

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



Form 990-EZ

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2012 calenda	er year, or tax year beginning 04-01 , 2012, and end	ling	<u>03-31</u>	,2013
В	Check if ap	oplicable	C Name of organization	D Emplo	yer iden	tification number
	Address ch	nange	BPO ELKS NO 297	42-	01359	080
	Name char	nge	Number and street (or PO box, if mail is not delivered to street address) Room	/suite E Telepho	ne num	ber
	Initial return	n				
	Terminated	1	PO BOX 1662	(56	3) 583	3-5708
	Amended r	retum	City or town, state or country, and ZIP + 4	F Group		
	Application	n pending	DUBUOUE, IA 52004-1662	Numbe	r 🕨	1156
_		ting Method	☐ Cash ☒ Accrual Other (specify) ▶	H Check ►	X if th	e organization is not
ı	Websit	_		required to		=
J	Tax-exe	mpt status (c	check only one) - ☐ 501(c) (3) 🛛 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐] ₅₂₇ (Form 990,	990-EZ	, or 990-PF)
			rganization is not a section 509(a)(3) supporting organization or section 527 organ		receipts	are normally
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-posto	-		•
			ses to file a return, be sure to file a complete return		•	,
	-		7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total assets (Part	В.	
			low) are \$500,000 or more, file Form 990 instead of Form 990-EZ			97,877
	art I		e, Expenses, and Changes in Net Assets or Fund Balances			
_			e organization used Schedule O to respond to any question in this Part I	•		·
	1		s, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·		1	27,561
	2		vice revenue including government fees and contracts		2	21,301
	3	-	dues and assessments		3	13,216
	4	Investment in			4	1,803
	5a		nt from sale of assets other than inventory			1,003
			r other basis and sales expenses		1	
		Gain or (loss		5c		
	6	Gaming and				
		•	e from gaming (attach Schedule G if greater than			
e	"					
Revenue	b	+ , ,	Lair La ir	ontributions		
ě	~		sing events reported on line 1) (attach Schedule G if the	7111154110110		
			gross income and contributions exceeds \$15,000) 6b			
	_		expenses from gaming and fundraising events 6c			
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	"		· · · · · · · · · · · · · · · · · · ·		6d	
	72		of inventory, less returns and allowances	55,297		
		Less cost of	· · · · · · · · · · · · · · · · · · ·	37,669		
	1			37,009	7c	17 620
	8	•	ue (describe in Schedule O)		8	17,628
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	60 200
	10		similar amounts paid (list in Schedule O)		10	60,208
	11		I to or for members		11	
	12		er compensation, and employee benefits RECEIVED.		12	
es	13		fees and other payments to independent contractors	- 63	13	
eus	14		101		14	310
Expenses	15		rent, utilities, and maintenance	SO	15	24,398
ш	16		ses (describe in Schedule O)	[<u>\$</u>]	16	2,861
7	17	•			17	24,600
<u> </u>	18		ses. Add lines 10 through 16 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		18	52,169
ş	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		10	8,039
SSB	'9		figure reported on pnor year's return) · · · · · · · · · · · · · · · · · · ·		19	70 075
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		20	73,375
ž	21	-			21	01.414
<u> —</u>		NEL ASSELS O	r fund balances at end of year Combine lines 18 through 20	· · · · · · · · · · · · · · · · · · ·	41	81,414

Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

							-	
	n 990-EZ (2012) BPO ELKS NO 297				42-0	135	980 Page 2	
<u> </u>	Balance Sheets (see the instructions for Part II)						-	
,	Check if the organization used Schedule O to respond to	any question in this Pai	T 1	• • • •				
		Calcitions for Part III						
						+ +	29,234	
						++	50,974	
						+ +	2,299	
						+	82,507	
	Total liabilities (describe in Schedule O)						1,093	
	Net assets or fund balances (line 27 of column (B) must agree w					27	81,414	
Pa		•					Expenses	
			art III -		<u> </u>	(Red	quired for section	
Wh	at is the organization's primary exempt purpose? TO PROMOTE	WELL-BEING				501((c)(3) and 501(c)(4)	
Des	cribe the organization's program service accomplishments for each	of its three largest pro-	gram service:	S.		orga	nizations and section	
	measured by expenses. In a clear and concise manner, describe the			-,		4947	7(a)(1) trusts, optional	
per	sons benefited, and other relevant information for each program title	<u> </u>			<u></u>	for o	thers)	
28	TO PROMOTE WELL-BEING THROUGH NUMEROUS SER	VICE						
	ACTIVITIES, CHARITABLE PROGRAMS, TRAINING	CENTERS,						
	RECREATIONAL AND LEADERSHIP PROGRAMS FOR Y	OUTHS.						
	(Grants \$) If this amount inc	ludes foreign grants, c	heck here		▶ 🔲	28a		
29								
		. — -						
	(Grants \$) If this amount inc	ludes foreign grants, c	heck here		▶ 🔲	29a	•	
30								
	(Grants \$) If this amount inc	ludes foreign grants, c	heck here		▶ 🗍	30a		
31						1		
•		dudes foreign grants, c	heck here		▶ □	31a		
32						+		
				-				
	,,,,,,,,,,,,,,						_	
	Official in the organization used Schedule S to respond to	dily question in the re			I	- 1		
	(a) Name and title	(b) Average		1 ' '			(e) Estimated amount of	
	(a) Name and the	·	ľ				other compensation	
	TTAY XYATIGITA		(if not paid, e	nter -0-)	deferred compensa	ation		
	VIN VAUGHN	10		•			•	
	ALTED RULER	10				- 4		
	enn gassman	-		•			•	
	YAL KNIGHT	3				ᅦ		
	VIN AHLERS	-		•			•	
	CTURING KNIGHT	5		0		ᆝ	0	
	ELMA J ROBERTS			_				
	CRETARY	10		0		0	0	
	ICE WOLF		ŀ					
TR	USTEE REPRESENTATIVE	5		0		0	0	
		-						
_								
					·			

Form 9	990-EZ (2012)	980	F	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			· 🔲
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	ŀ	Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000	-	
50	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
27.0		30	 	
37 a				37
		37b		X
36 a	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 tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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 · · · · · · · · · · · · · · · · · · ·			
d				
	reimbursed by the organization			
0	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 IA			
42 a	The organization's books are in care of ► THELMA J ROBERTS Telephone no. ► 563-5	83-5	708	
	Located at ▶ PO BOX 1662 DUBUQUE, IA ZIP+4 ▶ 52004	-166	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Foreign Bank	j	1	
	and Financial Accounts.		-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	-	Χ
	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		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
		<u> </u>	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		<u> </u>	
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<u> </u>	†	
	completed instead of Form 990-EZ	44b		х
c	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	 	<u>Λ</u>
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 -		440 45a	 -	Х
	210 and digan=21000 march 2 documents of the moderning of documents of the moderning of the	43a	 	 ^-
43 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4		v
	Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (2012) BPO ELKS NO 297				42-0	135980	F	age 4
		·		_			Yes	No
46	Did the organization engage, directly or indirectly, in		• •					
, Do-	to candidates for public office? If "Yes," complete So			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	- 46		<u> X</u>
Par	Section 501(c)(3) organizations of All Section 501(c)(3) organizations		tions 47-49h and 52	and com	nlete the	tahles for	linoc	
	50 and 51	must answer quest	10113 47 -43b and 32	., and con	ipicte the	labics ioi	111162	
	Check if the organization used Sch	edule O to respond	to any question in t	this Part V	/I			.п
	3-		, , , , , , , , , , , , , , , , , , ,				Yes	No
47	Did the organization engage in lobbying activities or l	have a section 501(h) ele	ection in effect during the t	tax				
	year? If "Yes," complete Schedule C, Part II					47		[
48	Is the organization a school as described in section 1	ا 70(b)(1)(A)(ıı) ff "Yes," و	complete Schedule E			48		
49a	Did the organization make any transfers to an exemp	ot non-chantable related of	organization?			· · 49a		
b	If "Yes," was the related organization a section 527 of	rganization?				· · 49b		
50	Complete this table for the organization's five highes	t compensated employee	es (other than officers, dire	ectors, truste	es and key			
	employees) who each received more than \$100,000	of compensation from the	e organization If there is	none, enter	"None "			
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	d amour	at of
	paid more than \$100,000	hours per week	compensation	benefit plans,	and deferred	other co		
	para mara atau - 0.00,000	devoted to position	(Forms W-2/1099-MISC)	compe	nsation			
	•				-			
		·						
	<u> </u>			 				
						-		
f	Total number of other employees paid over \$100,000) >		1				
51	Complete this table for the organization's five highes		ent contractors who each	received mo	re than			
	\$100,000 of compensation from the organization life							
			a) = .					
(a)	Name and address of each independent contractor paid more than	\$100,000	(b) Type of service	(c) Compensation				
	T-t-l							
	Total number of other independent contractors each	• ,	hand 4047(-)(4)					
52	Did the organization complete Schedule A? Note: All	, , , , ,	, ,, ,			. □ v	\square	NI
	nonexempt charitable trusts must attach a completed	`				res	_[]	No
	penalties of perjury, I declare that I have examined this return, including			my knowledge a	nd belief, it is			
true, co	prrect, and complete Declaration of preparer (offier than officer) is be	ased on all information of which	preparer has any knowledge	Γ	06.05	2012		
Sign	Signature of officer			Date	06-05-	-2013		
Her		cha Fahula	1 Ruler		1-13	-13		
	Type or print name and title	- Fiance	7-410		0_1/			
	Print/Type preparer's name()	reparer's signature	Date		heck 🗴 if	PTIN		
Paid		N THEISEN	06-11-20	ļ ⁻	elf-employed	P012031	25	
Prepa				Firm's E		F 012 031	ر ع.	
Use (T IIII S E	•			
	DUBUQUE IA 52002			Phone r	no 563-	583-3587		
May t	he IRS discuss this return with the preparer shown ab			1,1101161		Yes		No
EEA						Form 99	0-EZ (2012)

