatic) 3-Month			rm).	
		nless you have already been grante				_
189001		tic 3-Month Extension of Ti				
		file Form 990-T and requesting an a			olete	
Part I only .		••••••			• • • • • • •	· · · · · · •
All other corp time to file inc		luding 1120-C filers), partnerships, i Ims.	REMICs, and trusts must us	e Form 7004 to request an	extension of	·
one of the ret electronically returns, or a c	ums noted b if (1) you wa composite or	Senerally, you can electronically file elow (6 months for a corporation req of the additional (not automatic) 3-m consolidated Form 990-T. Instead, y the electronic filing of this form, visit	uired to file Form 990-T). H onth extension or (2) you fil ou must submit the fully co	lowever, you cannot file Fo le Forms 990-BL, 6069, or mpleted and signed page 2	rm 8868 8870, group 2 (Part II) of Fo	m
ype ar	Name of	xempt Organization			mployer ident	fication number
print	OREGON	STATE ELKS ASSOCIATION T	rust	t t	3-1117289	
Tile by the tue date for ling your	Number, s	treet, and room or suite no. If a P.O. X 189	box, see instructions.			
tum. See Istructions		or post office, state, and ZIP code. F	or a foreign address, see Ir	nstructions.		
neck type of	return to be	filed (file a separate application for	each return):	Ne.		
Form 990	5 - 1 - 1 1 M.	Form 990-T (c		- F	orm 4720	
Form 990-B	IL ,		ec. 401(a) or 408(a) trust)	Ñ₽	orm 5227	
Form 990-E	Z		ist other than above)		om 6069	
Form 990-P		Form 1041-A		=======================================	om 8870	
Telephone N		581-7485	FAX No. F	ck this hav		.
, -		n, enter the organization's four digit		*	f this is	
		is box • • In it is for part of t		· · —	i ulio io	
• ,		Is of all members the extension will		P L BIIO BIRBOII		
		3-month (6 months for a corporation		T) extension of time		
until	11-15	20 10, to file the exempt orga	•	· ,	nutannian ia	
	anization's r		INTERIOR ISTUM FOR THE OIGH	·	extension is	
, -,	endar year 2					
	year beginn		, 20 .09, and ending	03-31	70 10	
					, 20_10.	
· 		<u> </u>		return Change in acc	ounting period	
		orm 990-BL, 990-PF, 990-T, 4720,	or 6069, enter the tentative	e tex,		
		credits. See Instructions.			3a \$	
		orm 990-PF or 990-T, enter any ret		ted tax		
		any prior year overpayment allowe			3b \$	
		ne 3b from line 3a. Include your pay				
•	•	or, if required, by using EFTPS (E	ectronic Federal Tax Paym	ent		
<u> </u>	e instruction				3c \$	
- ,		ke an electronic fund withdrawal wi	th this Form 8868, see For	m 8453-EO and Form 8879	-EO	
syment instru						
rivacy Act ar	nd Paperwor	Reduction Act Notice, see Instru	tions.	EEA	Form 8868	(Rev. 4-2009)