SCHEDULE C

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

- 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.
- 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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III	 				
Nam	e of organization				Employer i	identification nur	nber
	O ELKS NO 297				42-0135		
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or is	s a section	527 orga	nization.	
1	Provide a description of the organization's						
2	Political expenditures				. > \$		
3	Volunteer hours				· ·	•	
_			504(-)(0)				
Ь.		ization is exempt under secti					
1	Enter the amount of any excise tax incurre						
2	Enter the amount of any excise tax incurr						
3	If the organization incurred a section 4955						□ No
4a	Was a correction made?					· L Yes	∐ No
b	If "Yes," describe in Part IV	ization is exempt under secti	on E04/o) ove		- E04/-\/3	2)	
		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	ept section	1 501(0)(3	o).	
1	Enter the amount directly expended by the	• •	•				
_	activities				· - \$		
2	Enter the amount of the filing organization				. .		
	527 exempt function activities				· > \$		
3	Total exempt function expenditures Add I						
	line 17b · · · · · · · · · · · · · · · · · · ·	DOL frather was 0			. • \$		□ No
4							⊔м
5	Enter the names, addresses and employed						
	organization made payments. For each of	•					
	the amount of political contributions received as a concrete approached fund or a politic	` ' '	•			,	
	as a separate segregated fund or a politic	ar action committee (FAC) in additional	space is needed, p	Tovide miorinat	ion in Fait iv	, 	
	(a) Name	(b) Address	(c) EIN	(d) Amount		(e) Amount of pol	
				filing organ funds if none		contributions received promptly and direction	
		1				delivered to a ser	parate
						political organizat	
(1)		<u> </u>					
							
(2)							
							
(3)							
(4)							
(5)							
(6)							

	dule C (Form 990 or 990-EZ) 2012 BPO ELKS NO	297			42-01359	980 Page 2
Pa	rt II-A Complete if the organization	on is exempt ur	ider section 50°	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A (Check 🕨 🔲 if the filing organization belongs to	= ' '		-	mber's	
	name, address, EIN, expenses, a			•		
В	Check 🕨 🗌 if the filing organization checked b			<u> </u>	_	
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures"	·			organization's totals	group totals
1a	Total lobbying expenditures to influence public of	• • • • • • • •				
b	Total lobbying expenditures to influence a legisla	• • • • • • • •	-			
C	Total lobbying expenditures (add lines 1a and 1b					
d	Chief Chieff Pair Pace Chieff Chief					
e	Total exempt purpose expenditures (add lines 10				-	···
t	Lobbying nontaxable amount Enter the amount	from the following ta	ole in both			
ı	columns					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amoun	t is:		
	Not over \$500,000		ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000	-	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	S,				
h :	Subtract line 1g from line 1a If zero or less, enter					
!	Subtract line 1f from line 1c If zero or less, enter If there is an amount other than zero on either line.					
J			_			☐ Yes ☐ No
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·				<u> </u>
	(Some organizations that	made a section 50	· ·			
			During 4-Year Avera			
		Jing Experience	Jumg v rour / rron	l l		· ·
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					-
b	Lobbying ceiling amount (150% of line 2a, column (e))	-	•			
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities? Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 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 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 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). 2a Carryover from last year 2b C 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

42-0135980 BPO ELKS NO 297 01. Description of other expenses (Part I, line 16) Description Amount FEES AND DUES 3,400 GOODFELLOWS EXPENSE 9,814 INSURANCE 3,235 3,510 LODGE ACTIVITIES PERMITS AND LICENSES 692 OPERATING SUPPLIES 1,295 OFFICE SUPPLIES 91 STATE AND NATIONAL CONVENTIONS 2,563 02. Description of other assets (Part II, line 24) Beginning of Year End of Year Category 2,103 2,299 INVENTORY 03. Description of total liabilities (Part II, line 26) Beginning of Year End of Year Category_ ACCRUED SALES TAX 741 1,093

Form . **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you are f	iling for an Automatic 3-Month Extension, com	plete only F	Part I and check this box				▶ 🏻
If you are f	iling for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on pa	ge 2 of this form)			
Oo not comp	lete Part II unless you have already been grante	ed an automa	atic 3-month extension on a pr	eviously filed Form	8868		
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not est an extension of time to file any of the forms listensers Associated With Certain Personal Benefit For more details on the electronic filing of this for	t automatic) (ted in Part I o Contracts, w	3-month extension of time You or Part II with the exception of which must be sent to the IRS	u can electronically Form 8870, Inform in paper format (see	file Fo ation e	orm	
Part I	Automatic 3-Month Extension of Ti				· .		
	required to file Form 990-T and requesting an au	<u>.</u>	·				
•							▶ □
All other corpo	orations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to	request an extension	on of t	time	
o file income		·		,			
			Ente	r filer's identifying	num	ber, see in	structions
Type or	Name of exempt organization or other filer, se	e instruction:		Employer identific			
print	BPO ELKS NO 297			42-0135		•	•
File by the	Number, street, and room or suite no. If a PO	box, see in:	structions	Social security nu		(SSN)	
due date for	PO BOX 1662					, ,	
iling your eturn See	City, town or post office, state, and ZIP code	For a foreign	address, see instructions				
nstructions	DUBUQUE, IA 52004-1662	J	·				
Enter the Retu	urn code for the return that this application is for (file a separa	te application for each return)	• • • • • •			0 1
Application	1	Return	Application				Return
ls For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-B	L .	02	Form 1041-A				08
Form 4720	(indıvıdual)	03	Form 4720				
Form 990-P	F	04	Form 5227	10			
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T	(trust other than above)	06	Form 8870				12
Telephone If the organ If this is for for the whole on	No ► 563-583-5708 Inization does not have an office or place of busing a Group Return, enter the organization's four diggroup, check this box ► ☐ If names and EINs of all members the extension is	FA ess in the Ur git Group Exe it is for part of for	emption Number (GEN) of the group, check this box				▶□
1 I reques	st an automatic 3-month (6 months for a corporat	· ·	•				
until for the d	11-15 , 20 13 , to file the exempt or organization's return for	rganization re	eturn for the organization nam	ed above The exte	nsion	iS	
► 🗆 🤄	calendar year 20 or						
► ⊠ ·	ax year beginning 04-01	2012	, and ending	02.21	2013	2	
	x year entered in line 1 is for less than 12 months				201.	<u>3</u>	
_	nge in accounting period	s, Greek reas		rinarietuili			
		0 or 6069 4	enter the tentative tax less an	<u> </u>		Γ	
-	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	\$	
	oplication is for Form 990-PF, 990-T, 4720, or 606	69, enter anv	refundable credits and			-	
	ed tax payments made Include any prior year ov	-			3b	\$	
	e due. Subtract line 3b from line 3a Include your			ng			
	· · · · / · ·			- 1			

EFTPS (Electronic Federal Tax Payment System) See instructions

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